

Children and Youth with Special Health Care Needs Toolkit

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Introduction: Children and Youth with Special Health Care Needs (CYSHCN)

Who are CYSHN?

CYSHCN have or are at increased risk for having chronic physical, developmental, behavioral, or emotional conditions. They have conditions such as asthma, sickle cell disease, epilepsy, anxiety, autism, and learning disorders. They may require more specialized health and educational services to thrive, even though each child's needs may vary.

CYSHN Programs

Children and Youth with Special Health Needs (CYSHN) works to achieve public health policies that will provide more positive health outcomes and better serve children and youth with special health needs and their families throughout Minnesota.

Focus Areas

- Birth Defects Monitoring and Analysis
- Early Hearing Detection and Intervention (EHDI)
- Follow Along Program (FAP)
- Longitudinal Follow-up for Newborn Screening Conditions (LFU)
- Transitioning to Adult Healthcare

Sources: <https://www.health.state.mn.us/people/childreyouth/cyshn/index.html>
<https://mchb.hrsa.gov/programs-impact/focus-areas/children-youth-special-health-care-needs-cyshcn>

Section 1: General Information on Autism

1. What is Autism?

Autism – also referred to as autism spectrum disorder constitutes a diverse group of conditions related to development of the brain.

Autism spectrum disorder (ASD) is a neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave. Although autism can be diagnosed at any age, it is described as a “developmental disorder” because symptoms generally appear in the first 2 years of life.

Sources: <https://www.who.int/news-room/fact-sheets/detail/autism-spectrum-disorders>
<https://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-asd>

1.1. Causes of Autism

There's no one cause of autism. Research suggests that autism develops from a combination of genetic and nongenetic, or environmental, influences. These influences appear to increase the risk that a child will develop autism.

- Environmental factors that may be associated with Autism.
- Advanced parental age at time of conception
- Prenatal exposure to air pollution or certain pesticides
- Maternal obesity, diabetes, or immune system disorders
- Extreme prematurity or very low birth weight
- Any birth difficulty leading to periods of oxygen deprivation to the baby's brain

But these factors alone are unlikely to cause autism. Rather, they appear to increase a child's risk for developing autism when combined with genetic factors.

Sources: <https://www.niehs.nih.gov/health/topics/conditions/autism/index.cfm>
<https://www.autismspeaks.org/what-causes-autism#>

1.2. Signs & Symptoms

Challenging Social Communication and Interaction Skills

- Avoids or does not keep eye contact
- Does not respond to name by 9 months of age
- Does not show facial expressions like happy, sad, angry, and surprised by 9 months of age
- Does not play simple interactive games like pat-a-cake by 12 months of age
- Uses few or no gestures by 12 months of age (for example, does not wave goodbye)
- Does not share interests with others by 15 months of age (for example, shows you an object that they like)
- Does not point to show you something interesting by 18 months of age
- Does not notice when others are hurt or upset by 24 months of age
- Does not notice other children and join them in play by 36 months of age
- Does not pretend to be something else, like a teacher or superhero, during play by 48 months of age
- Does not sing, dance, or act for you by 60 months of age

Restricted or Repetitive Behavior or Interests

- Lines up toys or other objects and gets upset when order is changed
- Repeats words or phrases over and over (called echolalia)
- Plays with toys the same way every time
- Is focused on parts of objects (for example, wheels)
- Gets upset by minor changes
- Has obsessive interests
- Must follow certain routines
- Flaps hands, rocks body, or spins self in circles
- Has unusual reactions to the way things sound, smell, taste, look, or feel

Other Characteristics

- Delayed language skills
- Delayed movement skills
- Delayed cognitive or learning skills
- Hyperactive, impulsive, and/or inattentive behavior
- Epilepsy or seizure disorder
- Unusual eating and sleeping habits
- Gastrointestinal issues (for example, constipation)
- Unusual mood or emotional reactions
- Anxiety, stress, or excessive worry
- Lack of fear or more fear than expected

Other Resources - [Learn the Signs of Autism | Autism Speaks](#)

Sources: <https://www.cdc.gov/ncbddd/autism/signs.html>

1.2.1. Sensory Issues

People with autism might have sensitivities to:

- Sights
- Sounds
- Smells
- Tastes
- Touch
- Balance (vestibular)
- Awareness of body position and movement (proprioception)
- Awareness of internal body cues and sensations (interoception)

Autistic people can experience both **hypersensitivity** (over-responsiveness) and **hyposensitivity** (under-responsiveness) to a wide range of stimuli. Most people have a combination of both.

Many people with autism show certain behaviors when they are experiencing a sensory issue:

- Increased movement, such as jumping, spinning or crashing into things
- Increased stimming, such as hand flapping, making repetitive noises or rocking back and forth
- Talking faster and louder, or not talking at all
- Covering ears or eyes
- Difficulty recognizing internal sensations like hunger, pain or the need to use the bathroom
- Refusing or insisting on certain foods or clothing items
- Frequent chewing on non-food items
- Frequent touching of others or playing rough
- Difficulty communicating or responding as the brain shifts resources to deal with sensory input (shutdown)
- Escalating, overwhelming emotions or need to escape a situation (meltdown)

Source: [Sensory Issues | Autism Speaks](#)

1.2.2 Autism in Girls

Boys are four times more common to be diagnosed with autism than girls. Several factors may cause girls to be misdiagnosed or undiagnosed until much later in life, missing or delaying

opportunities for early intervention services and supports. This can lead to girls internalizing their symptoms, which often leads to more anxiety or mental health concerns.

Autism presents itself differently in each person. **Common misconceptions or stereotypes may lead girls to go undiagnosed.** Examples include:

- Stereotypes about typical male and female behaviors. For example, people may think that girls are naturally quieter or prefer to spend time alone, compared to boys demonstrating these behaviors.
- The misconception that communication and social differences must be significant in order to meet the diagnostic criteria.
- Anxiety, depression, personality disorders and other mental health conditions can all share characteristics with autism, which may cause a professional to misdiagnose it.

Signs of autism for girls:

- May rely on others (usually other girls) to guide them and speak for them throughout the day. May find it difficult to join conversations, initiate or respond quickly to social situations.
- May have "passionate" and limited interests that are very specific and restricted. For example, while many girls may be fans of a particular TV show, a girl with autism may collect information and talk about the characters, locations, props, or actors, but know little or nothing about the plot or storyline of the show.
- May have a flat affect or be overly expressive. May speak with a high pitch voice or unusual intonation.
- Conversations may be restricted to her topics of interest. She may share her opinions and interests, but have no interest in hearing another person's response. This may interfere with her ability to join groups or make friends.

Recommendations

- Listen to what your daughter is going through. Also, look for subtle clues in her body language and behavior.
- Therapists can help girls with [co-occurring conditions](#), such as anxiety and depression. Girls with obsessive-compulsive disorder (OCD), eating disorders, or who have experienced trauma, may need specialists on their team. Therapists may help them build resiliency, improve self-esteem and develop effective coping strategies.
- Find a [support group](#) of like-minded people who are experiencing similar things.
- Do your research and speak to your doctor, therapist, counselor, or another health professional. Trust your intuition. Visit [Healthcare and wellness](#) to connect to health care services.

Sources: [Signs and symptoms / Minnesota Autism Portal \(mn.gov\)](#)

1.3. Risk Factors

- Having a sibling with ASD
- Having certain genetic or chromosomal conditions, such as fragile X syndrome or tuberous sclerosis
- Experiencing complications at birth
- Being born to older parents

Sources: <https://www.cdc.gov/ncbddd/autism/facts.html>

1.4. Co-occurring Conditions

Multiple or co-occurring conditions or dual diagnosis refers to when a person has a combination of two or more diagnoses or disabilities.

Common Conditions seen with ASD

- Anxiety
Individuals with Autism may suffer from anxiety including [generalized anxiety](#), [separation anxiety](#), [social anxiety](#), [phobias and fears](#). Anxiety may impair [sleep](#) and [appetite](#) and lead to [irritability](#), [repetitive movements](#), [insistence on sameness](#), [severe tantrums](#), and [self-harming behavior](#).
- Depression
There may be many reasons for a connection between autism and depression, such as [social isolation](#), [social comparison](#), and [dysregulated emotions](#).
- Post Traumatic Stress Disorder

Disabilities

- Cerebral Palsy
- Down Syndrome
- Deafness
Data suggests that's around 2-4% of deaf children also have autism. Both deafness and autism can have a significant impact on communication and language development. In addition, there may be factors that make accurately diagnosing autism a challenge for deaf children. The [MN Department of Human Services Deaf and Hard of Hearing Division](#) offers resources and support to help find a mental health provider who can properly screen, diagnosis or make a referral.

Other Common Issues

- **Gastrointestinal Issues**

Children with autism may be up to four times more likely to suffer from gastrointestinal issues than the general population. Common GI disturbances include [abdominal pain](#), [chronic constipation](#), [colitis](#), [diarrhea](#), [flatulence](#) (excessive gas), [gastroesophageal reflux disease](#) (GERD), and [irritable bowel syndrome](#). Signs of GI distress may include anxiety, sleep disorders, and irritability in addition to stereotyped posturing, aggression, and self-harming behavior. Parents and caregivers can help by being attentive to the timing and characteristics of the individual with autism's bowel movements. Consult with an expert if you suspect your child may be suffering from one or more GI problems.

- **Epilepsy**

Epilepsy may affect up to 35% of people with autism versus 1% in the general population. Some types of seizures are difficult to identify, such as subclinical seizures. In contrast, other episodes, such as complex partial seizures, are associated with staring into space, engaging in repetitive behaviors, and having difficulty controlling motor movements.

Like individuals without autism, epilepsy symptoms are most likely to appear during adolescence. Some young adults develop them around the ages of 18 or 19 years. While some children with seizures do grow out of them, there is limited research about how common this is among children with autism.

- **Sleep disorders**

Between 50% to 80% of children on the autism spectrum may experience one or more sleep problems. These include difficulty falling asleep, night waking, waking too early, and poor sleep quality. Causes of sleep disturbances may include:

- GI distress.
- Heightened nervous system arousal.
- Chronic discomfort or pain.
- Sensory sensitivities.
- Side effects of medications.

- **Metabolic Disorders**

Some metabolic disorders may be associated with autism, including [mitochondrial disorders](#) and [folate abnormalities](#). Those with mitochondrial dysregulation are more likely to experience cardiomyopathy, seizures, digestive problems, motor delays, and difficulty walking. Some research suggests evidence of blockages in folate pathways in children with autism, which may be a result of polymorphisms in their folate genes.

- **Mental Health Conditions**

- PICA
- Blind
- Apraxia

Sources: [Co-occurring conditions / Minnesota Autism Portal \(mn.gov\)](#)
[Co-Occurring Conditions and Autism - Autism Research Institute](#)

1.5. Screening & Identification

Diagnosing autism spectrum disorder (ASD) can be difficult because there is no medical test, like a blood test, to diagnose the disorder. Doctors look at the child's developmental history and behavior to make a diagnosis.

Developmental Monitoring

Developmental monitoring is an active, ongoing process of watching a child grow and encouraging conversations between parents and providers about a child's skills and abilities.

Developmental monitoring involves observing how your child grows and whether your child meets the typical developmental milestones, or skills that most children reach by a certain age, in playing, learning, speaking, behaving, and moving.

CDC's [Learn the Signs. Act Early.](#) program has developed free materials, including CDC's *Milestone Tracker* app, to help parents and providers work together to monitor your child's development and know when there might be a concern and if more screening is needed. You can use a [brief checklist of milestones](#) to see how your child is developing.

Developmental Screening

Developmental screening takes a closer look at how your child is developing.

Developmental screening is more formal than developmental monitoring. It is a regular part of some well-child visits even if there is not a known concern.

The American Academy of Pediatrics (AAP) recommends developmental and behavioral screening for all children during regular well-child visits at these ages:

- 9 months
- 18 months
- 30 months

In addition, AAP recommends that all children be screened specifically for ASD during regular well-child visits at these ages:

- 18 months
- 24 months

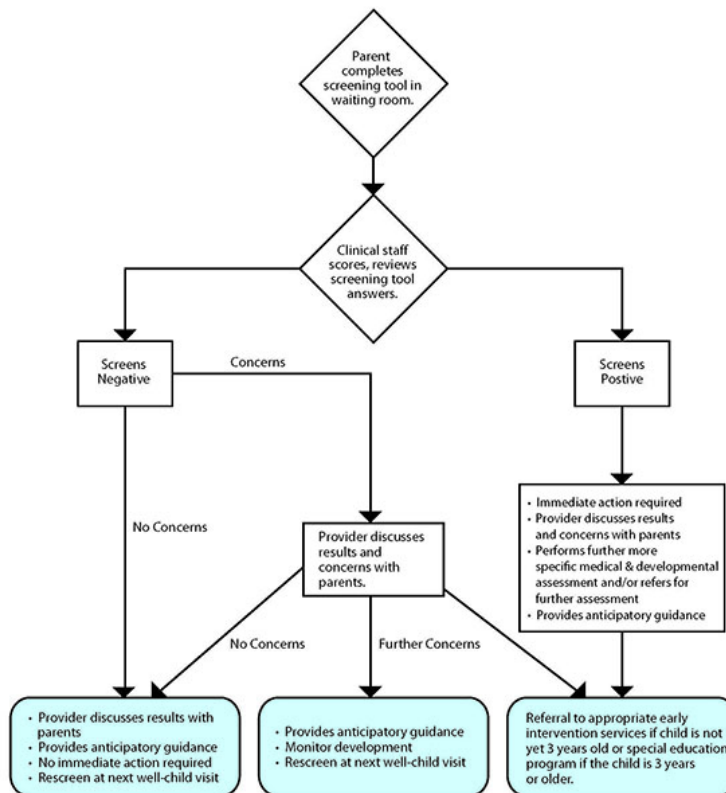
Developmental Diagnosis

If the screening tool identifies an area of concern, a formal developmental evaluation may be needed. This formal evaluation is a more in-depth look at a child's development and is usually done by a trained specialist such as a developmental pediatrician, child psychologist, speech-language pathologist, occupational therapist, or other specialist.

