**New Patient Autism Documentation Template- MH EPIC (upd Dec 2024)**

***What follows is a templated documentation note that allows providers to do the following:***

* ***Document history, focused developmental history, behavior concerns, brief exam***
* ***Perform and document an autism evaluation using the ASD-PEDS***
* ***Diagnostic criteria based on DSM V to establish diagnosis embedded into note***
* ***Recommendations for next steps and services***
* ***Selected drop downs are included to provide context for specific questions***

***Asterisks (\*\*\*) indicate free text options***

***Red Italics in the templated note below are guidance for the provider to see while evaluating and charting, and if you are using the EPIC version (PEDCASDNEWPTEVAL), these will disappear when the note is completed and saved.***

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**CONCERN FOR AUTISM EVALUATION**

**History of Presenting Problem:**

@FNAME@ is here today with {:23036} for further evaluation regarding concerns for autism. Prior to this visit, patient was seen on \*\*\* and concerns were raised leading to this more in-depth evaluation.

**Concerns noted from referral and chart review are as follows:**

\*\*\*

Verbal and non-verbal communication: \*\*\*

Social skills with peers and adults: \*\*\*

Interactive and pretend play: \*\*\*

Repetitive speech or behaviors: \*\*\*

Adherence to routines/inflexibility: \*\*\*

Hyperfocused interests: \*\*\*

Sensory differences/challenges: \*\*\*

**Other relevant behavioral concerns:**

Emotionality, tantrums, aggression: \*\*\*

Social: \*\*\*

Activity level: \*\*\*

Sleep: \*\*\*

Eating: \*\*\*

Toileting/self care: \*\*\*

Anything else: \*\*\*

**Pertinent Developmental History:**

**Speech and language skills:** @FNAME@ pointed at \*\*\* months, said first words at \*\*\* months, and started to say short phrases at \*\*\* months. Currently @FNAME@ can \*\*\*.

**Gross motor skills:** @FNAME@ rolled over at \*\*\* months, sat without support at \*\*\* months, and walked at \*\*\* months. Currently @FNAME@ can \*\*\*.

**Fine motor skills:** @FNAME@ showed a clear hand preference at \*\*\* years. @FNAME@ currently can \*\*\*.

@FNAME@ followed simple requests at \*\*\* months and more complex multistep directions at \*\*\* months.

**Past Developmental Screening Results:**

SWYC 9 mo: \*\*\*

SWYC 15 mo: \*\*\*

MCHAT 18 mo: \*\*\*

MCHAT 24 mo: \*\*\*

**Previous Evaluations (and by whom):**

\*\*\*

**Educational History:**

Daycare/Preschool: \*\*\*

@FNAME@ is currently in a classroom setting that is: {:62598}



**Current services:**

{:25368}



Who is providing these services: \*\*\*

Additional supports include: {:23701}



**Birth History:**

@PED@

**Medical History:**

@PROB@

**Family and Social History:**

Living in the home: Mother, \*\*\*, \*\*\* years old, has a \*\*\* level education and her current employment is \*\*\*. Father, \*\*\*, \*\*\* years old, has a \*\*\* level education and his current employment is \*\*\*. Parents' marital status is: {:62599}.

Recent family psychosocial stressors include: {:62640}.



@FAMHX@

**Office Observations:**

**General:** \*\*\*

**Behavioral observations**{*italicized comments are for provider reference only and will not remain in note once signed. Consider age of child and usual developmental expectations when asking/observing*}

**Expressive / Receptive Language:** \*\*\*

*{Observations include use of words or phrases. Assess atypical speech with self-directed jargoning, scripting, echolalia, or repetitive speech. Does child respond to questions in conversational way; ability to have back and forth conversation. Can tell a narrative. Follows 1 or 2 step commands}*

**Nonverbal Communication:** \*\*\*

*{Observations to consider include eye contact described as none, decreased, or appropriate, coordinating eye contact with gestures or language to communicate. Gestures such as waves, points to request, shows, nods, shakes head. Follows a point. Range of facial expressions. Functional communication strategies such as how pt requests caregiver to pause during an activity- via use of eye contact, gestures, words, using hand as a tool, pushing or pulling}*

**Social Interaction / Play:** \*\*\*

*{Does child respond to social overtures, social smile, name, share and show behaviors, directs other's attention to object of interest, initiates social interactions, participates in imitation activities such as rolling car back and forth. Does child enjoy social games like peek a boo, do they check in with caregivers when unsure, do they respect personal space. Does child engage in pretend play or back and forth play. Is play at developmental level. Do they participate in unconventional play such as lining up toys, repetitive dropping, spinning wheels}*

**Behavior / Sensory:** \*\*\*

*{What are the motor mannerisms like- any spinning, flapping, toe-walking, tensing, hand or finger movements. Any pre-occupations such as colors, toys, topics, rigid rituals and routines, sensory aversions, seeking out sensory experiences such as fascination with textures, being held upside down, mouthing non-food objects. How are transitions, any hyperactivity or impulsivity, tantrums}*

**ASD-PEDS TESTING RESULTS:**

At the appointment, @FNAME@ and @his@ {PARENTS/CAREGIVER:23036} participated in the autism assessment.

