

SUBJECT Autism Waiver Benefit	CHAPTER 05	SECTION 03	SUBJECT 10
CHAPTER Clinical Practice Guidelines		SECTION Care Delivery	
WRITTEN BY Lauren Tompkins & Jamie Bishop	REVISED BY Amy DeKorse		AUTHORIZED BY PIHP Board

I. APPLICATION:

- PIHP Board CMH Providers SUD Providers
 PIHP Staff CMH Subcontractors

II. POLICY STATEMENT:

It shall be the policy of Region 10 PIHP to manage Applied Behavior Analysis services, including Applied Behavior Analysis, through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Benefit, according to all applicable Michigan Department of Health and Human Services (MDHHS) and federal standards and requirements.

III. DEFINITIONS:

Autism Spectrum Disorder (ASD): Refers to a continuum or spectrum, which includes Autistic Disorder, Asperger’s Disorder, and Pervasive Developmental Disorder-Not Otherwise Specified (PDDNOS), a group of developmental disabilities that can cause substantial impairments in a person’s behaviors as well as social and communication skills. Signs of these impairments usually occur before a child turns three years old, although children are often diagnosed between ages three and five.

Applied Behavioral Analysis (ABA): Refers to the science of analyzing behavior and influencing socially significant behavior through the identification and use of related environmental variables to produce behavior change techniques. Practitioners of ABA may use these services to address organizational functioning, skill deficits, challenging behaviors, and other areas of need relevant to those with ASD.

IV. STANDARDS:

A. PIHP responsibilities shall include:

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1. Liaison with MDHHS on Autism Waiver Program issues/concerns.
2. Manage the entry, program requirements, and discharge of referred individuals within the Autism Waiver program.
3. Monitor program eligibility and utilization data on a regional level.
4. Approve authorization for level of service.

B. CMHSP responsibilities shall include:

1. Process and complete referrals, evaluations, re-evaluations, and discharges from Autism Waiver program.
2. Notify Region 10 PIHP of individuals having completed a comprehensive initial or re-evaluation, or discharge from the Autism Waiver program.
3. Management of document upload to WSA and notification to Region 10 PIHP of updated documentation.
4. Provide performance measurement and data in a timely matter upon the request of Region 10 PIHP.

C. Screening: Screening for ASD may occur during an EPSDT well-child visit with the child's primary care provider. The well-child evaluation is designed to rule out medical or behavioral conditions other than ASD. Accordingly, a full medical and physical examination must be performed before the child is referred for further evaluation.

Screening for ASD may also occur as part of an assessment being conducted by the Region 10 PIHP Access Department, a CMHSP Department during an encounter with an assigned clinician from the CMHSP or other contracted provider, or through another community partner (such as providers/programs within the education system).

The approved screening tools are:

- Modified Checklist for Autism in Toddlers (M-CHAT) is a brief, initial screening tool validated for toddlers 16 through 30 months of age.
- Social Communication Questionnaire (SCQ) is a brief, initial screening tool for individuals older than four years of age with a mental age greater than two years of age.

D. Referral: Region 10 PIHP has identified multiple access points for ease of referral for ABA services. Initial referrals may be made to the Region 10 PIHP Access Center for individuals not yet engaged in behavioral health services. Additionally, specific points of access within each CMHSP must be identified to receive and process referrals for individuals already in services who are being referred for diagnostic evaluation of ASD. The referral date is the date the individual was referred for further evaluation (e.g., referred by primary care provider during

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well-visit) or the date the family inquired about services (e.g., through Region 10 Access Center or existing CMHSP provider).

- E. Comprehensive Diagnostic Evaluation: Before the individual receives ABA services, a qualified licensed practitioner will complete a comprehensive diagnostic evaluation to determine the individual's diagnosis, and if appropriate, make recommendation for the individual to receive ASD services. A comprehensive diagnostic evaluation will be completed within 30 days of the referral date.