Sources: [Screening and Diagnosis of Autism Spectrum Disorder | CDC](#)

1.6. Autism Diagnosis Flow Chart

Pediatric Developmental Screening Flowchart



Source: [Screening and Diagnosis of Autism Spectrum Disorder for Healthcare Providers | CDC](#)

1.7. CDC's Developmental Milestones

2 Months

Social/Emotional Milestones

- Calms down when spoken to or picked up
- Looks at your face
- Seems happy to see you when you walk up to her
- Smiles when you talk to or smile at her

Language/Communication Milestones

- Makes sounds other than crying
- Reacts to loud sounds

Cognitive Milestones (learning, thinking, problem-solving)

- Watches you as you move
- Looks at a toy for several seconds

Movement/Physical Development Milestones

- Holds head up when on tummy
- Moves both arms and both legs
- Opens hands briefly

Tips and Activities

Respond positively to your baby. Act excited, smile, and talk to him when he makes sounds.

This teaches him to take turns “talking” back and forth in conversation.

Talk, read, and sing to your baby to help her develop and understand language.

Spend time cuddling and holding your baby. This will help him feel safe and cared for. You will not spoil your baby by holding or responding to him.

4 Months

Social/Emotional Milestones

- Smiles on his own to get your attention
- Chuckles (not yet a full laugh) when you try to make him laugh
- Looks at you, moves, or makes sounds to get or keep your attention

Language/Communication Milestones

- Makes sounds like “oooo”, “aahh” (cooing)
- Makes sounds back when you talk to him
- Turns head towards the sound of your voice

Cognitive Milestones (learning, thinking, problem-solving)

- If hungry, opens mouth when he sees breast or bottle
- Looks at her hands with interest

Movement/Physical Development Milestones

- Holds head steady without support when you are holding him
- Holds a toy when you put it in his hand
- Uses his arm to swing at toys

- Brings hands to mouth
- Pushes up onto elbows/forearms when on tummy

Tips and Activities

Respond positively to your baby. Act excited, smile, and talk to him when he makes sounds. This teaches him to take turns “talking” back and forth in conversation.

Provide safe opportunities for your baby to reach for toys, kick at toys and explore what is around her. For example, put her on a blanket with safe toys.

Allow your baby to put safe things in his mouth to explore them. This is how babies learn. For example, let him see, hear, and touch things that are not sharp, hot, or small enough to choke on.

6 Months

Social/Emotional Milestones

- Knows familiar people
- Likes to look at self in a mirror
- Laughs

Language/Communication Milestones

- Takes turns making sounds with you
- Blows “raspberries” (sticks tongue out and blows)
- Makes squealing noises

Cognitive Milestones (learning, thinking, problem-solving)

- Puts things in her mouth to explore them
- Reaches to grab a toy she wants
- Closes lips to show she doesn’t want more food

Movement/Physical Development Milestones

- Rolls from tummy to back
- Pushes up with straight arms when on tummy
- Leans on hands to support herself when sitting

Tips and Activities

Use “back and forth” play with your baby. When your baby smiles, you smile; when he makes sounds, you copy them. This helps him learn to be social.

“Read” to your baby every day by looking at colorful pictures in magazines or books and talk about them. Respond to her when she babbles and “reads” too. For example, if she makes sounds, say “Yes, that’s the doggy!”

Point out new things to your baby and name them. For example, when on a walk, point out cars, trees, and animals.

9 Months

Social/Emotional Milestones

- Is shy, clingy, or fearful around strangers
- Shows several facial expressions, like happy, sad, angry, and surprised
- Looks when you call her name
- Reacts when you leave (looks, reaches for you, or cries)
- Smiles or laughs when you play peek-a-boo

Language/Communication Milestones

- Makes a lot of different sounds like “mamamama” and “bababababa”
- Lifts arms up to be picked up)

Cognitive Milestones (learning, thinking, problem-solving)

- Looks for objects when dropped out of sight (like his spoon or toy)
- Bangs two things together

Movement/Physical Development Milestones

- Gets to a sitting position by herself
- Moves things from one hand to her other hand
- Uses fingers to “rake” food towards himself
- Sits without support

Tips and Activities

Repeat your baby’s sounds and say simple words using those sounds. For example, if your baby says “bababa,” repeat “bababa,” then say “book.”

Place toys on the ground or on a play mat a little out of reach and encourage your baby to crawl, scoot, or roll to get them. Celebrate when she reaches them.

Teach your baby to wave “bye-bye” or shake his head “no.” For example, wave and say “bye-bye” when you are leaving. You can also teach simple baby sign language to help your baby tell you what he wants before he can use words.

1 Year

Social/Emotional Milestones

- Plays games with you, like pat-a-cake

Language/Communication Milestones

- Waves “bye-bye”
- Calls a parent “mama” or “dada” or another special name
- Understands “no” (pauses briefly or stops when you say it)

Cognitive Milestones (learning, thinking, problem-solving)

- Puts something in a container, like a block in a cup
- Looks for things he sees you hide, like a toy under a blanket

Movement/Physical Development Milestones

- Pulls up to stand

- Walks, holding on to furniture
- Drinks from a cup without a lid, as you hold it
- Picks things up between thumb and pointer finger, like small bits of food

Tips and Activities

Teach your baby “wanted behaviors.” Show her what to do and use positive words or give her hugs and kisses when she does it. For example, if she pulls your pet’s tail, teach her how to pet gently and give her a hug when she does it.

Talk or sing to your baby about what you’re doing. For example, “Mommy is washing your hands” or sing, “This is the way we wash our hands.”

Build on what your baby tries to say. If he says “ta,” say “Yes, a truck,” or if he says “truck,” say “Yes, that’s a big, blue truck.”

15 Months

Social/Emotional Milestones

- Copies other children while playing, like taking toys out of a container when another child does
- Shows you an object she likes
- Claps when excited
- Hugs stuffed doll or other toy
- Shows you affection (hugs, cuddles, or kisses you)

Language/Communication Milestones

- Tries to say one or two words besides “mama” or “dada,” like “ba” for ball or “da” for dog
- Looks at a familiar object when you name it
- Follows directions given with both a gesture and words. For example, he gives you a toy when you hold out your hand and say, “Give me the toy.”
- Points to ask for something or to get help

Cognitive Milestones (learning, thinking, problem-solving)

- Tries to use things the right way, like a phone, cup, or book
- Stacks at least two small objects, like blocks

Movement/Physical Development Milestones

- Takes a few steps on his own
- Uses fingers to feed herself some food

Tips and Activities

Help your child learn to speak. A child’s early words are not complete. Repeat and add to what he says. He may say “ba” for ball and you can say “Ball, yes, that’s a ball.”

Tell your child the names of objects when he points to them and wait a few seconds to see if he makes any sounds before handing it to him. If he does make a sound, acknowledge him, and repeat the name of the object. "Yes! Cup."

Find ways to let your child help with everyday activities. Let her get her shoes to go outside, put the snacks in the bag for the park, or put the socks in the basket.

[Click here for more tips and activities](#)

[More Parenting Tips and Activities](#)

18 Months

Social/Emotional Milestones

- Moves away from you, but looks to make sure you are close by
- Points to show you something interesting
- Puts hands out for you to wash them
- Looks at a few pages in a book with you
- Helps you dress him by pushing arm through sleeve or lifting up foot

Language/Communication Milestones

- Tries to say three or more words besides "mama" or "dada"
- Follows one-step directions without any gestures, like giving you the toy when you say, "Give it to me."

Cognitive Milestones (learning, thinking, problem-solving)

- Copies you doing chores, like sweeping with a broom
- Plays with toys in a simple way, like pushing a toy car

Movement/Physical Development Milestones

- Walks without holding on to anyone or anything
- Scribbles
- Drinks from a cup without a lid and may spill sometimes
- Feeds himself with his fingers
- Tries to use a spoon
- Climbs on and off a couch or chair without help

Tips and Activities

Use positive words and give more attention to behaviors you want to see ("wanted behaviors"). For example, "Look how nicely you put the toy away." Give less attention to those you don't want to see.

Encourage "pretend" play. Give your child a spoon so she can pretend to feed her stuffed animal. Take turns pretending.

Help your child learn about others' feelings and about positive ways to react. For example, when he sees a child who is sad, say "He looks sad. Let's bring him a teddy."

2 Years

Social/Emotional Milestones

- Notices when others are hurt or upset, like pausing or looking sad when someone is crying
- Looks at your face to see how to react in a new situation

Language/Communication Milestones

- Points to things in a book when you ask, like “Where is the bear?”
- Says at least two words together, like “More milk.”
- Points to at least two body parts when you ask him to show you
- Uses more gestures than just waving and pointing, like blowing a kiss or nodding yes

Cognitive Milestones (learning, thinking, problem-solving)

- Holds something in one hand while using the other hand; for example, holding a container and taking the lid off
- Tries to use switches, knobs, or buttons on a toy
- Plays with more than one toy at the same time, like putting toy food on a toy plate

Movement/Physical Development Milestones

- Kicks a ball
- Runs
- Walks (not climbs) up a few stairs with or without help
- Eats with a spoon

Tips and Activities

Help your child learn how words sound, even if he can't say them clearly yet. For example, if your child says, “or nana,” say “You want more banana.”

Watch your child closely during playdates. Children this age play next to each other, but do not know how to share and solve problems. Show your child how to deal with conflicts by helping her share, take turns, and use words when possible.

Have your child help you get ready for mealtime, by letting him carry things to the table, such as plastic cups or napkins. Thank your child for helping.

30 Months

Social/Emotional Milestones

- Plays next to other children and sometimes plays with them
- Shows you what she can do by saying, “Look at me!”
- Follows simple routines when told, like helping to pick up toys when you say, “It's clean-up time.”

Language/Communication Milestones

- Says about 50 words

- Says two or more words together, with one action word, like “Doggie run”
- Names things in a book when you point and ask, “What is this?”
- Says words like “I,” “me,” or “we”

Cognitive Milestones (learning, thinking, problem-solving)

- Uses things to pretend, like feeding a block to a doll as if it were food
- Shows simple problem-solving skills, like standing on a small stool to reach something
- Follows two-step instructions like “Put the toy down and close the door.”
- Shows he knows at least one color, like pointing to a red crayon when you ask, “Which one is red?”

Movement/Physical Development Milestones

- Uses hands to twist things, like turning doorknobs or unscrewing lids
- Takes some clothes off by himself, like loose pants or an open jacket
- Jumps off the ground with both feet
- Turns book pages, one at a time, when you read to her

Tips and Activities

Encourage “free play,” where your child can follow her interests, try new things, and use things in new ways.

Use positive words and give more attention to behaviors you want to see (“wanted behaviors”), than to those you don’t want to see. For example, say “I like how you gave Jordan the toy.”

Give your child food choices that are simple and healthy. Let him choose what to eat for a snack or what to wear. Limit choices to two or three.

3 Years

Social/Emotional Milestones

- Calms down within 10 minutes after you leave her, like at a childcare drop off
- Notices other children and joins them to play

Language/Communication Milestones

- Talks with you in conversation using at least two back-and-forth exchanges
- Asks “who,” “what,” “where,” or “why” questions, like “Where is mommy/daddy?”
- Says what action is happening in a picture or book when asked, like “running,” “eating,” or “playing”
- Says first name, when asked
- Talks well enough for others to understand, most of the time

Cognitive Milestones (learning, thinking, problem-solving)

- Draws a circle, when you show him how
- Avoids touching hot objects, like a stove, when you warn her

Movement/Physical Development Milestones

- Strings items together, like large beads or macaroni
- Puts on some clothes by himself, like loose pants or a jacket
- Uses a fork

Tips and Activities

Encourage your child to solve her own problems with your support. Ask questions to help her understand the problem. Help her think of solutions, try one out, and try more if needed.

Talk about your child's emotions and give him words to help him explain how he's feeling. Help your child manage stressful feelings by teaching him to take deep breaths, hug a favorite toy, or go to a quiet, safe place when he is upset.

Set a few simple and clear rules that your child can follow, such as use gentle hands when playing. If he breaks a rule, show him what to do instead. Later, if your child follows the rule, recognize and congratulate him.

