

Step Four: Information on Rights and Regulations

This section should help you learn how to best help your child. It includes information about your child's rights. It has tips for getting organized and keeping track of your child's tests and treatments. It also has information about signing up for the autism waiver and for working with your insurance company.



Medicaid Waiver Information

The Medicaid Waiver Programs are very useful ways to get the most services possible for your child without having to spend money out of pocket for everything. The Medicaid Waiver Programs are controlled by the Family and Social Services Administration (FSSA). The FSSA is a complex system that has 4 divisions: Division of Family Resources (FDR), Division of Mental Health and Addiction (DMHA), Division of Disability and Rehabilitative Services (DDRS), and Office of Medicaid Policy and Planning (OMPP). Divisions are then further divided into bureaus.

The flow chart on the following page visually illustrates the exact organization of the FSSA, along with information on the roles of each bureau and division. The chart illustrates which division processes Medicaid Waivers as well as which offices play other roles that may be useful for you or your child.

- More information on the Medicaid Waiver is available on the FSSA website: <http://www.in.gov/fssa/ompp/2632.htm>
- A **help line** has also been established to answer questions. Email your questions to: BDDShelp@fssa.in.gov; **800-545-7763x2**
- You can also get additional **information** by calling them at their general information phone number, **317-233-4454**, or by writing them:

Family and Social Services Administration
P.O. Box 7083; 402 W. Washington Street
Indianapolis, IN 46207-7083

Information specific to your district is available by contacting your district office, see map and accompanying contact information for your specific office.

There is also a FSSA grant which covers:
Wraparound Facilitation and Wraparound Technician, Non-Medical transportation, Training and support for unpaid caregivers, Consultative Clinical and Therapeutic Services, Respite care, Flex funding, and Habilitation Services

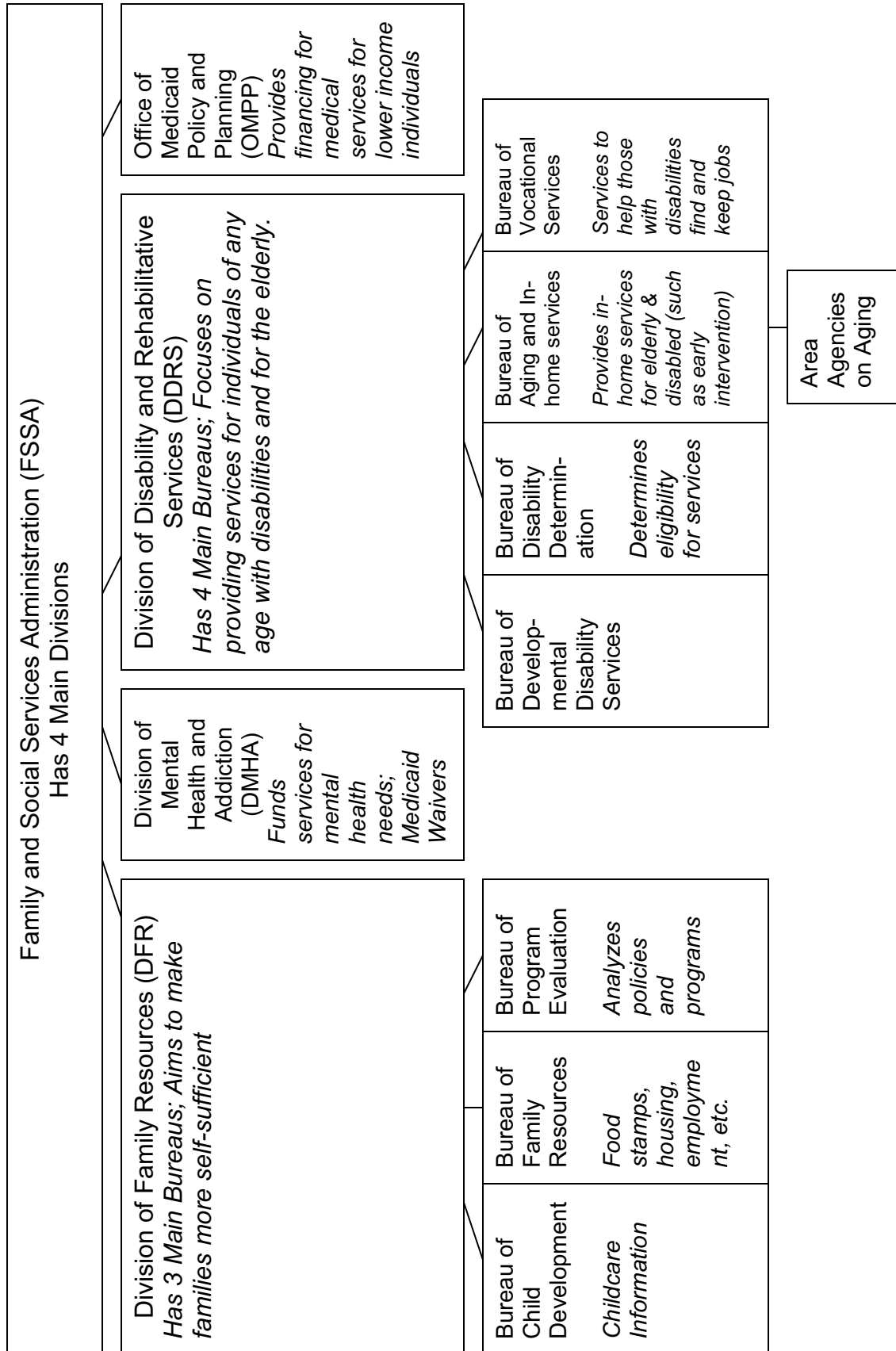
Eligibility criteria include:

