

## **INFORMATION TO INCLUDE IN LETTERS TO SCHOOL DISTRICTS REQUESTING ACCOMMODATIONS AND/R SPECIAL EDUCATION AND RELATED SERVICES FOR CHILDREN AND YOUTH WITH DISABILITIES**

The following is a non-exclusive list of things that are important to include in letters to school districts when requesting accommodation and/or special education and related services for children and youth with disabilities.

1. Begin letter with an explanation of the child on whose behalf you are writing. This should include the child's name (and the names of the parent(s) or legal guardian), date of birth/age, and his/her/their diagnosis/disability/condition. Additionally, in the first paragraph of the letter you should explain who you are (e.g. primary care physician, other) and that the child is under your care.
2. The next portion of the letter should include an explanation of the diagnosis/disability/condition and the symptoms and manifestations of these conditions. It is crucial that the letter include a specific explanation of how the diagnosis/disability/condition manifests itself in the particular child and how the child is affected by/their diagnosis/disability/condition. This includes, for example, the impact on the child's ability to learn, engage in social relationships, overall behavior, processing and understanding information, cognitive abilities, mental health, and physical abilities, among other related things.
4. It is also important to explain, with as much specificity as possible, all of the accommodations and/or special education and related services that you think the child needs or may need and/or any assessments that you recommend for the child. When providing this information, it is essential that you not only be specific, but also explain the nexus between the child's diagnosis/disability/condition and the recommended accommodation and/or special education or related service or assessment. Absent a clear nexus, a school district will likely resist the recommendation.

For children with ASD, some examples of accommodations include, but are not limited to:

- a) Allowing providers, such as ABA providers, to accompany and support the child in the school;
- b) Modification of the child's school schedule (e.g. arriving late, leaving early);
- c) If a school has a hands-on student search procedure and the child's disability causes him/her/them to react negatively to being touched, reasonable modification of the search procedure to address these issues;
- d) Extra time to get to and from classes;
- e) Extra time to take tests;
- f) Use of assistive technology; and
- g) Reasonable modifications of school uniform policies/dress codes.

## Tips for writing successful medical necessity letters.

1. **The more individualized, the better.** While there are core deficits associated with ASD, the deficits experienced by individuals with ASD vary person to person. When writing a letter of medical necessity for a patient, it is best to be as specific to the individual patient and their symptoms as possible.

Ask yourself what symptoms a patient experiences that makes a service necessary, what the expected benefits of the service are, and why those benefits matter. Then, put that into writing.

2. **Use the insurer's language.** Most insurance plans have their own definition of "medical necessity" or "medically necessary." It is helpful to use the plan's language when asserting that a service is medically necessary.

*If you have access to a patient's plan document, flip to the definitions section (usually in the back of document) and take note of the terms used by the insurer to define medical necessity. Then, if appropriate, use the terms to explain how the patient's requested service is medically necessary.*

Note that if the patient is insured through Apple Health (Medicaid), the Health Care Authority ("HCA") has its own definition of medical necessity, which you may find attached.

Using the HCA's definition of medical necessity as an example, here is how you can start to formulate a letter supporting a patient's need for ABA:

"SERVICE is medical necessary for NAME to receive because it is reasonably calculated to diagnose/correct/alleviate/prevent worsening of NAME's DIAGNOSIS. Specifically, SERVICE is reasonably calculated to diagnose/correct/alleviate/prevent worsening of NAME's DIAGNOSIS because (insert patient-specific reasoning here). There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for NAME."

*If you do not have access to a patient's plan document, here is a list of common elements insurers use to determine medical necessity that may be helpful to address in your letter:*

- The service is not solely for the convenience of the member, their family, or their provider(s).
- The service is the most appropriate level of service that can be safely provided to the member.

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**Medical assistance definitions—M.**

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**"Medically necessary"** is a term for describing requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service. For the purposes of this section, "course of treatment" may include mere observation or, where appropriate, no medical treatment at all.