4 Years

Social/Emotional Milestones

- Pretends to be something else during play (teacher, superhero, dog)
- Asks to go play with children if none are around, like "Can I play with Alex?"
- Comforts others who are hurt or sad, like hugging a crying friend
- Avoids danger, like not jumping from tall heights at the playground
- Likes to be a "helper"
- Changes behavior based on where she is (place of worship, library, playground)

Language/Communication Milestones

- Says sentences with four or more words
- Says some words from a song, story, or nursery rhyme
- Talks about at least one thing that happened during her day, like "I played soccer."
- Answers simple questions like "What is a coat for?" or "What is a crayon for?"

Cognitive Milestones (learning, thinking, problem-solving)

- Names a few colors of items
- Tells what comes next in a well-known story
- Draws a person with three or more body parts

Movement/Physical Development Milestones

- Catches a large ball most of the time
- Serves herself food or pours water, with adult supervision
- Unbuttons some buttons
- Holds crayon or pencil between fingers and thumb (not a fist)

Tips and Activities

Help your child be ready for new places and meeting new people. For example, you can read stories or role play (pretend play) to help him be comfortable.

Read with your child. Ask him what's happening in the story and what he thinks might happen next.

Help your child learn about colors, shapes, and sizes. For example, ask the color, shapes, and size of things she sees during the day.

5 Years

Social/Emotional Milestones

- Follows rules or takes turns when playing games with other children
- Sings, dances, or acts for you
- Does simple chores at home, like matching socks or clearing the table after eating

Language/Communication Milestones

- Tells a story she heard or made up with at least two events. For example, a cat was stuck in a tree and a firefighter saved it
- Answers simple questions about a book or story after you read or tell it to him
- Keeps a conversation going with more than three back-and-forth exchanges
- Uses or recognizes simple rhymes (bat-cat, ball-tall)

Cognitive Milestones (learning, thinking, problem-solving)

- Counts to 10
- Names some numbers between 1 and 5 when you point to them
- Uses words about time, like "yesterday," "tomorrow," "morning," or "night"
- Pays attention for 5 to 10 minutes during activities. For example, during story time or making arts and crafts (screen time does not count)
- Writes some letters in her name
- Names some letters when you point to them

Movement/Physical Development Milestones

- Buttons some buttons
- Hops on one foot

Tips and Activities

Your child might start to "talk back" in order to feel independent and test what happens. Limit the attention you give to the negative words. Find alternative activities for her to do that allow her to take the lead and be independent. Make a point of noticing good behavior. "You stayed calm when I told you it's bedtime."

Ask your child what she is playing. Help her expand her answers by asking "Why?" and "How?" For example, say "That's a nice bridge you're building. Why did you put it there?"

Play with toys that encourage your child to put things together, such as puzzles and building blocks.

1.8. Lifestyle Changes

Diet: A child's diet can play a role in easing their symptoms.

Exercise: Autistic children should aim for 20 minutes of exercise on a daily basis.

Sleep: Children need their sleep to function at their best.

Set a predictable routine: This is a lifestyle habit that is good for children everywhere, regardless of whether they struggle with autism.

Additional Changes

- Find the right educational team.
- Accept the double standard.
- Learn their language.
- Allow some time for stimming (repetitive or unusual body movements or noises).
- Be patient, with yourself.
- Remember the most frequent “victim”.
- Educate family members and friends.

Transitions

- Planning ahead of time may make transitions easier.
- It is important to begin thinking about this transition in childhood, so that educational transition plans are put in place—preferably by age 14, but no later than age 16—to make sure the individual has the skills he or she needs to begin the next phase of life.
- The transition of health care from a pediatrician to a doctor who treats adults is another area that needs a plan.

Source: [Living with Autism Spectrum Disorder \(ASD\) | CDC](#)

1.8.1. Managing Constipation in Children with Autism

- Increasing fiber in your child's diet
- Increasing fluid intake
- Bowel habit training
- Regular exercise
- Medications and Treatments for constipation

[PowerPoint Presentation \(autismspeaks.org\)](#)

Multi-page presentation on constipation. Could link for PHNs and/or take information for family education.

A. Sleep

- **Sleep environment:** the bedroom should be dark, quiet and cool. As children with ASD might be particularly sensitive to noises and/or have sensory issues, the environment should be adapted to make sure your child is as comfortable as possible.
- **Bedtime routine:** the routine should be predictable, relatively short (20 – 30 minutes) and include relaxing activities such as reading or listening to quiet music. Avoid the use of electronics close to bedtime such as TV, computer, video games etc. that can be stimulating making it difficult for your child to fall asleep.
- **Sleep\wake schedule:** the schedule should be regular with not much of a difference between the weekday and weekend schedule.
- **Teach your child to fall asleep alone:** It is important that your child learn the skill of falling asleep without a parent present. All children and adults wake briefly during the night but quickly put themselves back to sleep by reestablishing associations used at bedtime. So if your child needs a parent present to fall asleep at bedtime, he might need a parent to help him fall back asleep during the normal awakenings.
- **Exercise:** Daytime exercise can make it easier to fall asleep and children who exercise tend to have deeper sleep. Avoid allowing your child to exercise too close to bedtime as it can make it difficult for him to fall asleep.
- **Avoid caffeine** particularly close to bedtime, which can be alerting making it difficult for your child to fall asleep. Caffeine is found not only in coffee, but also in tea, chocolate and some sodas.
- **Naps** are helpful for preschool children, but should not be taken late in the afternoon as they can interfere with bedtime.

It is important to address medical or psychiatric issues that potentially interfere with sleep. Your child's medications might need adjustment if they affect his sleep. If your child suffers from a sleep disorder such as sleep apnea, sleep walking, sleep terrors, restless legs syndrome, he may need a referral to a sleep specialist. Some children with persistent insomnia will need further behavioral or pharmacological treatment to improve their sleep.

Source: [Sleep | Autism Speaks](#)

B. Nutrition and Feeding

- Set a Feeding Schedule and Routine
- Avoid All Day Eating
- Provide Comfortable and Supportive Seating.
- Limit Mealtime
- Minimize Distractions.
- Get Your Child Involved

- Practice Pleasant and Healthy Eating Behaviors.
- Reward Positive Behaviors
- Ignore Negative Behaviors.
- Remember the Rule of 3. It is important to offer foods your child already likes, as well as foods your child does not yet like. A good rule of thumb is to only offer three foods at a time. Include one to two foods your child already likes and one food your child does not yet like. If your child will not tolerate the new food on his or her plate, place the new food near him or her on a separate plate to help get your child used to the new food.
- Presentation. Present new foods in small bites and in fun or familiar ways to make it more likely that your child will eat it.

Source: [Exploring Feeding Behavior.pdf \(autismspeaks.org\)](https://autismspeaks.org)
 Parent's Guide to Feeding Behavior in Children with Autism

C. Oral Health

Research shows that oral health issues are more common because of unusual oral health habits, poor food choices, and medications that affect gum health. This can lead to an increased risk of cavities in permanent teeth. It is important to develop oral health plan that includes regular dental visits for autism dental care.

Oral Health Habits for Children with ASD

- **Brush and Floss** – start the oral care routine at home as early as possible
- **Consume a Healthy Diet** - A diet rich in vitamins and minerals and low in sugary drinks will support optimal oral health.
- **Visit the Dentist** - It is recommended that you visit the dentist 1-2 times a year. Find a dentist that will properly care for your unique needs.

Bruxism is another oral health issue common among children with autism. Bruxism is the habit of grinding and clenching the teeth.

To evaluate the extent of bruxism, your dentist may check for:

- Tenderness in jaw muscles
- Obvious dental abnormalities, such as broken or missing teeth
- Other damage to your teeth, the underlying bone and the inside of your cheeks, usually with the help of X-rays

Some possible treatments for bruxism in autism are:

- Vocal and physical cueing to reduce teeth grinding
- Medication to relax the jaw muscles
- Mouth props or prosthetic appliances to protect the teeth and soft tissues

- Botulinum-A injections to relieve muscle spasticity
- Behavioral, cognitive, or educational therapies to address the underlying causes of bruxism

Sources: [Autism Dental Care- A Guide for Adults with Autism | AAC \(adultautismcenter.org\)](#)
[Bruxism \(teeth grinding\) - Diagnosis and treatment - Mayo Clinic](#)

D. Calming Sensory Activities for Children with Autism

Children with special needs like Autism and Sensory Processing Disorder (SPD) may require organising and calming activities to help regulate their senses.

Organising Activities:

Organising activities are heavy work activities that involve pushing, pulling, or lifting heavy objects or items. Heavy work is one direct way to get that type of input through an organised activity by engaging muscles and joints to cause fatigue.

Organising activities to try

- Wall pushes with hands and feet
- Jumping on a trampoline
- Popcorn jumps (jumping from a squat position and then landing back in a squat position)
- Wheelbarrow walking
- Crawling through tunnels
- Obstacle course
- Putting up/down chairs
- Sitting on “move and sit” therapy ball during classroom activities
- Passing the weighted balls
- Scooter board on belly and bottom (wall push-offs) 10+ reps
- Resistance Bands

Calming Activities:

Calming activities are helpful for children that are very active and that do not settle easily. Calming activities will help you relax children that are overstimulated.

The best times to use calming activities are as follows:

- After, before, or during a highly stimulating social event
- When your child is running around or very restless
- Before bedtime
- Before or after school/pre-school
- Before or after any event that causes anxiety
- Before or after a learning activity

Calming activities to try

- Rocking slowly over a ball on their stomach
- Turning off the lights in a room or creating a dark space in a tent
- Swinging in a circular motion with the child facing an adult (do not spin this is a different type of sensory input)
- Wrap the child up in a heavy blanket
- Calming relaxation music (e.g. yoga or meditation music)
- Deep pressure squeezes (start soft and ask the child's permission)
- Laying on the floor while an adult rolls a ball over top giving some deep pressure. (not over their head)
- Use of body sock/lycra material to wrap the child in.
- Light touch/hard touch (depending on the child) – have the child brush a feather over their arms, or squeeze their arms with their hands for deep pressure.
- Brushing over arms, back, legs and head
- Using two fingers on both sides of the spine to give firm downward strokes 3-5 times. (do not put pressure on the spine)
- Hand fidgets (such a play dough and Thera-putty)
- Gentle massage on head, feet arms and back (you can use creams or oils to help reduce friction)

Source: headstartaba.org

1.9. Addressing Denial

Denial is a way of coping. It may be what gets you through a particularly difficult period. It is important to be aware that parents may be experiencing denial, so that it doesn't interfere with making good decisions about child's treatment.

What you can do for yourself:

1. Practice Self-care
2. Focus on the positive
3. Acknowledge what you have accomplished
4. Continue family rituals
5. Give yourself time to adjust
6. Make time for your friends
7. Get involved with the autism community
8. Explore creative interests outside of autism
9. Find respite cares in your area

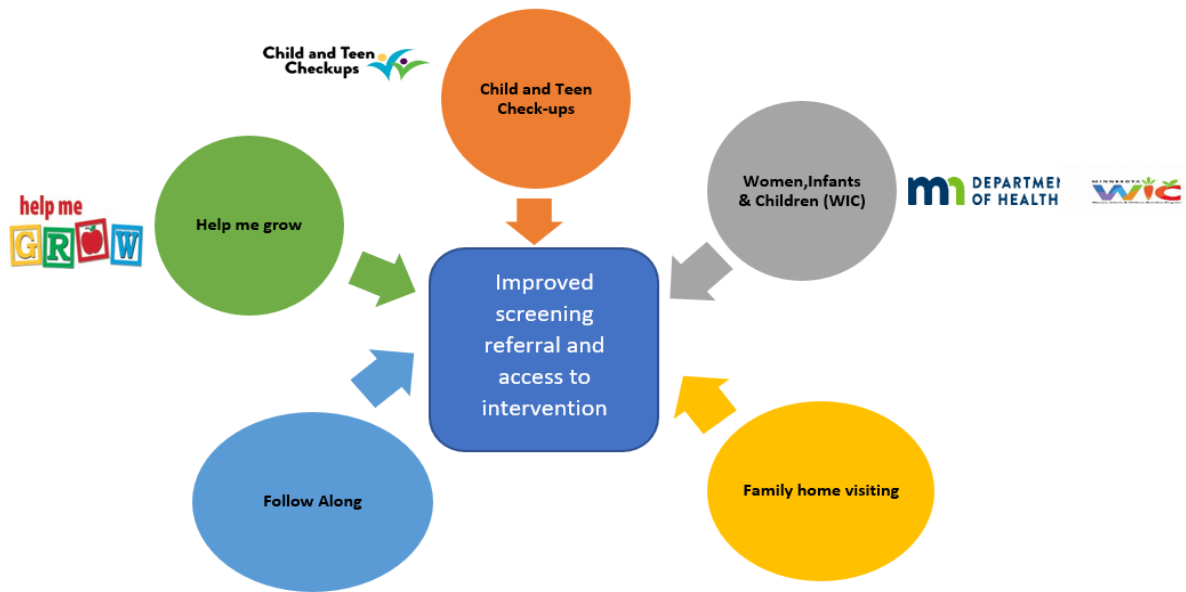
Studies and supporting evidence have consistently shown that early intervention is a critical factor in a child's ability to mainstream themselves into schools and society later in life.