The ASD-PEDS is an interactive assessment tool used to identify ASD characteristics in toddlers and young children. It assesses key areas of social-communication including socially directed speech and sounds, frequency/flexibility of eye contact, and coordinated vocalizations/speech and nonverbal behaviors. It also assesses presence of atypical/unusual vocalizations or repetitive behaviors, unusual/repetitive play behaviors, or atypical sensory exploration or reactive behaviors. What follows are details of this assessment and other structured behavioral observations including @FNAME@'s verbal/nonverbal communication and eye contact, socially-directed speech, social-communication, social-emotional reciprocity, play, and presence of atypical patterns of interests, speech, repetitive/sensory behaviors, or challenging behaviors.

**Total Score on ASD-PEDS was: \*\*\* (cut-off of >13 for risk).**

@CAPHE@ exhibited challenges regarding effective social communication (both verbal and nonverbal), social interaction, and atypical restricted and repetitive behaviors (i.e. strong/repetitive interests, challenges with social attention, brief characteristic body use).

**@FNAME@'s social communication scoring from the ASD-PEDS was as follows**

**(comment on observations): red are drop down options**

**Socially directed speech and sounds \*\*\* (often/inconsistent/not often)**

**Frequent and flexible eye contact \*\*\* (frequent and spontaneous/inconsistent/less**

 **flexible/infrequent)**

**Use of gestures and integration with eye contact and speech \*\*\***

**(usually combined/inconsistent/does not usually gesture)**

**@FNAME@'s restrictive/repetitive behaviors and interest from the ASD-PEDS**

**(comment on observations):**

**Unusual vocalizations \*\*\* (none/some differences/unusual jargoning, sounds, speech)**

**Unusual or repetitive play \*\*\* (appropriate/not clearly unusual but strongly focused/clearly**

 **repetitive or unusual play)**

**Unusual or repetitive movements \*\*\* (none/unclear or some/unusual or repetitive body**

 **movements)**

**Unusual sensory exploration \*\*\* (none, unclear or brief/clear sensory differencs)**

**Physical Exam:**

@VS@

General: {:23771}. No acute distress

Dysmorphic features: {:25690}

Lungs- clear to auscultation, no wheezes or crackles

CV- normal sinus rhythm {:23004} murmur

Abd- soft, non-tender or distended

Skin- no rash

**Impression:**

@NAME@ is a @AGEPEDS@ seen today for further evaluation of @RFVN@.

@DIAG@

In reviewing the following criteria for autism- the following are pertinent to @FNAME@ presentation and @HE@ meets/does not meet/partially meets criteria for the diagnosis of autism:

**A. Persistent deficits in social communication and social interaction across contexts, not accounted for by general developmental delays, and manifest by all 3 of the following:**

[ ] Deficits in social-emotional reciprocity; ranging from abnormal social approach and failure of normal back and forth conversation through reduced sharing of interests, emotions, and affect and response to total lack of initiation of social interaction. As evidenced by \*\*\*

[ ] Deficits in nonverbal communicative behaviors used for social interaction; ranging from poorly integrated- verbal and nonverbal communication, through abnormalities in eye contact and body-language, or deficits in understanding and use of nonverbal communication, to total lack of facial expression or gestures. As evidenced by \*\*\*

[ ] Deficits in developing and maintaining relationships, appropriate to developmental level (beyond those with caregivers); ranging from difficulties adjusting behavior to suit different social contexts through difficulties in sharing imaginative play and in making friends to an apparent absence of interest in people. As evidenced by \*\*\*

**B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following:**

[ ] Stereotyped or repetitive speech, motor movements, or use of objects; (such as simple motor stereotypies, echolalia, repetitive use of objects, or idiosyncratic phrases). As evidenced by \*\*\*

[ ] Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change; (such as motoric rituals, insistence on same route or food, repetitive questioning or extreme distress at small changes). As evidenced by \*\*\*

[ ] Highly restricted, fixated interests that are abnormal in intensity or focus; (such as strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests). As evidenced by \*\*\*

[ ] Hyper-or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment; (such as apparent indifference to pain/heat/cold, adverse response to specific sounds or textures, excessive smelling or touching of objects, fascination with lights or spinning objects). As evidenced by \*\*\*

**C. Symptoms were present in early childhood (but may have not become fully manifest until social demands exceeded limited capacities)**

**D. Symptoms together limit and impair everyday functioning: {:20889}**

**Recommendations:**

**It is my impression that @FNAME@ should qualify for early intervention services with the qualifying condition of Autism Spectrum Disorder, and the following are recommendations for further management:**

**Referral to Child Development Services:**

With @HIS@ diagnosis of Autism Spectrum Disorder, @HIS@ significant impairments in functional communication and social interaction, and @HIS@ delays in adaptive behavior, I strongly recommend that CDS utilize this evaluation to create an IEP for @FNAME@ that incudes evidence-based interventions as follows:

* A strong emphasis on teaching functional communication and social engagement
* Goals to address the above, as well as response to name, selective attention, imitation, and play skills
* A systematic approach to teaching skills and monitoring progress, with a plan for ensuring generalization of treatment gains
* Strong parent training/support component

The exact nature and type of services to be provided through CDS will need to be determined at the IFSP Team Meeting. I do think the Maine Early Start Model (Early Start Denver Model), which integrates a relationship-focused developmental model with the well-validated teaching practices of behavioral analysis, would be excellent for @HIM@.