- Child/youth must be eligible for an eligible Medicaid category
- Family resides in a county that is an access point
- Child/youth being served must be between ages 6-20
- Child/youth must have an assessment completed at the access point which identifies them as needing this level and intensity of service

Contact: Rebecca Buhner, CA-PRTF@fssa.in.gov, 317.232-7892.

Developed by Stacie Pozdol, M.S., LMHC and Naomi Swiezy, Ph.D., HSP, Riley Hospital for Children, Christian Sarkine Autism Treatment Center, Child and Adolescent Psychiatry, Original information obtained online at www.in.gov/fssa/

Family and Social Services Administration (FSSA) Flowchart



People with Disabilities - Field Services Offices

To access services for persons with developmental disabilities, such as residential services or supported employment, or for questions regarding case management or the Medicaid waiver, contact the District office nearest you.

District 1 – LIGHT on map

District Manager: Marcia Royster
5800 Broadway, Suite P
Merrillville, IN 46410
Phone: 219-887-0503
1-877-216-3053
Fax: 219-985-8652

District 2 – SHADED on map

District Manager: Donna Horne
4634 W Western Ave
South Bend, IN 46619-2304
Phone: 574-232-1412
1-877-218-3059
Fax: 574-287-5482

District 3 – LIGHT on map

District Manager: Mary Ann Ruppert
219 W. Wayne St.
Ft. Wayne, IN 46802
Phone: 260-423-2571
1-877-218-3061
Fax: 260-424-2830

District 4 – DARK on map

District Manager: Donald Patterson
1007 Mill Pond Rd. Ste. A
Greencastle, IN 46135-1887
Phone: 765-653-2468
1-877-218-3096
Fax: 765-653-7152

District 5 - LIGHT on map

District Manager: Susan Morris:
4701 N. Keystone, Suite 427
Indianapolis, IN 46205-1541
Phone: 317-254-2065
1-877-218-3530
Fax: 317-254-2075

District 6 – DARK on map

District Manager: Dane E. Smith
1100 Martin Luther King Blvd.,
Suite 4
Muncie, IN 47304
Phone: 765-288-6516
1-877-218-3531
Fax: 765-288-8529

District 7 - SHADED on map

District Manager: Mark Robinson
700 E. Walnut St.
Evansville, IN 47713
Phone: 812-423-8449
1-877-218-3528
Fax: 812-428-4146

District 8 – (there are 2 addresses for this district, depending on the specific county)