Labeling your child is essential for social, medical and educational resources, as well as emergency response teams and overall community awareness. Telling the world your child has autism is also one of the first steps in coming out of denial.

Sources: [Parents Guide to Autism.pdf \(autismspeaks.org\)](#)[Why Parents Should Publicize a Child's Autism | Autism Key](#)

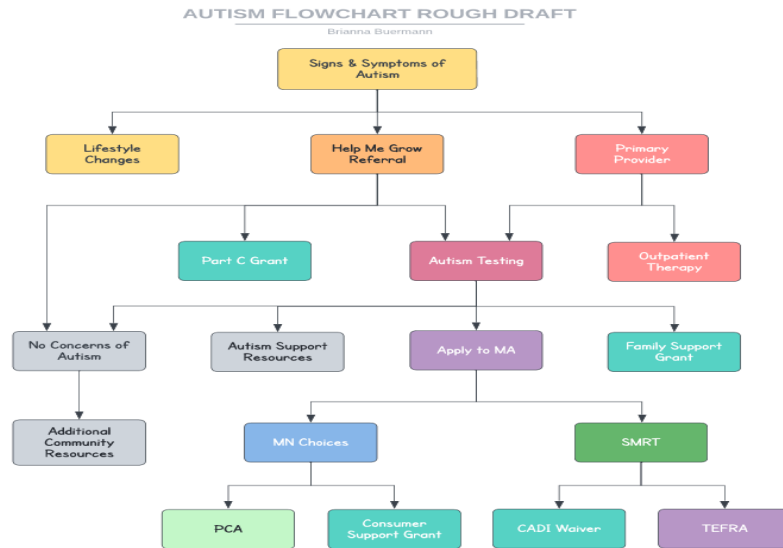
Section 2: Identifying Autism

2.1. Screening Programs in Minnesota



Source: [Screening and diagnosing for autism spectrum disorder \(ASD\) in pediatric care settings \(mnaap.org\)](#)

2.2. Flow Chart



2.3. MnCHOICES

MnCHOICES is the name of Minnesota’s assessment and support planning tool used by counties, tribal nations and managed care organizations. MnCHOICES is a comprehensive web-based application that integrates assessment and support planning for Minnesotans who need long-term services and supports (LTSS), regardless of age, type of disability or service needs.

MN Choices Assessment: individual screening to determine eligibility for:

- PCA Services
- Consumer Support and Family Support Grant Programs
- Developmental Disability (DD) Case Management (Rule 185):
 - Who Qualifies:

- IQ Testing shows Full-Scale IQ score of 70 or lower (required at age 5) AND
- Adaptive testing showing significant deficits 2 Standard Deviations below the mean OR
- A diagnosed related condition which requires services to an individual intellectual or cognitive delay.
- Eligible Related Condition Diagnoses:
 - Autism Spectrum Disorder (ASD)
 - Cerebral Palsy
 - Epilepsy
 - Prader-Willi Syndrome
 - Condition related to developmental disabilities resulting in an impairment of intellectual and adaptive functioning.
- Tips:
 - Gather all school and medical reports to submit
 - Ask for help completing paperwork if needed
 - Interpreters are available.
- Miscellaneous Info:
 - Assess skills in Self-Care, Understanding of Language, Mobility, Learning, Self-Direction, and Independent Living.
 - There must be documented substantial functional limitations in 3 or more of the above areas in order to qualify for Developmental Disability case management services.
 - Case Managers/Social Workers help to:
 - Write a bi-annual case plan listing goals and services needed for the child
 - Identify funding for those services
 - Help with crisis situations
 - Access with crisis situations
 - Access to specialty programs
- Waiver Services

How to start:

- Call/Email Community Living Services (CLS) Intake:

651-554-6336 or clsintake@co.dakota.mn.us

A person of any age with a disability or in need of long-term services and supports can ask for a MnCHOICES assessment. You do not need to be eligible for Medical Assistance or any other publicly funded program to receive an assessment. Call your county or tribal nation to request an assessment. For more information contact one of the following resources:

- Disability Hub MN – www.disabilityhubmn.org or 866-333-2466
- Senior Linkage Line – www.seniorlinkageline.com or 800-333-2433

Source: [MnCHOICES / Minnesota Department of Human Services](#)

2.4. Help Me Connect

[Help Me Connect](#) has additional information on accessing an evaluation. Minnesota Help Me Connect helps expectant families, families with young children birth to 8 years of age, and those working with families find and connect to services in their local communities that support healthy child development and family well-being.

[Help Me Grow MN](#) provides resources for families to understand developmental milestones and learn if there are concerns. This helps families take the lead in seeking additional support or referring their child for a comprehensive, confidential screening or evaluation at no cost.

Minnesota's Help Me Grow is an **interagency initiative of the State of Minnesota Department of Education, Department of Health and Department of Human Services**. We partner with all local service agencies.

Call 1-866-693-GROW (4769), if you have concerns about child's development or use the referral forms.

Referral form for parent or guardian
[Refer a Child | Help Me Grow MN](#)

Referral form for professionals
[Help Me Grow - Home \(mn.gov\)](#)

Referral form for friends, family members and others
[Help Me Grow - Home \(mn.gov\)](#)

Source: [Home - Help Me Connect \(state.mn.us\)](#)
[Refer a Child - Help Me Grow MN](#)

2.4.1. Dakota County Help Me Grow

Dakota County Help Me Grow - [Early Childhood Development | Dakota County](#)

2.5. Women, Infants and Children (WIC)

The Special Supplemental Nutrition Program for **Women, Infants & Children** (WIC) is a nutrition and breastfeeding program that helps eligible pregnant women, new mothers, babies and young children. WIC provides nutrition education and counseling, nutritious foods, and referrals to health and other social services.

Referral form to refer a family, or send measurements electronically - <https://redcap.health.state.mn.us/redcap/surveys/?s=7F493NRK73RXTXL8>

Source: [WIC Program - MN Dept. of Health \(state.mn.us\)](http://www.health.state.mn.us/wic/)

2.6. Follow Along Program

Minnesota's Follow Along Program (FAP) can help you track your child's development and let you know if your child is playing, talking, growing, moving, and behaving like other children the same age.

Follow Along Program is one of **Children and Youth with Special Health Needs** Programs.

- This is a good way to learn about your child's health and development.
- A fun way to get ideas about "what to teach" and "at what age" to teach it.
- A simple way to ask questions about how your child is hearing, moving, seeing, playing, talking, learning, growing, and acting.
- An easy way to find out about other services you may want for your child.

How Does the Follow Along Program Work?

- An early childhood professional, most often a nurse, may visit with you (in person or over the phone) to tell you more about the program and find out more about your child.
- Questionnaires are sent to you when your child reaches different ages such as 4, 8, 12, 16, 20, 24, 30, and 36 months old. Each questionnaire asks how your child is growing, playing, talking, moving, and acting.
- Handouts with fun activities for you to do with your child are also sent to you.
- The results of the questionnaires will be shared with you. If there are any concerns, a nurse or other professional from the program will get in touch with you. Together, you can talk about choices for further evaluation or early help services.
- When your child is 36 months old, you will get information about the next step, Early Childhood Screening.

It's free of cost and can be enrolled online.

Online enrollment form for the Follow Along Program - <https://followalongprogram.web.health.state.mn.us/>

Source: [Follow Along Program - MN Dept. of Health \(state.mn.us\)](#)

2.6.1. Children and Youth with Special Health Needs

Children and Youth with Special Health Needs (CYSHN) works to achieve public health policies that will provide more positive health outcomes and better serve children and youth with special health needs and their families throughout Minnesota.

CYSHN Programs and Focus Areas

- Birth Defects Monitoring and Analysis - [Birth Defects Monitoring and Analysis - MN Dept. of Health \(state.mn.us\)](#)
- Early Hearing Detection and Intervention (EHDI) - [Early Hearing Detection And Intervention: A Roadmap To Success - MN Dept. of Health \(state.mn.us\)](#)
- Follow Along Program (FAP) - [Follow Along Program - MN Dept. of Health \(state.mn.us\)](#)
- Longitudinal Follow-up for Newborn Screening Conditions (LFU) - [Longitudinal Follow-Up for Newborn Screening Conditions - MN Dept. of Health \(state.mn.us\)](#)
- Transitioning to Adult Health Care - [Transitioning to Adult Health Care - MN Dept. of Health \(state.mn.us\)](#)

Source: [Children and Youth with Special Health Needs \(CYSHN\) - MN Dept. of Health \(state.mn.us\)](#)

2.6.2. Dakota County Follow Along Program

<https://www.co.dakota.mn.us/HealthFamily/Parenting/EarlyChildhoodDevelopment/Pages/follow-along-program.aspx>

2.7. Family Home Visiting

Minnesota's **Family home visiting (FHV)** is a voluntary, home-based service ideally delivered prenatally through the early years of a child's life. It provides social, emotional, health-related

and parenting support and information to families, and links them to appropriate resources. By participating in home visiting, some examples of services a family may receive are:

- Connections/referrals for pregnant women to prenatal care;
- Early support to parents in their role as a child's first teacher;
- Help in creating a safe and healthy environment for a young child to thrive in; and
- Parenting skills and support that decrease the risk of child abuse.

Depending on the goals identified by a family and based on developmental and risk assessments, a family may work with a home visitor from the prenatal period through a child's third birthday. Some programs serve families with children up to age five years. Through consistent and planned home visits, parents and caregivers learn how to improve their family's health and provide better opportunities for their children.

Source: [Family Home Visiting Program - MN Dept. of Health \(state.mn.us\)](https://www.state.mn.us/dhs/fhv/)

2.7.1. Dakota County Family Home Visit

[Home Visits | Dakota County](#)

2.7.2. Birth to Age Eight Collaborative Initiative

Dakota County's Birth to Age Eight Collaborative assures children reach key developmental milestones from birth to age eight by bringing together schools, nonprofits and Dakota County Community Services.

More information at [Early Childhood Development | Dakota County](#)

2.8. Contact your primary care provider

If you have concerns that your child is not meeting important developmental milestones, make an appointment with your child's primary care doctor for an evaluation. You can also call your insurance company using the number on the back of your member ID card to receive a referral or find evaluation providers and other services in your network.

Use this directory to find health care providers that serve fee-for-service Minnesota Health Care Programs (MHCP) members - <https://mhcpproviderdirectory.dhs.state.mn.us/>

Sources: [Identifying and Learning More About Autism / Minnesota Autism Portal \(mn.gov\)](#)

2.8.1. Medical Providers

Primary Care Provider/Medical Referrals

- In addition to making a referral to Help Me Grow MN, also consider updating the child's pediatric clinic with specific developmental concerns.
 - Ask family if okay to connect with clinic about development concerns.
 - If family on board, make sure to get a release of information signed for their clinic.
 - Sharing ASQ/ASQ-SE results with clinic may help highlight concerns.
- Pediatric provider may make a referral for a Developmental Pediatrician or for a neuropsychological testing when the family is ready.
- Primary Care Provider may make referrals for specific therapies (ex: feeding clinic for feeding concerns, speech therapy, occupational therapy, etc)
- If a child does not qualify for services through the school team, they may still be eligible for services through a medical referral for speech therapy, OT, PT, etc
- Ex: 3 year old scores in "Referral Zone" on ASQ for Communication, but the delay is not significant enough to meet the requirements for a speech-only disability.
- Prepaid Medical Assistance Plans (PMAPs) typically cover additional therapies.

2.9. Next Steps Following Diagnosis

For your child

- Contact their [local county or tribal office](#) and request a [MnCHOICES assessment and support plan](#) to help identify potential services the child may be eligible for. You can also enquire about medical assistance and [case management services](#).
- Request an evaluation through the local public school district. [Education services](#) are provided at no cost to you, regardless of income or immigration status and typically get started within 30-45 days.
- Make a referral to connect the child with [Early Intensive Developmental or Behavioral Intervention \(EIDBI\) services](#). EIDBI helps promote children's independence and participation in family, school and community life.

For yourself

- Contact your [local county or tribal office](#) and request a [MnCHOICES assessment and support plan](#) to help identify potential services you or the person you support may be eligible for. Also, inquire about medical assistance and [case management services](#).
- Explore resources for [employment](#), transportation, housing and other [supports](#).
- Find support groups, advocacy organizations, legal aid, community and recreation opportunities and [more](#).

Source: [Identifying and Learning More About Autism / Minnesota Autism Portal \(mn.gov\)](#)

Section 3: Treatment and Interventions

3.1. Types of Treatments

- **Behavioral Approaches**

Behavioral approaches focus on changing behaviors by understanding what happens before and after the behavior. **Applied Behavior Analysis (ABA)** encourages desired behaviors and discourages undesired behaviors to improve a variety of skills. Progress is tracked and measured. Behavioral approaches focus on changing behaviors by understanding what happens before and after the behavior. Behavioral approaches have the most evidence for treating symptoms of ASD. They have become widely accepted among educators and healthcare professionals and are used in many schools and treatment clinics.

