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Memo

To: NJEIS Service Coordination Units, Early Intervention Provider Agencies and REICs

From: Susan Evans Ed.D., Results Accountability Coordinator

Date: July 26, 2013

Subject: Diagnostic changes to Autism Spectrum Disorder in DSM-5

In May 2013 the Diagnostic and Statistical Manual 5th edition (DSM-5) was released and the definition and criteria for “autism” were changed and updated. In brief, the formerly three separate categories of *Autistic Disorder*, *PDDNOS* and *Asperger* were eliminated and combined under the one term *Autism Spectrum Disorder (ASD)*. Therefore you can expect to see reports for newly diagnosed children using only the new category of ASD and not the previously used diagnoses. This change will take time for the professional diagnostic community to adopt and implement.

In addition to this change, the DSM5 provides for severity levels (known as “specifiers”) which NJEIS personnel may begin to see in reports. The severity levels are based on the amount of support needed, due to challenges with social communication and restricted interests and repetitive behaviors. The impact of co-occurring conditions may also be reflected in the assigned Level. For example, a person may now be diagnosed with “Autism Spectrum Disorder-Level 1”. There are three levels; Level 1 is described as “requiring support”, Level 2 as “requires substantial support” and Level 3 “requires very substantial support.”

Because almost all children with an “autism” diagnosis under the previous DSM (DSM-4) will also meet diagnostic criteria under DSM-5, re-diagnosis is not necessary. NJEIS will not require a re-diagnosis for those children for whom a diagnosis has been made prior to DSM-5. Children with a diagnosis of ASD (regardless of Level) are presumptively eligible for the NJEIS.

The DSM-5 also includes a new diagnostic category of *Social Communication Disorder* that describes children with social difficulty and pragmatic language differences that impact comprehension, production and awareness in conversation and that is not caused by delayed cognition or other language delays. This a new diagnostic category that may appear in reports provided to families that participate in the NJEIS. It is not a presumptive category for NJEIS eligibility. Children that present with this diagnosis must undergo the eligibility evaluation as usual.

The Department of Health regularly receives inquiries about the number of children with ASD in NJEIS from multiple stakeholders, including legislators and the Office of the Governor. It is imperative that the NJEIS database accurately contain the most current diagnosis information for all children in the system. Service Coordinators and EIP providers are reminded that when a diagnosis comes to the attention of NJEIS staff at any level, proper documentation should be

secured from the family, placed in the child's EI file and the diagnostic information in SPOE updated in a timely manner.

I have attached to this memo a fact sheet on ASD from the American Psychiatric Association, the publishers of the DSM5. The following article may also be of interest: Huerta, M. et al. (2012). Application of DSM-5 Criteria for Autism Spectrum Disorder to Three Samples of Children With DSM-IV Diagnoses of Pervasive Developmental Disorders. *Am J Psychiatry*, 169:1056-1064.

Thank you.