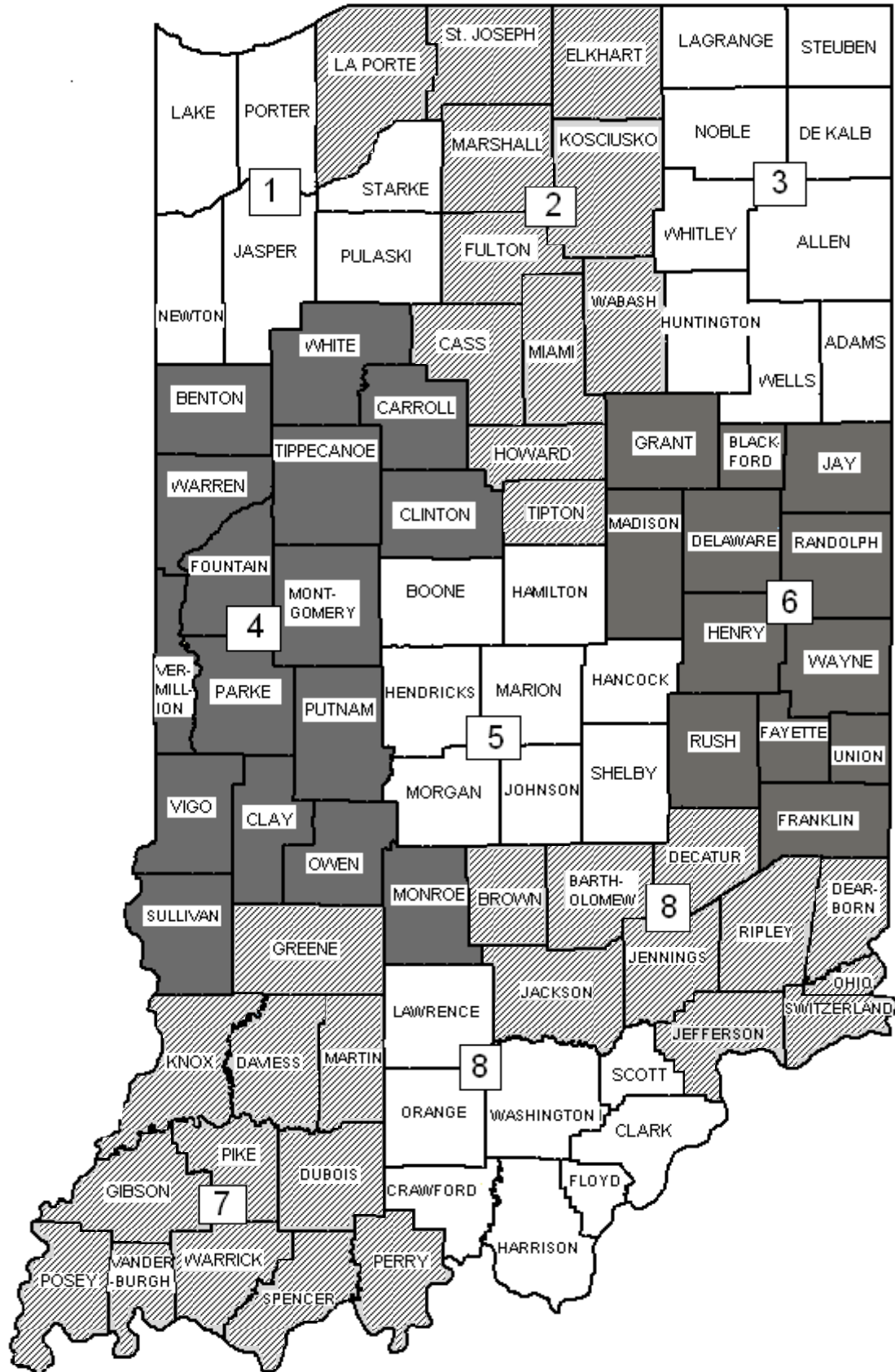
LIGHT on map

P.O. Box 2517
1452 Vaxter Ave.
Clarksville, IN 47131-2517
Phone: 812-283-1040
1-877-218-3529
Fax: 812-285-9533

SHADED on map

200 E. Third St. – P.O. Box 930
Seymour, IN 47274-0930
Phone: 812-522-5859
1-877-218-3532
Fax: 812-523-1160
District Manager: George Hill

District 9 was consolidated into District 5



Developed by Stacie Pozdol, M.S., LMHC and Naomi Swiezy, Ph.D., HSP, Riley Hospital for Children, Christian Sarkine Autism Treatment Center, Child and Adolescent Psychiatry, Original information obtained online at www.in.gov/fssa/



Indiana's Health Insurance Mandate for Autism Spectrum Disorders (ASDs) and Pervasive Developmental Disorders (PDDs)

Contributed by:
Michele Trivedi,
Masters in Health Services Administration
Mom of a Child with Autism

Insurance Mandate for Autism Spectrum Disorders Under Indiana State Law.