Two types ABA teaching styles

Discrete Trial Training (DTT) uses step-by-step instructions to teach a desired behavior or response. Lessons are broken down into their simplest parts, and desired answers and behaviors are rewarded. Undesired answers and behaviors are ignored.

Pivotal Response Training (PRT) takes place in a natural setting rather than clinic setting. The goal of PRT is to improve a few “pivotal skills” that will help the person learn many other skills. One example of a pivotal skill is to initiate communication with others.

- **Developmental Approaches**

Developmental approaches focus on improving specific developmental skills. **Speech and Language Therapy** is the most common developmental therapy for people with ASD. Some people with ASD communicate verbally. Others may communicate through the use of signs, gestures, pictures, or an electronic communication device.

Occupational Therapy teaches skills that help the person live as independently as possible. Skills may include dressing, eating, bathing, and relating to people.

Occupational therapy can also include:

- **Sensory Integration Therapy** to help improve responses to sensory input that may be restrictive or overwhelming.
- **Physical Therapy** can help improve physical skills, such as fine movements of the fingers or larger movements of the trunk and body.

The **Early Start Denver Model (ESDM)** is a broad developmental approach based on the principles of Applied Behavior Analysis. It is used with children 12-48 months of age. Parents and therapists use play, social exchanges, and shared attention in natural settings to improve language, social, and learning skills.

- **Educational Approaches**

Educational treatments are given in a classroom setting. One type of educational approach is the **Treatment and Education of Autistic and Related Communication-Handicapped Children (TEACCH) approach**.

- **Social Relational Approaches**

Social-relational treatments focus on improving social skills and building emotional bonds. Some social-relational approaches involve parents or peer mentors.

- The **Developmental, Individual Differences, Relationship-Based model** (also called “Floor time”) encourages parents and therapists to follow the interests of the individual to expand opportunities for communication.
- The **Relationship Development Intervention (RDI)** model involves activities that increase motivation, interest, and abilities to participate in shared social interactions.
- Social Stories provide simple descriptions of what to expect in a social situation.
- Social Skills Groups provide opportunities for people with ASD to practice social skills in a structured environment.

- **Pharmacological Approaches**

There are no medications that treat the core symptoms of ASD. Some medications treat co-occurring symptoms that can help people with ASD function better. For example, medication might help manage high energy levels, inability to focus, or self-harming behavior, such as head banging or hand biting. Medication can also help manage co-occurring psychological conditions, such as anxiety or depression, in addition to medical conditions such as seizures, sleep problems, or stomach or other gastrointestinal problems.

- **Psychological Approaches**

Psychological approaches can help people with ASD cope with anxiety, depression, and other mental health issues. Cognitive-Behavior Therapy (CBT) is one psychological approach that focuses on learning the connections between thoughts, feelings, and behaviors.

- **Complementary and Alternative Treatments**
Complementary and alternative treatments are often used to supplement more traditional approaches. They might include special diets, herbal supplements, chiropractic care, animal therapy, arts therapy, mindfulness, or relaxation therapies. Individuals and families should always talk to their doctor before starting a complementary and alternative treatment.

Source: [Treatment and Intervention Services for Autism Spectrum Disorder | NCBDDD | CDC](#)

Section 4: ABA Therapy Services and Autism Testing Sites in Minnesota

1. Autism Society of Minnesota
2380 Wycliff St Ste 102, Saint Paul, MN 55114
(651) 647-1083
<https://ausm.org/>
2. Minnesota Autism Center
5868 Baker Rd, Minnetonka, MN 55345
(952) 767-4200
mnautism.org
3. Fraser (Locations: Minneapolis, Eagan, Bloomington, Coon Rapids, Woodbury)
3333 University Ave SE, Minneapolis, MN 55414
(612) 767-7222
fraser.org
Note: Fraser does have an ABA therapy location in Burnsville. They have PT, OT, and ST but they do not have mental health counseling in Burnsville. The other Fraser centers closest to Dakota County for Fraser are in Bloomington and Richfield. People who would like to get their child on the wait list (wait is 6-18 months), should call the main intake number below and ask for a same day appointment. They do these appointments from 8:00 AM-2:00 PM and will be over Zoom.. Fraser staff will fill out the intake application during the appointment. The parents will need to submit any autism testing info and CDME(if done) to Fraser. See FAX # below. Fraser will accept Straight MA and all of the MA PMAPS. If the client also has private insurance, Fraser will need to do prior auth paperwork before the initial intake Zoom appointment.
4. Midwest Autism and Psychological Services
6001 Egan Dr Suite 150
Savage, MN 55378
763-607-7817
mmanty@midwestautism.com

5. Helena Autism Therapy Center
5637 Brooklyn Blvd, Brooklyn Center, MN 55429
(763) 432-3926
hfsatc.com
6. Comfort Autism Center
393 North Dunlap St. Suite 235, Saint Paul, MN 55104
(651) 644-2440
comfortautism.com
7. Zumbro Valley Health Center
343 Woodlake Dr SE, Rochester, MN 55904
(507) 289-2089
zvhc.org
8. MN Learning Solutions
19407 180th Ave NW, Big Lake, MN 55309
(763) 250-0485
mnlearningsolutions.com
9. Developmental Diagnostic
15 E Minnesota St Ste 105, Saint Joseph, MN 56374
(320) 363-8055
10. Behavior Therapy Solutions of Minnesota
700 Commerce Dr Ste 260, Woodbury, MN 55125
(651) 328-6280
btsofmn.com
11. Autism Therapy Center in Burnsville, MN - Partners in Excellence (partnersmn.com)
14301 Ewing Avenue
Burnsville, MN 55306
Phone: 952-746-5350
Fax: 952-746-6131
[Autism Therapy Center in Burnsville, MN - Partners in Excellence \(partnersmn.com\)](http://Autism Therapy Center in Burnsville, MN - Partners in Excellence (partnersmn.com))
12. Caravel Autism Health
10450 185th Street
Suite 100
Lakeville, MN 55044
612-482-9279
Caravel Autism Health

Note: Action Behavior Centers is just taking private Insurance currently as they are getting credentialed with MA and the PMAPS

13. Thrive Behavioral Health

Main 612-433-73376

Director Mina Haye cell: 952-214-1124

mhaye@thrivehealthmn.com

Note: They provide transportation to their ABA program. They currently are just taking straight MA as they are getting credentialed with the PMAPS. They currently do not have a wait list. They have centers in Savage and Burnsville. They provide ABA therapy. They do not have PT, ST or PT onsite, but will in the future.

14. Success on the Spectrum

9065 Lyndale Ave S

Bloomington, MN 55420

952-395-3326

bloomington@successonthespectrum.com

Section 5: MN Services

5.1. Early Intensive Developmental and Behavioral Intervention (EIDBI)

Early Intensive Developmental and Behavioral Intervention benefit (EIDBI) is a **Minnesota Health Care Program (MHCP)**. The purpose of the benefit is to provide medically necessary early intervention for children, youth and young adults with autism spectrum disorder (ASD) and related conditions. The benefit helps promote people's independence and participation in family, school and community life. It also helps educate, train and support caregivers and families, as well as improve long-term outcomes and the quality of life for people and their families.

Information on eligibility and EIDBI services - [EIDBI benefit / Minnesota Department of Human Services \(mn.gov\)](#)

Use this directory to find health care providers that serve fee-for-service Minnesota Health Care Programs (MHCP) members - <https://mhcpproviderdirectory.dhs.state.mn.us/>

EIDBI referral form - <https://surveys.dhs.state.mn.us/snapwebhost/s.asp?k=161297465368>

Source: [Services / Minnesota Autism Portal \(mn.gov\)](#)

5.2. Behavioral Health

Children’s Therapeutic Services and Supports (CTSS) is a rehabilitative mental health package covered by Minnesota Health Care Programs (MHCP). CTSS is a mental health service for children who require varying therapeutic and rehabilitative levels of intervention. In addition to community services, CTSS is also available as a flexible package of mental health services for students who require varying therapeutic and rehabilitative levels of intervention. The services are time-limited interventions to reach treatment outcomes identified in the Individualized Education Plan (IEP).

<https://mn.gov/dhs/partners-and-providers/policies-procedures/childrens-mental-health/ctss/index.jsp>

Behavioral health home services provide a team approach that assists people with navigating and coordinating across primary care, mental health, substance use disorder treatment, long-term services and supports, and social services.

<https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/minnesota-health-care-programs/behavioral-health-home-services/>

Psychiatric Residential Treatment Facilities (PRTF) provide inpatient treatment, such as therapeutic services and discharge planning to children and youth under age 21 with complex mental health conditions in a residential facility rather than a hospital.

<https://mn.gov/dhs/partners-and-providers/policies-procedures/childrens-mental-health/prtf/index.jsp>

There are also additional **children's mental health programs and services** ([Children's mental health programs and services / Minnesota Department of Human Services \(mn.gov\)](#)) based on their level of need, including but not limited to, **Certified Family Peer Specialist** (https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS-292119), **Intensive Treatment to Foster Care** (<https://mn.gov/dhs/partners-and-providers/policies-procedures/childrens-mental-health/itfc/>) and Partial Hospitalization Programs ([Children’s Intensive Behavioral Health Services \(CIBHS\) / Minnesota Department of Human Services \(mn.gov\)](#)). To access services, contact your child's health care provider, health care plan, county or tribe for information and referrals.

Source: [Services / Minnesota Autism Portal \(mn.gov\)](#)

5.3. The State Medical Review Team (SMRT)

The State Medical Review Team (SMRT) makes disability determinations for people not certified disabled by the Social Security Administration (SSA). SMRT completes disability determinations according to disability criteria defined by the SSA. The county, tribal or state servicing agency submits a referral to SMRT on behalf of the person to start the process.

[The State Medical Review Team \(SMRT\) / Minnesota Department of Human Services \(mn.gov\)](#)

5.4. Crisis Services

Crisis services (<https://mn.gov/dhs/crisis/>) are available 24 hours a day, seven days a week if you or someone you care about is having a mental health crisis. **Mental health crisis phone numbers** (<https://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/adult-mental-health/resources/crisis-contacts.jsp>) are listed by county. The National Suicide Prevention Lifeline provides help and you can **text or call 988**. People should call 911 if they suspect drug overdose or need immediate medical help.

Fast Tracker (<https://fasttrackermn.org/>) is a virtual community and health care connection resource. It connects individuals, families, mental health and substance use disorder providers, physicians, care coordinators, and others with a real-time, searchable directory of mental health and substance use disorder resources and their availability within Minnesota.

This infographic (<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-8310-ENG>) provides information on services available based on the child's level of need.

5.5. Home Care and Personal Care Assistance Services

Home care ([Home care services / Minnesota Department of Human Services \(mn.gov\)](#)) offers medical and health-related services and assistance with day-to-day activities to people in their home. Home care can provide short-term care for people moving from a hospital or nursing home back to their home or continuing care to people who have ongoing needs.

Personal care assistance services ([Personal care assistance \(PCA\) / Minnesota Department of Human Services \(mn.gov\)](#)) help a person with day-to-day activities in their home and community. PCAs help people with activities of daily living, health-related procedures and tasks, observation and redirection of behaviors and instrumental activities of daily living for adults. PCA services are available to eligible people enrolled in a Minnesota Health Care Program.

Direct Support Connect ([Direct Support Connect - Home Page / Minnesota.gov](#)) is a job board hosted by the Minnesota Department of Human Services. It is a job board and hiring resource

for direct support workers, such as Personal Care Assistants (PCAs) or community health workers.

Source: [Services / Minnesota Autism Portal \(mn.gov\)](#)

5.6. Respite Care Services

Respite care services provide short-term relief for the family member(s) or primary caregiver who are normally providing care. Respite care services can provide families and caregivers a much-needed break while offering a safe environment for their children.

Respite care is funded by the county or tribal agency in which the person resides, through waiver funds, or may be purchased privately. To determine eligibility, contact your local county or tribal office.

To find a provider, go to <https://www.minnesotahelp.info/> and search “Respite” and narrow by geographical area.

Section 6: HealthCare Coverage

6.1. MNsure

MNsure website ([MNsure - Minnesota's health insurance marketplace / MNsure](#)) is a marketplace where you can apply for Minnesota health insurance plans, if you do not have any health insurance and also find out if you meet the requirements for Minnesota Health Care Programs.