**Medical Recommendations:**

* Genetic testing is often considered for some children with autism or developmental delays. Family is interested in referral that we will place today: {:20889}
* Audiology assessment if not yet complete
* Ophthalmology/Optometry Vision assessment if not yet complete
* Consider referral to DB Pediatrics or Glickman Center of Excellence Program

**Additional Services/ Therapies Recommendations:**

* Connection with ECSS (early childhood support specialist) to help coordinate cares: {:20889}
* Occupational Therapy (OT): OT may work on skills including fine motor skills, functional and interactive play, pretend play skills, self-care, safety awareness, self-regulation, flexibility and sensory sensitivities. I recommend @FNAME@ get OT therapy: {:25690}.
* Speech Therapy: Speech and language therapy may work on skills including: functional and social communication, receptive language, and expressive language, and language pragmatics. Additional outpatient speech therapy can be pursued in the community. More information on speech therapy for children with autism can be found here: https://www.autismspeaks.org/speech-therapy: {:25690}
* Help Me Grow- this program does the following:

Helps families effectively utilize already-existing programs and services.

Increases access to the early periodic screening, diagnosis, and treatment services

Increases access and referrals to early intervention services

Facilitates long-range planning by identifying gaps in services

Collaborates with community partners in early childhood

Contact information: (207 441-1553 or email: HelpMeGrow@maine.gov)

**It was a pleasure evaluating @FNAME@ today and working with @HIS@ family.**

A total of \*\*\* minutes were spent in the care and management for this visit including face to face time as well as activities including but not limited to case review, counseling, education, care coordination and documentation. **(billing 99215 if greater than 40 minutes- 2.80 wRVU)**

An additional \*\*\* minutes was spent performing, scoring, and interpreting the ASD-PEDS assessment. **(billing 96112 if greater than 31 minutes- 2.56 wRVU)**

**What follows are additional resources to consider putting into AVS for family (delete this section if not using):**

**Local Resources:**

• [Maine Parent Federation](https://www.mpf.org/): This is an organization that provides parent support services with a number of programs that support families, such as the Family Support Navigator Program which is comprised of experienced parents who are available for one-on-one help and support in a variety of ways.

• [Autism Society of Maine](http://www.asmonline.org/) is another organization that may help with more local information.

**Websites:**

• [Autism Speaks](http://www.autismspeaks.org) Autism Speaks has an incredibly comprehensive website, excellent resources, and current scientific and evidence-based information. The website provides guidance about how to access the [100-Day Kit](https://www.autismspeaks.org/autism-speaks-tool-kits), designed for parents to access soon after a child is diagnosed with Autism Spectrum Disorder. [Challenging Behaviors Tool Kit](https://www.autismspeaks.org/autism-speaks-tool-kits) may also be helpful

•American Academy of Pediatrics (AAP) <http://www.healthychildren.org/English/health-issues/conditions/developmental-disabilities/Pages/Autism-Spectrum-Disorders.aspx>

•[Centers for Disease Control & Prevention (CDC):](http://www.cdc.gov/autism)

•[Association for Science in Autism Treatment (ASAT)](http://www.asatonline.org) provides up to date, scientific information about Autism Spectrum Disorder.

**Case Management**

**If patient has MaineCare:** @FNAME@ and @HIS@ family may benefit from Targeted Community Case Management services for children with developmental disabilities and Specialized Section 28 services (ASD specific). This can be accessed through @HIS@ MaineCare insurance. Here is a list of organizations providing case management services: http://www.maine.gov/dhhs/ocfs/cbhs/provider-list/providers-reg1-mh-cm.html.

**If patient does not have MaineCare**: @FNAME@ and @HIS@ family may benefit from Targeted Community Case Management or Behavioral Health Homes services for children with developmental disabilities and Specialized Section 28 services (ASD specific). In order to access community case management, parents need insurance that covers this service. Generally most private insurances do not cover this service, and families usually apply for MaineCare in their child's name. If it is determined that @FNAME@'s family is not eligible for MaineCare, they can then apply for the Katie Beckett program.

•List of organizations providing case management services can be found here: <http://www.maine.gov/dhhs/ocfs/cbhs/provider-list/providers-reg1-mh-cm.html>

•Information about applying for MaineCare can be found at the Maine Department of Health and Human Services web site: <http://www.maine.gov/dhhs/mainecare.shtml>

•Information about the Katie Beckett program can be found here: <https://www.maine.gov/dhhs/ocfs/cbhs/eligibility/katiebeckett.html>