In July 2001, House Enrollment Act 1122 went into effect as Indiana Code 27-8-14.2, mandating insurance coverage for individuals with Autism Spectrum Disorders for any accident or health insurance policy that is issued on a group basis (large or small). Also, insurers selling individual policies must offer the option to include coverage for Autism Spectrum Disorders (ASD).

To find a copy of the Insurance Mandate for ASDs:

1. Go to www.IN.gov/legislative.
2. Choose "Laws and Administrative Rules."
3. Choose "Indiana Code."
4. Scroll down to the four small empty boxes.
5. Enter 27 in the first box; 8 in the second box; 14.2 in the third box and leave the fourth blank.
6. Enter Go.

Indiana State Law Now Defines Autism Spectrum Disorders as "Neurological Disorders."

The medical community has recognized for many years that ASDs are not "mental health disorders" or "emotional disorders;" however, many insurance companies were using these very classifications in order to severely restrict or completely deny coverage for services for ASDs. In 2001, the Indiana Legislature passed a law defining ASDs as neurological disorders. For insurance purposes, this means that an insurer with a contract in Indiana cannot classify ASDs as mental health or emotional disorders for any purpose or use mental health exclusions or contract limitations to limit coverage.

Is my Insurance Covered by the Autism Insurance Mandate?

The Indiana Autism Insurance Mandate covers any health or accident insurance policy that is issued on a group basis (small or large). Insurers selling individual policies must offer the individual the option to include coverage for ASDs, probably at additional premium costs. Odds are, if you receive insurance through an employer that is based in Indiana, your policy is probably covered under the mandate. It is important to check with your Human Resources Department or Benefits Manager to determine if your plan is covered under the mandate.

A large exception to the law is "self-insured" companies. Self-insured companies are usually large companies that have several hundred employees. Instead of contracting with an insurance company to provide health insurance, the employer essentially is the insurer and supplies its own health plan to its employees. This may be confusing, however, as many self-insured companies use an existing insurance company to "administer" its health plan. That is, the insurance company only provides many of the "paperwork" functions of the health plan, such as claims processing or producing and distributing materials for the employees. To find out if your health plan is "self-insured", ask a Human Resources representative at your employer. If you are under a self-insured plan, your employer is not obligated to provide any insurance coverage for ASDs. They may be willing to do so, though, if several employees express the need, or as a means of working in "good faith" to provide important benefits to valued employees. Self-insured companies may also offer health plan options to employees that fall outside of the self-insured plan. These may be covered under the mandate.

Another exception to the law involves an employer that is not based in Indiana, but has employees in Indiana. For example, you work for X Co.'s Indianapolis office, but X Co.'s headquarters are in Kansas. X Co. has contracted for health insurance for all of its employees nationwide with Insurer Y. This contract was done under a master policy in Kansas – thus Kansas law, not Indiana law, regulates it, and you would not be able to get coverage for ASD if Kansas law does not mandate it. If you work for ZZ Inc., which is a national company, but it has its "corporate home" in Indiana, the health plan contract done under Indiana law would require that ZZ Inc.'s health plan offer coverage for ASDs to all of its employees, whether they worked in Indiana or in another state. Therefore, if you work for ZZ Inc., an Indiana-based national company, but transfer to another state, the coverage for ASDs would still have to follow Indiana's mandate because the insurance contract is under Indiana state law.

To find out if your plan is covered by the mandate:

- Determine if you are under a "self-insured" plan.
- Determine if your health plan contract was issued under Indiana state law, if it is, and it is a group plan, you should be covered.

Step 4: Information on Rights and Regulations

- If your health plan was issued in another state, call that state's Department of Insurance Healthcare Commissioner's office and ask if that state has an insurance mandate for autism (a handful of other states do!).
- If you purchase an individual plan for yourself and your dependents in the state of Indiana, ask for a "rider" for coverage for ASDs (this will most likely raise your premiums).