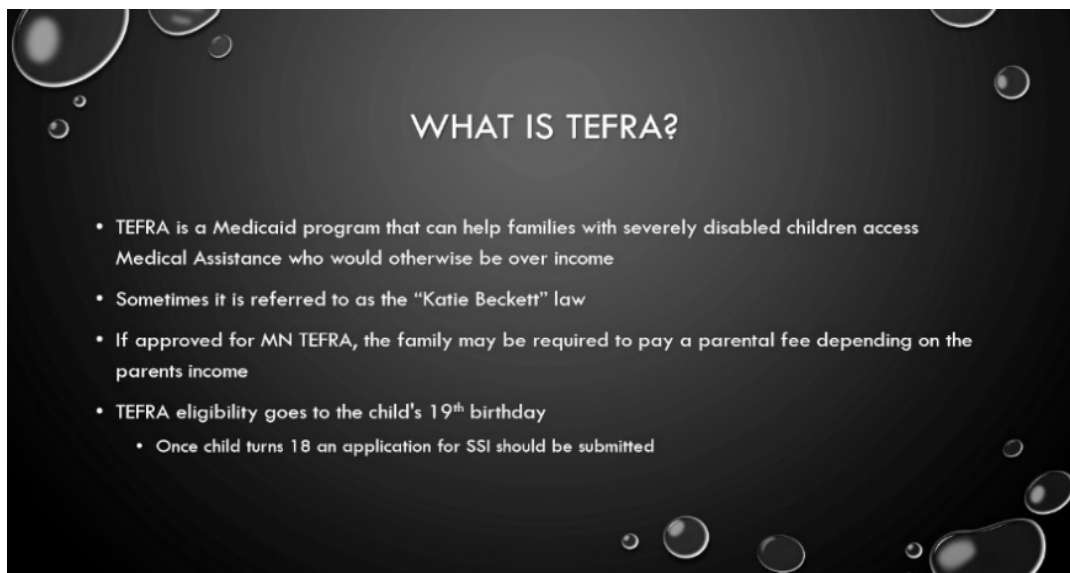
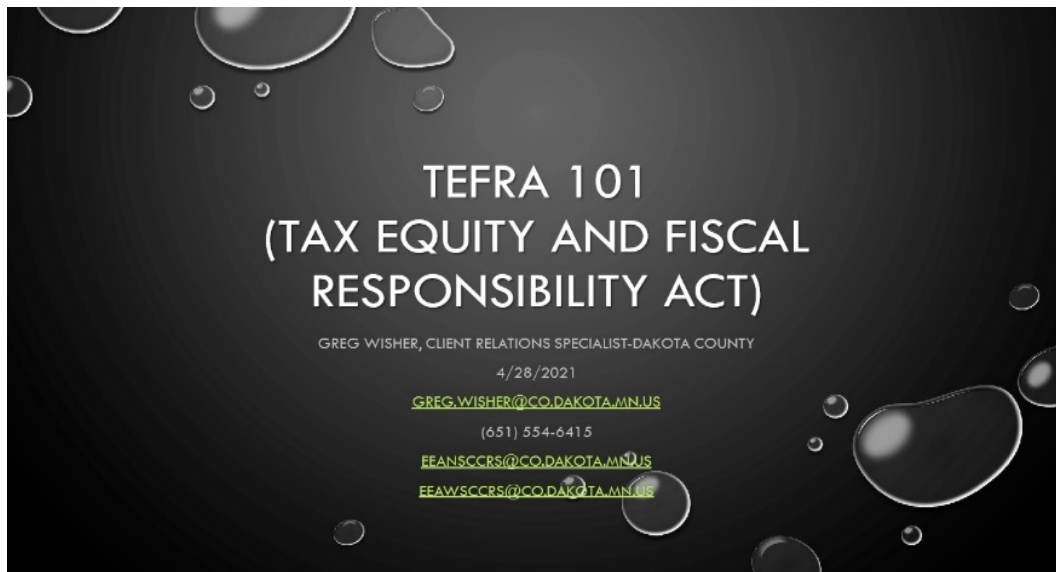
6.2. MA TEFRA

The TEFRA ([Medical Assistance under the TEFRA option for children with disabilities / Minnesota Department of Human Services \(mn.gov\)](#)) option allows Medical Assistance eligibility for children with disabilities whose parents have too much income to qualify for Medical Assistance or other Minnesota Health Care Programs or who qualify but the cost would be too high.

For eligibility, child must be certified disabled. Disability determination services can be found at <https://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/health-care-programs/programs-and-services/determine-disability.jsp>

6.2.1. TEFRA 101

This power point slides explain how parents can apply for TEFRA and SMRT from a training by Greg Wisher from Social services .



WHAT DOES TEFRA COVER?

- TEFRA may cover any out of pocket medical expenses that you may have incurred with your private medical insurance
 - Office Co-Pays, Out of Pocket deductibles, some uncovered medical expenses
- Some services not covered by private medical insurance may be covered under the TEFRA option
 - Some ABA therapies, Certain durable medical equipment/medical supplies, Medications etc.
- TEFRA may also open the door to other services and programs
 - Consumer Support Grants, Waivered Services, PCA services and other in home supports for your family available through Social Services

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3 STEPS FOR TEFRA

MNSURE



STATE MEDICAL REVIEW
TEAM



PARENTAL FEE



MNSURE

- All TEFRA applications must start at www.mnsure.org
- Important information to remember
 - When asked if you want to apply "with assistance" make sure you answer YES
 - Make sure to answer YES to "Does anyone in the household have a disability?"
- The county is required to see if you or your family would qualify for any other MA programs before moving on to SMART.
- This is more beneficial to you as you may be eligible for MA without any cost to you.

I GOT MY MNSURE DENIAL NOW WHAT?

6696A

Complete the DHS 6696A Supplement to MnSure Application. This form is only available on paper.

You only need to complete sections A, D & E on this form for TEFRA. It is also helpful to write TEFRA at the top of the form before sending it in.



DHS 6126

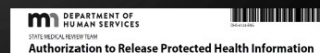
This is your time to let the SMART team know your story about the disability of your child.

Be detailed and use extra sheets of paper if needed, make sure you list ALL diagnosis of your child even if you think they don't apply, they want the whole picture.



DHS 6124

This is the SMART teams release of information. They will be sending this off to all the providers that you list on your worksheet and will request all medical records associated with the disabling conditions that you have previously listed.



SMRT CONT.

- Send in the 6696A, DHS-6124 & DHS-6126 to your county as soon as you can so they can put in the SMRT referral
- If you filled out all these forms and sent them to your county, you will be sent another 6124 & 6126 but can disregard those because the county will have faxed them to the SMRT team on your behalf. This will speed up the SMRT determination by at least a couple of weeks
- Please be patient during this process, SMRT takes on average 90 days to make a determination of disability. In the mean time it may be beneficial to see if your child may qualify for Social Security Benefits
- SMRT may call you to conduct a brief interview to gather more information about your child. You will have a dedicated SMRT worker for your case
- SMRT must complete Continuing Disability Reviews periodically, usually every 3 years similar to Social Security

SMRT CONT.

- Even if your child has had a disability determination in the past either through SSA or the SMRT team but wasn't reviewed for TEFRA they must have a new SMRT completed
- TEFRA requires a "Level of Care" assessment that only the SMRT team can do
- The Level of Care assessment determines if your child has a condition that if you were not present would require the child to have care in hospital or long term care facility
- If your child is determined disabled for TEFRA then they would be eligible for any other disability based MA program (TEFRA is the highest level of disability for SMRT)
 - Ex: Child was determined SMRT for TEFRA and now they want a CADI waiver no other SMRT is needed
 - Ex: Child was determined SMRT for CADI waiver and closed, now parents are looking for TEFRA a new SMRT would be needed

I HAVEN'T HEARD ANYTHING IN A WHILE WHATS GOING ON?

- SMRT team should be in contact with the county when they make their determination
- There is work being done behind the scenes to make sure things are still being done as they should. You are always welcome to contact either the SMRT team or your financial worker for updates, but keep in mind they may not have any for a few months so give it time
- If you have medical bills from previous months, TEFRA can go retro 3 months from date of application and pay those bills once approved

SMRT WAS APPROVED!

- Your financial worker should be in contact with you to see if you still want the TEFRA option and when you would like that to start
- If you have determined when you would like it to start your, financial worker will then approve eligibility and refer your case to the Parental Fee Unit at the Department of Human Services with the State of MN
- Once the referral is completed the Parental fee unit will then send you a Parental Fee worksheet for you to determine your parental fee and also ask for the previous years tax returns. The parental fee is determined off the household taxable income. You can also use the estimator at <https://pfestimator.dhs.mn.gov/> to get an idea of what your fee may be. Keep in mind this may not 100% accurate but is fairly close

PARENTAL FEE

- The Parental Fee unit will send out invoices periodically letting you know how much you currently owe for the year
- The fee is a yearly fee but they break it down monthly to make it easier to pay
- You can pay the fees either on-line, by mail, or calling the Parental Fee Unit and making a phone payment
- You can even set up automatic withdrawals from your checking account
- Fees are based on both parents income even if divorced. If a household is divorced or separated then both parents will be assessed their own parental fee by the Parental Fee Unit

I'VE FALLEN BEHIND IN MY PAYMENTS WHAT NOW?

- Your child's MA-TEFRA will not be closed they can still receive their needed services
- You will still be responsible to pay the fees and further collection actions may be taken such as: Wage garnishment, tax levies or property liens
- You will never pay more in parental fees than what MA pays out. There is a reconciliation that happens each year around August
 - Ex: Yearly Parental Fee = \$4000, MA paid out \$2500 in services
You will see a credit for the next years TEFRA fee for \$1500 meaning that next years fees will be reduced by that \$1500

CASE REVIEWS

- Yearly depending on the date your child's case was approved you will receive a Health Care Renewal Form to send in to your county
- Around April of each year, you will receive a new Parental Fee Worksheet that must be sent in to the state you must also include a copy of your tax return
- Every 1-3 years you will receive a continuing disability review from the SMART team and this will also be sent to the state

COST EFFECTIVE HEALTH INSURANCE (CEHI)

- If you have private health insurance from your employer or elsewhere for your child and become eligible for MA-TEFRA, you can ask your county to determine if your current health insurance is Cost Effective
- Cost effective health insurance means that it would be more cost effective for the county to reimburse you for your out of pocket premiums, rather than having the state cover that member 100% on Medical Assistance

CEHI EXAMPLES

SINGLE + 1 COVERAGE

- The county has determined your insurance meets the criteria for cost effective then you will get reimbursed for 100% of premiums paid by you from your payroll deductions
- Single + 1 Premium=\$150/mo
- Total reimbursement for the month \$150

FAMILY COVERAGE

- CEHI has been determined and approved
- Family of 5 premium=\$550/mo
- One member of HH is on MA
- $\$550/5=\110 reimbursement each month for eligible member

CEHI CONT.

- In order to have the county determine if CEHI is an option for you, your employer must fill out a form and you submit it to the county
- There are 2 ways in which CEHI is determined
 - Based on Premiums alone (This could mean dental and vision is reimbursed as well)
 - Based on EOB's for the previous year and the amount that your insurance has paid out
 - if you are denied on option 1 then you must submit a years worth of EOBs for review. The CEHI determination is completed annually

6.2.2. Dakota County Disability Supports for Young Adults

A guide to help Dakota County young adults identify employment, post-secondary, alternative options, and community resources.

[Disability Supports for Young Adults 2022 \(dakota.mn.us\)](https://dakota.mn.us)

6.2.3. Dakota County Paying for Services

There are several funding options available to assist with paying for supports and services for **seniors** and **people with disabilities**. The worker who completes your assessment will assess your needs, determine what you are eligible for and direct you to the appropriate funding source. There is no charge for this help—start by calling Community Living Services Intake at **651-554-6336**.

More information at [Paying for Services | Dakota County](#)

6.3. Minnesota Health Care Programs

People with ASD or their families may be eligible for coverage to help pay for health care and other needed services. Coverage and out-of-pocket costs vary depending on the program.

- **Medical Assistance (MA)**
Medical Assistance (MA) is Minnesota's Medicaid program for people with low income. Most people who have MA get health care through health plans. You can choose a health plan from those serving MA members in your county. Members who do not get health care through a health plan get care on a fee-for-service basis, with providers billing the state directly for services they provide. MA is Minnesota's largest health care program and serves children and families, pregnant women, adults without children, seniors and people who are blind or have a disability.
- **MinnesotaCare**
MinnesotaCare is a health care program for Minnesotans with low incomes. Enrollees get health care services through a health plan. You can choose your health plan from those serving MinnesotaCare enrollees in your county. MinnesotaCare is funded by a state tax on Minnesota hospitals and health care providers, Basic Health Program funding and enrollee premiums and cost sharing.
- **Minnesota Family Planning Program**

The Minnesota Family Planning Program (MFPP) covers only family planning services (including related supplies) and transportation services to and from providers of family planning services. This program is for people who are not enrolled in Medical Assistance.

- **Home and community-based waiver programs**
Medical Assistance (MA) coverage of home and community-based services waiver programs is available for people who need extra help to stay at home instead of moving to a nursing home or other medical facility.
- **Medicare Savings Programs**
Medicare Savings Programs (MSP) help people who have low income pay the cost of their Medicare coverage.

More information at [Minnesota Health Care Programs overview / Minnesota Department of Human Services \(mn.gov\)](#)

6.4. Family Support Grant

Family Support Grant (FSG) ([Family Support Grant / Minnesota Department of Human Services \(mn.gov\)](#)) provides state cash grants to families of children with disabilities. The goal of the program is to prevent or delay the out-of-home placement of children and promote family health and social well-being by facilitating access to family-centered services and supports.

6.5. Consumer Support Grant

Consumer Support Grant (CSG) ([Consumer Support Grant / Minnesota Department of Human Services \(mn.gov\)](#)) is a state-funded alternative to Medicaid home care services of home health aide, personal care assistance and/or private duty nursing. Through cash grants, the CSG Program provides consumers with greater flexibility and freedom of choice in service selection, payment rates, service delivery specifications and employment of service providers.

