Patient has history or exam concerning for developmental delay and/or disorder Perform developmental screening for age, usually ASQ3 and MCHAT ASQ3 shows Provide information on positive parenting borderline in 1 or and developmental activities (Eng and Sp) Follow up in.1-3 months for repeat ASQ3 more domains ASQ3 shows failure in 1 or more domains; MCHAT failed Patient is under 3 years old Patient is 3+ years old Patient has or is suspected to have: Refer patient to Regional Center Provider concerned patient has Autism, Cerebral Palsy, Mild to Profound Intellectual Regional Center will evaluate patient but may not provide services autism or other pervasive Disability, Moderate to Severe Intellectual Disability RC application is online developmental delav* and/or Seizure Disorder Provider should have parent also sign Release of Information and fax to RC to be able to receive information on patient's services/status No Yes By law Regional Center is required to evaluate child if parent consents *Clinicians can make a clinical diagnosis of Autism or pervasive developmental Patient **Patient** disorders while awaiting formal testing **DOES NOT qualify DOES** qualify and dx to facilitate service connection Other considerations: Refer the patient to enroll Refer patient to Regional for services per RC evaluation for services per RC evaluation into school to get therapy Center for diagnostic through school. Kids can evaluation (if needed) and PCP should contact RC to RC connects patient to a RC service In addition to RC referral, consider for stronger family support Behavior is a Patient needs more services enroll at age 3 years if they confirm this coordinator referral to... than school provides or have therapy needs. Parents concern should request an IEP there is delay with getting Consider Service Service time sensitive service evaluation from the school at Provide People meeting certain short trial of SHARK coordinator coordinator ABA therapy if time of enrollment Refer patient for information requirements can be RC DHS PT, OT, **DOES** Clinic behaviors are a **DOES NOT** ABA: on positive clients for life and/or PCP team to request set up insurance through set up insurance concern If a child already has an IEP, it Parents call parenting RC does not provide speech eConsult coverage for insurance authorization for coverage for gets renewed yearly and that insurance and therapy and therapeutic services, but therapy portal the needed therapy. therapy (most have is when changes can be development Parents call can link patient and ordered initiates therapy LA Care or made. al activities insurance (most family to support groups, through Consider short trial of DHS with therapy Health Net PCP should (Eng and Sp) have LA Care or classes and other **ORCHID** provider PT, OT, and/or speech to request Head Start is a good request RC Health Net) to supports ABA LA Care therapy ordered through alternatives if parent hesitant evaluation and request ABA LA Some example of support ORCHID. This can help PCP A letter from If longer about school recommendation Child will receive Care include: get recommendations on the provider term reports. PCP can therapy through A letter from the Respite care patient's long-term therapy about the therapy use these to RC provider about • IHSS, SSI needs child's needed.. If the child is getting less connect patient the child's ABA behavior to services therapy than needed, or behavior development none, PCP can request developmental al diagnosis PCP team to request insurance auth for therapies. insurance authorization for diagnosis can can help with RC can recommend a therapy provider if needed. the needed therapy help with the the process Once approved, patient can initiate therapy with the process designated service

When patient turns 3 years old, patient needs to transition RC services to school. Parents should start school enrollment process when patient is 30 months to give time for <u>IEP evaluation</u>. Patient can continue needed therapies through IEP