What Services Must Be Covered Under the Mandate?

The wording of the Insurance Mandate law is intentionally vague, because ASD affects each person differently. Each person with ASD requires different treatment options—there is no "cookie cutter" treatment plan for ASDs.

The law requires that a Care Plan by the prescribing physician be submitted to the insurance company. The primary care doctor, developmental pediatrician, or psychiatrist usually can write this, but you should check with your insurer to see if they require the plan to be written by a certain type of physician.

Therapies provided in the public schools cannot be covered under the insurance mandate. It is also strongly recommended that care plans are limited to "traditional therapies", or therapies that are generally accepted by the medical community. For example, the Surgeon General's office has recommended the use of Applied Behavioral Analysis (ABA). In addition, the American Academy of Pediatrics currently recommends the following therapies as generally accepted for ASD:

1. Behavior Training and Behavior Management.
2. Speech Therapy.
3. Occupational Therapy.
4. Physical Therapy.
5. Medications to address symptoms of ASD – including risperidone, prozac, melatonin and clonidine.

It is very important to limit care plans to medically necessary, generally accepted therapies in order to insure that we can count on continuing health care coverage for our loved ones, and not return to the very recent past when insurers could simply refuse to cover people with autism at all. The law requires the insurers to finally share the burden along with families and the state. Let us not jeopardize what has been accomplished. As more research on autism provides data to support other treatments, they will become "generally accepted" by the medical community, and thus acceptable to add to a care plan for insurance purposes.

Steps To Securing Insurance Coverage Under the Mandate.

1. Submit your care plan to the appropriate person or department of the insurer:

1. Contact your insurer ahead of time to find out where to send the care plan.
 2. Send the care plan via certified mail or fax, and keep copies – verify it was received.
2. Set up an insurance binder to keep:
 1. Copies of your care plan.
 2. All written correspondence with the insurer.
 3. Notes from any conversations with the insurer, including the date, time, name of caller, and the person's title.
 4. Other pertinent information such as letters from physician, contact information, etc.
 3. Know your insurance policy and follow its policies and procedures:
 1. Your insurer does not have to pay your claims if you do not follow its policies and procedures.
 2. If your insurer requires you to use a certain network of providers, you must do so unless the service is not available in the network; if the services are unable to be provided within the network, out-of-network services must be covered until in-network services are available.

For example, if your child requires ABA therapy, odds are your insurer does not have an ABA consultant and staff of therapists on their network panel. They must pay for your clinic or home based provider. If your child needs speech therapy and their network provider has a waiting list that is unacceptably long, they must pay for out-of-network services until a spot opens up in the network.

1. ABA is covered under the mandate. Your insurer will determine under what kind of services they will classify your ABA. Some have paid for ABA under the home health benefit and psychologist visits. Others have paid for it under other therapeutic categories. The Department of Insurance has determined that ABA cannot be limited to a certain number of calendar days, but must be provided year-round. If you are involved in a clinic program, the clinic should be able to file claims directly with the insurer. If you are doing a home program, you should be able to request that your consultant file claims directly with your insurer. Your insurer will probably require information regarding the credentials of your consultant and they may require certain credentials or level of supervision by a psychologist or Ph.D. Families are strongly advised to use established consultants with legitimate credentials who work for recognized ABA providers, and who are appropriately supervised. Again, we do not want to do anything that would jeopardize the coverage of legitimate therapies in general, and your insurer is less likely to deny services to an established ABA provider with recognized credentials. Currently, Indiana does not have any specific certification or licensure requirements for ABA providers. The procedural codes to file claims for ABA are as follows:

- Consultant Code: 96115 (billed in hourly units).
 - ABA Therapist/Instructor Code 97532 (billed in 15 minute units).
2. If your claims for coverage of reasonable, legitimate therapies are denied, be sure to appeal the denial. Each insurer has an internal grievance or appeals process that should be outlined in your policy handbook or employee information. Follow the procedures outlined by the insurer, and do not be afraid to ask your benefits coordinator, treating physicians or other therapists for information or letters that may help your appeal. Keep all of your records in your binder!
 3. If you exhaust the internal appeals process with your insurer, you may request an external appeal. This is an appeal that is heard by a panel that is not made up of people from the insurer. Your insurance company must supply you with the necessary information to pursue this type of appeal. Your insurer bears the cost of this appeal as well.