Section 7: Tools

7.1. Activities Geared Towards Autism

Here are a few grounding activities for kids with autism to try if they seem agitated:

- Count to ten or recite the alphabet as slowly as you can

- Listen to calming music and pay attention to the different instruments
- List five different things that you can see around the room
- Try stretching or simple yoga exercises and focus on how your body feels
- Hold something tactile like a piece of clay or a stuffed animal

Children with special needs like Autism and Sensory Processing Disorder (SPD) may require organising and calming activities to help regulate their senses.

Organising Activities:

Organising activities are heavy work activities that involve pushing, pulling, or lifting heavy objects or items. Heavy work is one direct way to get that type of input through an organised activity by engaging muscles and joints to cause fatigue.

Organising activities to try

- Wall pushes with hands and feet
- Jumping on a trampoline
- Popcorn jumps (jumping from a squat position and then landing back in a squat position)
- Wheelbarrow walking
- Crawling through tunnels
- Obstacle course
- Putting up/down chairs
- Sitting on “move and sit” therapy ball during classroom activities
- Passing the weighted balls
- Scooter board on belly and bottom (wall push-offs) 10+ reps
- Resistance Bands

Calming Activities:

Calming activities are helpful for children that are very active and that do not settle easily. Calming activities will help you relax children that are overstimulated.

The best times to use calming activities are as follows:

- After, before, or during a highly stimulating social event
- When your child is running around or very restless
- Before bedtime
- Before or after school/pre-school
- Before or after any event that causes anxiety
- Before or after a learning activity

Calming activities to try

- Rocking slowly over a ball on their stomach
- Turning off the lights in a room or creating a dark space in a tent

- Swinging in a circular motion with the child facing an adult (do not spin this is a different type of sensory input)
- Wrap the child up in a heavy blanket
- Calming relaxation music (e.g. yoga or meditation music)
- Deep pressure squeezes (start soft and ask the child's permission)
- Laying on the floor while an adult rolls a ball over top giving some deep pressure. (not over their head)
- Use of body sock/lycra material to wrap the child in.
- Light touch/hard touch (depending on the child) – have the child brush a feather over their arms, or squeeze their arms with their hands for deep pressure.
- Brushing over arms, back, legs and head
- Using two fingers on both sides of the spine to give firm downward strokes 3-5 times. (do not put pressure on the spine)
- Hand fidgets (such as play dough and Thera-putty)
- Gentle massage on head, feet arms and back (you can use creams or oils to help reduce friction)

7.2. Safety Products and Services

[Safety Products and Services | Autism Speaks](#)

This website explains a variety of safety products and services from seat belt harness to wearable identification items and smart technology.

7.3. Sensory Tools

Sensory tools for autism are items that help with sensory stimulation, anxiety, focus, and executive functioning.

Some examples of sensory tools for autism are:

- Fidget toys and spinners
- Weighted blankets, vests, and plushies
- Noise-canceling headphones
- Aromatherapy oils or sachets
- Textured objects

Accommodations for sensory issues

Understanding and accommodating sensory issues can ease discomfort and increase opportunities for autistic people to learn, socialize, communicate and participate in the community. Accommodations might mean modifying the environment, using tools and

strategies, or creating new habits or routines. Since sensory needs depend the environment, accommodations may need to be adapted for each setting.

Examples of accommodations for hypersensitivity:

- Using light covers, sunglasses or a hat under fluorescent lights
- Wearing ear plugs or headphones in noisy environments
- Working in spaces with a closed door or high walls
- Avoiding strongly scented products
- Choosing foods that avoid aversions to textures, temperatures or spices
- Wearing soft, comfortable clothing
- Adjusting schedules to avoid crowds

Examples of accommodations for hyposensitivity:

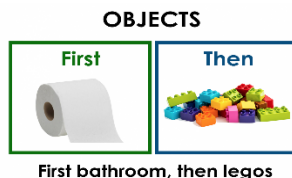
- Visual supports for those who have difficulty processing spoken information
- Using fidget toys, chewies and other sensory tools
- Arranging furniture to provide safe, open spaces
- Taking frequent movement breaks throughout the day
- Eating foods with strong flavors or mixed textures
- Weighted blankets, lap pads or clothing that provides deep pressure

Source: [Sensory Issues | Autism Speaks](#)

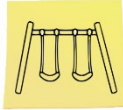
7.3.1. Communication Tools

Visual Schedule

Showing an individual with autism a daily schedule **visually** helps them to understand the sequence of activities throughout their day, including play time, academics, meals, chores, and other daily tasks. You can use objects, pictures, or written words, whichever method the individual best understands.



PICTURES



WRITTEN

Sally's Morning Schedule	
<input type="checkbox"/>	Breakfast
<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Math at table
<input type="checkbox"/>	Playtime
<input type="checkbox"/>	Lunch

Social Stories

Social stories present information in a literal, 'concrete' way, which may improve a person's understanding of a previously difficult or ambiguous situation or activity. The presentation and content can be adapted to meet different people's needs. They can help with sequencing (what comes next in a series of activities) and 'executive functioning' (planning and organising). By providing information about what might happen in a particular situation, and some guidelines for behavior, you can increase structure in a person's life and thereby reduce anxiety.

Example

My toys

My toys belong to me. They are mine.

Many of my toys were given to me

Some of my toys have my name on them.

Comic Strip Conversations

Comic strip conversations can help autistic people understand concepts that they find particularly difficult. People draw as they talk and use these drawings to learn about different social situations.

In a comic strip conversation, the autistic person takes the lead role, with parents, carers or teachers offering support and guidance.

Sources: TEACCH AUTISM Program – UNC School of Medicine

<https://www.autism.org.uk/advice-and-guidance/topics/communication/communication-tools/social-stories-and-comic-strip-conversations>

7.4. Support Book

Here are some books that can support autism

- **Uniquely Human** (A Different Way of Seeing Autism) by Barry M. Prizant
- **Ten Things Every Child with Autism Wishes You Knew** by Ellen Notbohm
- **Neurotribes: The Legacy of Autism and the Future of Neurodiversity** by Steve Silberman
- **An Early Start for Your Child with Autism: Using Everyday Activities to Help Kids Connect, Communicate, and Learn** by Sally J. Rogers, Geraldine Dawson, and Laurie A. Vismara
- **The Complete Guide to Asperger's Syndrome** by Tony Attwood
- **Raising Your Spirited Child** by Mary Sheedy Kurcinka
- **Everyday Advocate: Standing Up for Your Child with Autism** by Areva Martin

Amazon links for the books

- Uniquely Human - [Uniquely Human: Updated and Expanded: A... by Prizant, Barry M. \(amazon.com\)](#)
- Ten Things Every Child with Autism Wishes You Knew - [Amazon.com : Ten Things Every Child with Autism Wishes You Knew](#)
- Neurotribes - [Neurotribes: The Legacy of Autism and the Future of Neurodiversity: Silberman, Steve, Sacks, Oliver: 9780399185618: Amazon.com: Books](#)
- An Early Start for Your Child with Autism - [An Early Start for Your Child with... by Rogers, Sally J. \(amazon.com\)](#)
- The Complete Guide to Asperger's Syndrome - [The Complete Guide to Asperger's Syndrome... by Attwood, Tony \(amazon.com\)](#)
- Raising Your Spirited Child - [Raising Your Spirited Child: A Guide for Parents Whose Child Is More Intense, Sensitive, Perceptive, Persistent, and Energetic: Kurcinka, Mary Sheedy: 9780060739669: Amazon.com: Books](#)
- Everyday Advocate: [The Everyday Advocate: Standing Up for... by Martin Esq., Areva \(amazon.com\)](#)

Section 8: Financial Supports

8.1. CADI Waiver

<<CADI Waiver.docx>

CADI Waiver

What is it?

- Program that provides home and community based care for children and adults that have disabilities and require a level of care provided in a nursing facility.
- Alternative to institutionalization
- The goal is to help promote a person living as independently as they can in a community setting and promote their optimal health, independence, safety and community integration.

Eligibility:

- Must be eligible for medical assistance based on disabilities or other eligibility status
- Be certified disabled by either Social Security or State Medical Review Team (SMRT)
- Be under 65 when they apply for the waiver
- Be assessed by MNchoices to need the level of care in a nursing facility
- Have assessed need for supports and services beyond those available through the MA state plan.

What is covered:

- A list of covered services is available on the Department of Human services https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionS electionMethod=LatestReleased&dDocName=id_000855

8.2. Dakota County Family Support Grant

<<Dakota County Family Support Grant.docx>>

Dakota County Family Support Grant

What is it?

- The family support grant is a state funded grant that assists families with children that have certified disabilities.
- Grant of up to \$3,113.99 per year
- This grant can be distributed monthly or all at once.
- Grants can be distributed as an immediate need grant if children are not certified disabled since the process of certifying a disability can be lengthy and families may need the grant sooner than that process can be completed.
- Families receiving grant on an immediate needs basis can qualify for the grant one year and then to qualify for the grant again the child must be certified disabled.
- Parents can re-apply each year. Grant funds must be used or returned by December 31st of the year the grant was awarded.
- Grant can only be used for expenses that are above and beyond typical parenting of a child that age
- Must be spent on services and items that are directly related to disability and needs of child.

What is the goal of the grant?

- The goal is to help families access disability supports and services and to keep children with disabilities in their homes.

Eligibility:

- Children must be under the age of 25
- Cannot be receiving any other grants/waivers.
- Must be living with their biological or adoptive family.
- Income must be under \$111,102 *Unless family meets exception of hardships*
- Certified disability; must meet at least one of the following qualifications:
 - Rule 185 (Developmental Disabilities)
 - Rule 79 (Children mental health)
 - Certified disabled by SMRT/Utilizing TEFRA
 - Certified disabled by Supplemental Security Income (SSI)
 - **IF CHILD IS NOT CERTIFIED BY ONE OF THE ABOVE, BUT LIKELY TO QUALIFY IF THEY WERE ASSESSED;** Consumer Directed Support (CDS) team or assessment supervisor determined
 - **Score more than 2 standard deviations below mean in at least 2 global development areas, one must be cognitive. (Can be determined using school assessment)**

8.3. Dakota County Consumer Support Grant

<<Dakota County Consumer Support Grant.docx>>

Consumer Support Grant

What is it?

- This grant is funded through the state and replaces fee-for-service home care services payments.
- Grant is determined through MnChoices assessment.
- The Consumer Support Grant can be used for support, services and goods needed for the person to live in their own home

Who is eligible?

- Participants must be able to purchase/coordinate their own care/supports or be able to have a family member or legal representative purchase/coordinate care on their behalf.
- Must be enrolled in medical assistance
- Must be eligible to receive home care services from MA home care programs such as Personal Care Assistance (PCA), Home Health Aide (HHA) or Private Duty Nursing (PDN)
- Participant must demonstrate limitations in everyday functioning such as self-care, language, learning, mobility, self-direction, capacity for independent living and economic self-sufficiency.
- Require on-going support to live in the community
- Live in their home setting.

How to apply?

- Request a MnChoices assessment through CLS intake 651-554-6336 or email CLS Intake to request a document for a referral.
- MnChoices will determine if they qualify for personal care assistance, home health aide, or private duty nursing.

What next?

- Participants need to participate in an online orientation. To schedule orientation call 651-554-6485 or email teamscheduling@co.dakota.mn.us and give them the following information
 - Your name
 - Phone number
 - Email address
 - Date you would like to attend Consumer Support Grant orientation
 - Name of person eligible for Consumer Support Grant
 - Birthday of the eligible person
 - Case manager's name
- Participants must develop a plan that identifies supports, goods and services needed. They may hire someone to assist with this planning and submit this to their case worker.

8.4. Dakota County Part C Grant

<<Dakota County Part C Grant.docx>>

Part C Grant

What is it?

Who qualifies for it?

- Children age birth to three
- Children must attend one of the ten Dakota County school districts
- Must be enrolled in early intervention and have an IFSP
- Child must not be eligible for PCA, family support grant, consumer support grant or waiver programs.
- No income limits
- Eligibility is based on family and child's needs.

What can it be used for?

- Respite Care
- Therapies
- Equipment, items or produces that are used to maintain or improve functional capabilities of child.
- Transportation including travel, mileage, taxi necessary for a child to receive early intervention services.

How to apply?

- Application is available on the Dakota county external website under – Early Childhood Mini Grant Application
- Participant must also submit a W-9 form. Substitute W-9 forms are available on the Dakota County external website under the webpage “Help Me Grow”
 - These forms should be submitted as PDF forms either by email or by fax.
 - Email: SSECCoordinator@CO.DAKOTA.MN.US (ENCRYPT EMAIL)
 - Fax: 952-891-7473 attention: Janell Schilman
- For any questions email sseccordinator@co.dakota.mn.us
- Checks are written directly to parents.

8.5. Social Services

Social Services

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graph TD; A[Social Services] --> B[Children & Family Services]; A --> C[Community Living Services]; A --> D[Adult Services];
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Children & Family Services

Child Protection
Mental Health Case Management
Truancy
Parent Support Outreach Program
Adoption\Foster Care
Child Care Licensing
Dakota County Collaborative-
Janell

Community Living Services

Mn Choices Assessment
Family Support Grant
Consumer Support Grant
CDCS
Rule 185 Case Management
Waiver Services

Adult Services

Adult Mental Health Services
Vulnerable Adult Investigations
Chemical Health Services
CRU

8.6. Grants for EI

GRANTS AVAILABLE FOR SPECIAL NEEDS CHILDREN

General Information about the grants families can apply for their special needs child:

With a diagnosis of Autism, Downs Syndrome, or other medical conditions that cause developmental and/or physical disabilities etc., children could get grants that could cover sensory toys, safety items, classes such as swimming, respite for their parents etc. If the child has autism or other moderate to severe developmental and/or physical disabilities, the child might qualify for a waiver that covers many more services and possibly “parent pay” where the mom could get paid to stay home and care for the child, if he can't go to day care because of his behavior and/or other disabilities. etc. To get most of the grants or the Medical Assistance Waiver the child needs to be on Medical Assistance (or qualify for Medical Assistance through the TEFRA program) and have a MNCHOICE assessment where a Nurse or Social Worker from the Dakota County CLS Department does a 2-3 hour video visit to assess the level of need. This assessment needs to be redone yearly and the grant amount depends on the severity of their condition and their needs found on the CLS assessment.

Differences between the Early Intervention grants:

1)Part C grants that Cynthia Fashaw from Children and Family Services approves

(O: 952-891-7449 FAX: 952-891-7473) cynthia.fashaw@co.dakota.mn.us) This grant is for a maximum of \$500/school year. There is no parenteral income restriction for this grant. Child does not have to have SSI or SMRT level of disability. The child does not have to have a CLS assessment done. A child can be eligible until they are 3 years old. The EI staff, PHN or family need to reapply for this grant yearly

2) **The Family Support Grant** that Cynthis Fashaw from Children and Family Services also approves: (max of \$1,000 1-2 times a year). Family income must be less than \$107,800/year and the child needs to have a qualifying disability that they would qualify for SSI or SMRT **IF** they applied. The child does not need a CLS assessment done. PHN, EI staff, or family need to reapply for this grant yearly. The child is eligible for this grant until they are 5 years old. This grant is helpful for families with higher incomes that have high medical expenses not covered by insurance.

3) **Family Support Grant that Janeen Coyan (651-554-6015) in Social Services approves:** The family can't have an income of over \$107,800/year and the child **DOES** need to already have applied for and has been approved for SSI or SMRT. The child **DOES** need a CLS assessment done and yearly updates need to be done. The amount of the grant can be up to \$3,113.99/year. The client can qualify for this grant until they are 21 years of age.

1) Waiver, 2) PCA or 3) CSG. For the first 2 grants(Waiver and PCA) the children must be on Medical Assistance because of their income or they need to be on TEFRA which qualifies them for Medical Assistance because of their disability. The parents may have a co-pay for per month to have the child on Medical Assistance. The amount of their co-pay cannot exceed the amount of the benefits their child has gotten due to Medical Assistance coverage in any year.

- 1) **Waiver:** for more severe kids (severe autism, have a trach or TPN, feeding tubes, respirators etc.), must have a certified disability through SSI or SMRT (determined to be disabled by the State Medical Review Team) and have a CLS assessment done with yearly updates. The amount of money in the waiver depends on the severity of the disability. The waiver may cover “parent pay” or PCA services, respite at inpatient facilities, home modification, etc. specialized safety equipment, etc. **NOTE:** The parents of children on a waiver also need to fill out parental fee

8.7. Early Childhood Mini Grants for Young Children with Special Needs

Early Childhood Mini Grant Application

<https://www.co.dakota.mn.us/HealthFamily/Parenting/EarlyChildhoodDevelopment/Documents/EarlyChildhoodMiniGrantApplication.pdf>

Early Childhood Mini Grant Guidance

[EarlyChildhoodMiniGrantGuidance.pdf \(dakota.mn.us\)](#)

Dakota County Finance – Substitute form W9

[Substitute W9 \(dakota.mn.us\)](#)

8.8. Paying for Services | Dakota County

Grant \$-What parents can Spend FSG, CSG and CDCS grant money for:

[Paying for Services | Dakota County](#)

Click on **Family Support Grant and Consumer Support grant** tab on the left to get info on either grant. Clients who have a child with cognitive lags will get a DD (Rule 185 Developmental Disabilities) case manager to help them write the plan etc. The other parents of children who do not have a cognitive lag, are on their own to figure out the plan and services they want to use the grant money for.

[Expenditure Guide for Consumer Support Grant or Family Support Grant \(dakota.mn.us\)](#)

Where parents find the online class they are supposed to take before they can start using grant money for the FSG or the CSG:

[Paying for Services | Dakota County](#)

Once completed, please send an email to TeamCSocServ@co.dakota.mn.us with the following information:

- Name of person completing orientation
- Name of person eligible for CDCS
- Date orientation was completed

[Paying for Services | Dakota County](#)

Click on **Consumer Directed Community Services Grant** Tab to the left and it will open up the info on how to take the class parents need to take before they can use any grant funds, what funds can be used for, how to find a Support planner etc.

Difference between waiver funds and CDCS grant

Special Needs kids who qualify for a Developmental Disabilities waiver or CADI waiver can decide to use the waiver funds (which are unlimited in amount but tend to not cover a lot of things most kids need-

unless they are nursing level of care needs for physical problems and need nursing services in the home). Or they can chose to use the CDCS grant with more limited funds but that cover things most parents might want such as: parent paid at the PCA, safety equipment which could be security camera, a fence for their yard, home modification for wheelchair ramp, iPad, computer, help with paying internet hook up for the home etc. See expenditure guide below:

[Consumer Directed Community Supports Expenditure Guide \(dakota.mn.us\)](https://dakota.mn.us)

Also, for special needs kids who qualify for Waiver funds or the CDCS grant, they will need to pick a case planner to help them decide how to use the \$ from the grant, a fiscal agency who gets the grant fund \$ and pays for the services that the grant \$ is used for. They also get a Developmental disabilities worker who approves the grant plan.

Section 9: Resources and Support

9.1. Additional Community Resources

- Dakota County [DakotaCountyEarlyChildhoodResources.pdf](https://dakotacounty.mn.us/early-childhood-resources)
- Early Head Start/Head Start [Head Start \(mn.gov\)](https://mn.gov)
- ECFE [Early Childhood Family Education \(mn.gov\)](https://mn.gov)
- Family Home Visiting [Family Home Visiting Program - MN Dept. of Health \(state.mn.us\)](https://state.mn.us)

Educational info and free online classes for parents, teachers, counselors etc

- [Learn the Signs of Autism | Autism Speaks](https://autismspeaks.org/signs)
- [AuSM](https://autism.org)
- [Support Groups / Minnesota Autism Portal \(mn.gov\)](https://mn.gov)
- [Autism Navigator – Autism Navigator](https://autismnavigator.org)
- [Courses – Autism Navigator](https://autismnavigator.org)
- [Family Resources – Autism Navigator](https://autismnavigator.org)

Child development tracking

- Follow Along Program
- First Steps: Pathway to Playing, Learning, and Growing: <https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-6751L-ENG>
- CDC Milestone Checklist: [Milestone Moments Checklist \(cdc.gov\)](https://cdc.gov)
- CDC Milestone Tracker app: <https://www.cdc.gov/ncbddd/actearly/milestones-app.html>
- Pathfinder Health: [Child Development Tracker | Pathfinder Health](https://pathfinderhealth.org)
- Pathways: [Developmental Milestones for All Ages | Milestone Tracking \(pathways.org\)](https://pathways.org)

- Child Mind Institute: [Complete Guide to Developmental Milestones - Child Mind Institute](#)
- Help Me Connect: [Home - Help Me Connect \(state.mn.us\)](#)
- Help Me Grow: [Refer a Child - Help Me Grow MN](#)
- Early Childhood Screening: [Early Childhood Screening \(mn.gov\)](#)
- Child & Teen Check-ups: [Child and Teen Checkups \(CTC\) - MN Dept. of Health \(state.mn.us\)](#)
- Childcare assistance programs, etc.
- WIC: [WIC Program - MN Dept. of Health \(state.mn.us\)](#)
- Dakota County libraries: [Libraries | Dakota County](#)
- Early learning Programs – Department of Education: [Early Learning Programs \(mn.gov\)](#)
- Other resources
 - Learn the Signs: Act Early: [Get Free “Learn the Signs. Act Early.” Materials | CDC](#)
 - Positive Parenting Tips: [Positive Parenting Tips | CDC](#)
 - Reach Out and Read: [Home - Reach Out and Read](#)
 - Vroom (app to add learning to everyday activities): [Vroom](#)
 - Parenting Guides: [Parent Guides | Mount Sinai Parenting Center](#)
 - Grow Your Kids- Tree: [Tree | Maryland Chapter | American Academy of Pediatrics \(mdaap.org\)](#)
 - Text4Baby: [Text4Baby | The Administration for Children and Families \(hhs.gov\)](#)
 - Autism Education and Resources: [Autism Education & Resources | Autism Speaks](#)
 - Autism Podcasts and Classes: [- Fraser](#)
- Minnesota offers free training through the [Autism Certification Center](#).
- A free 90-minute course, titled [Many Faces of Autism](#), will introduce you to characteristics of autism spectrum disorder (ASD) and dispel common misconceptions through the experiences and perspectives of individuals on the autism spectrum.
- [ASD Strategies in Action](#) offers courses in evidence-based strategies that can be used in natural environments, during the typical routines and activities. Select from courses for toddlers and preschoolers, elementary and middle school students, and high school and transition age individuals. All courses provide video-based instruction filmed in natural settings and feature the perspectives of people on the autism spectrum.

9.2. Resources for families to track their child’s development

- CDC Milestone checklist: [Milestone Moments Checklist \(cdc.gov\)](#)
- CDC Milestone tracker app: <https://www.cdc.gov/ncbddd/actearly/milestones-app.html>

- Pathfinder Health is a collaborative child development tracker for caregivers and their child’s care team: [Child Development Tracker | Pathfinder Health](#)
- MN Learn the Signs, Act Early for free materials and resources: [Minnesota Learn the Signs Act Early | MN-ADDM \(umn.edu\)](#)
- Screening and identification / Minnesota Autism Portal (mn.gov): [Home Page / Minnesota Autism Portal \(mn.gov\)](#)
- Early Childhood Screening Parent Video: <http://education.state.mn.us/MDE/Video/?group=Communications&id=MDE059367>

9.3. Community and Recreation

- Dakota County Recreational Resources for Children and/or Adults with Disabilities - <https://www.co.dakota.mn.us/HealthFamily/Disabilities/Services/Documents/RecreationalDirectory.pdf>
- Disability hub events calendar - [Disability Hub MN - Hub events calendar](#)
- Permits and licenses for people with disabilities - [Permits and licenses for people with disabilities | Minnesota DNR \(state.mn.us\)](#)
- Adaptive opportunities - [Accessible outdoors | Minnesota DNR \(state.mn.us\)](#)
- Fun, health and wellness opportunities - [MinnesotaHelp.info® \(mnhelp.info\)](#)
- Accessible play grounds and programs - [Accessible and Inclusive International Playground Directory | Accessible Playgrounds](#)
- Sensory friendly programs by Children's Theatre Company in Minneapolis - [Sensory Friendly Programming | Children's Theatre Company \(childrenstheatre.org\)](#)
- Swimming in Minnetonka - [Adaptive 1:1 Swim Lessons | Special Needs | SwimPossible | Minneapolis MN](#)
- Baseball - <https://www.miracleleague.com/find-a-miracle-league/>
- Boys and Girls Clubs of MN - <https://www.bgca.org/>
- YMCA of MN - <https://ymcaminnesota.org/>
- Special Olympics MN - <https://specialolympicsminnesota.org/>
- <https://publiclibraries.com/state/minnesota/>
- Can Do Canines (Improving the quality of life for disable people with partnerships with specially trained dogs) - <https://can-do-canines.org/>.
- Tech for Teens Club (Exposure to technology for disabled kids - <https://www.pacer.org/students/tech-for-teens.asp>
- Friendship and fun activities for disabled teens - <https://www.pacer.org/students/fun-times.asp>
- Art and Music – Art shop <https://artshoptherapy.com/about/>
- Community Education Program – Project Explore <https://ce.district196.org/projectexplore>
- Academy of Whole Learning <https://bridgethegap.aowl.org/>

- Performing Arts - <http://dramainteractions.com/>
- Disabled Middle School Girls and Students STEM program - <https://www.pacer.org/students/exite.asp>
- Confidence Learning Center - <https://campconfidence.com/>
- True Friends - <https://truefriends.org/>

More information at [Community and Recreation / Minnesota Autism Portal \(mn.gov\)](#)

9.4. Dakota County Early Childhood Development

Early Childhood Development ([Early Childhood Development | Dakota County](#))

Dakota County provides many services for infants, toddlers, and preschoolers to make sure they are on the right track in their development.

- Help Me Grow
- Dakota County Follow Along Program
- Dakota County Collaborative
- Birth to Age Eight Collaborative Initiative