You also have the option to file a complaint with the Department of Insurance (DOI) if you feel your insurer is not complying with the law. You may file a complaint on the DOI website or write Joy Long, Deputy Commissioner at The Indiana Department of Insurance, 311 W. Washington Street, Suite 350, Indianapolis, Indiana 46204 or call the DOI at (317)-232-2385. You may also e-mail specific questions to Joy Long at jlong@doi.state.in.us. Often, a call or letter from the DOI can clarify the legal obligations for your insurer and avoid lengthy appeals.

The best way to ensure that your loved one receives the insurance coverage he or she is entitled to under the law is to know your policy, keep good records, follow your insurer's policies and procedures and include only therapies that are generally accepted by the medical community in your loved one's care plan. As the science of autism progresses, we can look forward to including more options for treatment under medical insurance plans.

Sources:

American Academy of Pediatrics Committee on Children with Disabilities
Technical Report: *The Pediatrician's Role in the Diagnosis and Management of ASD in Children*.
Pediatrics. (2001, May). Vol. 107 No. 5.

Overview of ADA, IDEA, and Section 504

Americans With Disabilities Act of 1990 (ADA)

Type/Purpose--A civil rights law to prohibit discrimination solely on the basis of disability in employment, public services, and accommodations.

Who Is Protected?--Any individual with a disability who: (1) has a physical or mental impairment that substantially limits one or more life activities; or (2) has a record of such an impairment; or (3) is regarded as having such an impairment. Further, the person must be qualified for the program, service, or job.

Responsibility To Provide A Free, Appropriate Public Education (FAPE)? --Not directly. However, (1) ADA protections apply to nonsectarian private schools, but not to organizations or entities controlled by religious organizations; (2) ADA provides additional protection in combination with actions brought under Section 504 and IDEA. Reasonable accommodations are required for eligible students with a disability to perform essential functions of the job. This applies to any part of the special education program that may be community-based and involve job training/placement.

Funding To Implement Requirements?--No, but limited tax credits may be available for removing architectural or transportation barriers. Also, many federal agencies provide grant funds to support training and to provide technical assistance to public and private institutions.

Procedural Safeguards--The ADA does not specify procedural safeguards related to special education; it does detail the administrative requirements, complaint procedures, and the consequences for noncompliance, related to both services and employment.

Evaluation/Placement Procedures--The ADA does not specify evaluation and placement procedures; it does specify provision of reasonable accommodations for eligible students across educational activities and settings. Reasonable accommodations may include, but are not limited to, redesigning equipment, assigning aides, providing written communication in alternative formats, modifying tests, redesigning services to accessible locations, altering existing facilities, and building new facilities.

Due Process--The ADA does not delineate specific due process procedures. People with disabilities have the same remedies that are available under Title VII of the Civil Rights Act of 1964, as amended in 1991. Thus, individuals who are discriminated against may file a complaint with the relevant federal agency or sue in federal court. Enforcement agencies encourage informal mediation and voluntary compliance.

Individuals With Disabilities Education Act (IDEA)

Type/Purpose--An education act to provide federal financial assistance to State and local education agencies to guarantee special education and related services to eligible children with disabilities.

Who Is Protected?--Children ages 3-21 who are determined by a multidisciplinary team to be eligible within one or more of 13 specific categories of disability and who need special education and related services. Categories include autism, deafness, deaf-blindness, hearing impairments, mental retardation, multiple disabilities, orthopedic impairments, other health impairments, serious emotional disturbance, specific learning disabilities, speech or language impairments, traumatic brain injury, and visual impairment.

Responsibility To Provide A Free, Appropriate Public Education (FAPE)?--Yes. A FAPE is defined to mean special education and related services. Special education means "specially designed instruction, at no cost to the parents, to meet the unique needs of the child with a disability...." Related services are provided if student's require them in order to benefit from specially designed instruction. States are required to ensure the provision of "full educational opportunity" to all children with disabilities.

IDEA requires the development of an Individualized Education Program (IEP) document with specific content and a required number of specific participants at an IEP meeting.

Funding To Implement Requirements?--Yes. IDEA provides federal funds under Parts B and H to assist State and local education agencies in meeting IDEA requirements to serve infants, toddlers, children, and youth with disabilities.

Procedural Safeguards--IDEA requires written notice to parents regarding identification, evaluation, and/or placement. Further, written notice must be made prior to any change in placement. The Act delineates the required components of the written notices.

Evaluation/Placement Procedures--A comprehensive evaluation is required. A multidisciplinary team evaluates the child, and parental consent is required before an initial evaluation. IDEA requires that reevaluations be conducted at least every 3 years. A reevaluation is not required before a significant change in placement.

For evaluation and placement decisions, IDEA requires that more than one single procedure or information source be used; that information from all sources be documented and carefully considered; that the eligibility decision be made by a group of persons who know about the student, the evaluation data, and placement options; and that the placement decision serves the student in the least restrictive environment. An IEP review meeting is required before any change in placement.

Due Process--IDEA delineates specific requirements for local education agencies to provide impartial hearings for parents who disagree with the identification, evaluation, or placement of a child.

Section 504 of the Rehabilitation Act of 1973

Type/Purpose--A civil rights law to prohibit discrimination on the basis of disability in programs and activities, public and private, that receive federal financial assistance.

Who Is Protected?--Any person who (1) has a physical or mental impairment that substantially limits one or more major life activities, (2) has a record of such an impairment, or (3) is regarded as having such an impairment. Major life activities include walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks.

Responsibility To Provide A Free, Appropriate Public Education (FAPE)? --Yes. An "appropriate" education means an education comparable to that provided to students without disabilities. This may be defined as regular or special education services. Students can receive related services under Section 504 even if they are not provided any special education.

Section 504 does require development of a plan, although this written document is not mandated. The Individualized Education Program (IEP) of IDEA may be used for the Section 504 written plan. Many experts recommend that a group of persons knowledgeable about the students convene and specify the agreed-upon services.

Funding To Implement Requirements?--No. State and local jurisdictions have responsibility. IDEA funds may not be used to serve children found eligible only under Section 504.

Procedural Safeguards--Section 504 requires notice to parents regarding identification, evaluation, and/or placement. Written notice is recommended. Notice must be made only before a "significant change" in placement. Following IDEA procedural safeguards is one way to meet Section 504 mandates.

Evaluation/Placement Procedures--Unlike IDEA, Section 504 requires only notice, not consent, for evaluation. It is recommended that districts obtain parental consent.

Like IDEA, evaluation and placement procedures under Section 504 require that information be obtained from a variety of sources in the area of concern; that all data are documented and considered; and that decisions are made by a group of persons knowledgeable about the student, evaluation data, and placement options. Section 504 requires periodic reevaluations, but does not specify any timelines for placement. Section 504 requires that students be educated with their nondisabled peers to the maximum extent appropriate. Section 504 does not require a meeting or any change in placement.

Due Process--Section 504 requires local education agencies to provide impartial hearings for parents who disagree with the identification, evaluation, or placement of a student. It requires that parents have an opportunity to participate in the hearing process and to be represented by counsel. Beyond this, due process details are left to the discretion of the

local education agency. It is recommended that districts develop policy guidance and procedures.

Information Lines

The ADA Information Line, 1-800-514-0301 (voice); 1-800-514-0383 (TDD).

US Equal Employment Opportunity Commission (ADA), 1-800-669-4000.

Resources

Council of Administrators of Special Education, Inc. (1991). Student access: A resource guide for educators, Section 504 of the Rehabilitation Act of 1973. Albuquerque, NM: Author.

Council for Exceptional Children, Department of Public Policy. (1994). The rights of children with disabilities under ADA and Section 504: A comparison to IDEA. Reston, VA: Author.

ERIC Clearinghouse on Disabilities and Gifted Education. (1992). Legal foundations 1: Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. Reston, VA: Author.

Morrissey, P. (1993). The educator's guide to the ADA. Alexandria, VA: American Vocational Association.

National Association of State Directors of Special Education. (June 1992). The Americans with Disabilities Act: New challenges and opportunities for school administrators. Liaison Bulletin, 18(4).

US Equal Employment Opportunity Commission & US Department of Justice, Civil Rights Division. (1992). The Americans with Disabilities Act: Questions and answers (EEOC Publication No. EEOC-BK-15). Washington, DC: Author.

Washington State Department of Education. (Sept. 1993). Meeting the needs of all students. Olympia, WA: Author. West, J. (1994).

Credits

THIS DIGEST WAS CREATED BY ERIC, THE EDUCATIONAL RESOURCES INFORMATION CENTER. FOR MORE INFORMATION ABOUT ERIC, CONTACT ACCESS ERIC 1-800-LET-ERIC

Kelly Henderson, M.Ed., is a former staff member of The Council for Exceptional Children, Department of Public Policy.

Why and How to Create a Binder for your Child

Caring for a child with an Autism Spectrum Disorder can feel overwhelming at times. Keeping track of doctors' recommendations, therapy goals, and school IEPs can easily become too much to handle. Through each of your appointments and evaluations, you will amass large numbers of forms, evaluations, reports, and other documents related to your child's disability. It is easy to lose track of the documents or forget what they say. It is important to have a simple, easy to manage system for keeping everything organized and in one place. One useful technique for accomplishing all of these goals is to create a binder. An added advantage of a binder is that it is portable, so you will easily be able to bring the information with you from meeting to meeting. By creating a portable system, you can ensure that all of the professionals involved in your child's care are fully aware of what the others are doing. When you get new documents, put them on top of the older ones in the binder (rather than taking out the older ones). This system will help you to quickly find the most current information about your child, while still allowing you to access older information that may still be relevant or important.

Be sure to include two primary categories of documents: school and non-school documents. A third possible category is information on rights and regulations.

School Documents:

- Formal documents from the school
 - o IEPs
 - o Psychological reports
 - o Report cards and any other evaluations you receive regarding your child and his or her progress in school
- Informal documents
 - o Notes to and from school personnel
- Lists
 - o A list of all the school personnel involved in your child's care (This list may change annually, so be sure to keep it up to date)
 - Teachers
 - Aides
 - Therapists
 - Administrative staff
 - District autism consultant.

Non-school Documents:

- Paperwork from any therapists or doctors
 - o Reports
 - o Any notes you may take while talking with the professionals
 - o Copies of medical records
- Lists
 - o A list of all of your child's medications, be sure to include:
 - Dosage
 - Dates when dosage changed
 - Prescribing doctor
 - Prescription numbers
 - Summarize any past medications as well
 - o A list of non-school personnel
 - Pediatricians
 - Psychiatrists
 - Speech, occupational, and other therapists.

General Documents:

In addition to the documents specific to your child, you may want to include information on the rights and regulations related to all children with Autism Spectrum Disorders

- A copy of IDEIA (P.L. 108-44 6):
 - <http://idea.ed.gov/>
 - <http://www.ed.gov/about/offices/list/osep/index.html>
- A copy of Article 7 <http://baby.indstate.edu/iseas/art71.html>
- A copy of the Companion Guide to Article 7
by contacting: Indiana Educational Resource Center
7725 N. College Avenue
Indianapolis, IN 46240-2504
317-232-0587 or 1-800-833-2198
- Information about No Child Left Behind
<http://www.ed.gov/nclb/landing.jhtml>

Although there is no simple way to reduce the amount of information you will likely need to keep in regards to your child's care, there are easy ways to make it more manageable. Purchasing an inexpensive binder and a package of tab dividers can allow you to quickly and easily find whatever information you need about your child's care.

Step Four Summary

There are many things you can do to help your child if you are willing to be proactive. There are many services available to help you afford the best care for your child; you simply need to learn how to apply for them. It is also important that you know your rights and your child's rights. Until you know your rights, it is difficult to advocate for the best interests of your child.

Sign up for the Medicaid Autism Waiver and learn how the FSSA works and how it can help you and your child. Find out whether your insurance covers services for children with ASD. Most insurance companies are now legally required to cover such services – check with your company to find out whether your insurance company is one of them. Learn about the various laws that impact your child's ability to receive services, such as IDEIA, ADA, Section 504 of the Rehabilitation Act, Article 7, and No Child Left Behind. Finally, create a binder that includes all the information you will need to have about your child. The binder will be an extremely useful (and portable!) tool to have when you meet with doctors, educators, or new therapists.