A qualified licensed practitioner works within their scope of practice and is qualified and experienced in diagnosing ASD:

- a physician with a specialty in psychiatry or neurology;
- a physician with a subspecialty in developmental pediatrics, developmental-behavioral pediatrics or a related discipline;
- a physician with a specialty in pediatrics or other appropriate specialty with training, experience or expertise in ASD and/or behavioral health;
- a psychologist;
- an advanced practice registered nurse with training, experience, or expertise in ASD and/or behavioral health;
- a physician assistant with training, experience, or expertise in ASD and/or behavioral health; or
- a clinical social worker, working within their scope of practice, and is qualified and experienced in diagnosing ASD

To determine a diagnosis, the qualified licensed practitioner will minimally utilize:

- direct observation,
- the Autism Diagnostic Observation Schedule-Second Edition (ADOS-2),
- a comprehensive clinical interview such as the Autism Diagnostic Interview-Revised (ADI-R), or equivalent, and
- the Developmental Disabilities Children's Global Assessment Scale (DD-CGAS).

Other MDHHS approved tools may be utilized to determine a diagnosis and medical necessity service recommendations. A Re-Evaluation will be completed no more than 365 days from the first date of most recent evaluation to assess individual's eligibility criteria utilizing the ADOS-2 and DD-CGAS, utilizing additional tools as necessary to determine medical necessity and recommended services.

Results of evaluations will be appropriately delivered to the individual and parent(s)/guardian(s). It is strongly preferred feedback sessions will be provided face-to-face. The evaluation report will be submitted to the appropriate CMHSP Autism Coordinator within 35 days of referral, with results submitted to Region 10 PIHP within two business days upon

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receipt.

- F. **Medical Necessity Criteria:** A physician or other licensed practitioner determines medical necessity and recommendation for ABA services. The individual must demonstrate substantial functional impairment in social communication, patterns of behavior, and social interaction as evidenced by meeting criteria A and B:
- A. The individual currently demonstrates substantial functional impairment in social communication and social interactions cross multiple contexts, and is manifested by all three of the following:
 1. Deficits in social-emotional reciprocity ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation, to reduced sharing of interests, emotions, or affect, to failure to initiate or respond to social interactions.
 2. Deficits in nonverbal communicative behaviors used for social interaction ranging, for example, from poorly integrated verbal and nonverbal communication, to abnormalities in eye contact and body language or deficits in understanding and use of gestures, to a total lack of facial expressions and nonverbal communication.
 3. Deficits in developing, maintaining, and understanding relationships ranging, for example, from difficulties adjusting behavior to suit various social contexts, to difficulties in sharing imaginative play or in making friends, to absence of interest in peers.
 - B. The child currently demonstrates substantial restricted, repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least two of the following:
 1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys, or flipping objects, echolalia, and/or idiosyncratic phrases).
 2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, and/or need to take same route or eat the same food every day).
 3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects and/or excessively circumscribed or perseverative interest).
 4. Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, and/or visual fascination with lights or movement).
 - G. **Determination of Eligibility for ABA services:** The following requirements must be met:
 - Individual is under 21 years of age

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- Individual received a diagnosis of ASD from a qualified licensed practitioner utilizing valid evaluation tools
- Individual has the developmental capacity to clinically participate in the available interventions covered by the benefit
- Individual is medically able to benefit from the treatment.
- Treatment outcomes are expected to result in a generalization of adaptive behaviors across different settings to maintain the ABA interventions and they can be demonstrated beyond the treatment sessions. Measurable variables may include increased social-communication, increased interactive play/age-appropriate leisure skills, increased reciprocal communication, etc.
- Coordination with the school and/or early intervention program is critical and is accomplished to coordinate treatment prevent duplication of services. This collaboration may occur through phone calls, written communication logs, and participation in team meetings.
- Services are able to be provided in the individual's home and community, including centers and clinics.
- Symptoms are present in the early developmental period (symptoms may not fully manifest until social demands exceed limited capacities, or may be masked by learned strategies later in life).
- Symptoms cause clinically significant impairment in social, occupational, and/or other key areas of current functioning that are fundamental to maintain health, social inclusion, and increased independence.
- A qualified licensed practitioner recommends ABA services and the services are medically necessary for the individual.
- Services must be based on the individual and the parent's/guardian's needs and must consider the individual's age, school attendance requirements, and other daily activities as documented in the IPOS. Families of minor children are expected to provide a minimum of eight hours of care per day on average throughout the month.

The MDHHS Behavioral Health and Developmental Disabilities Administration (BHDDA) will make the final approval determination for eligibility for Autism Benefit Waiver services. An approval period will not exceed 365 days, and may be re-authorized following the completion of the comprehensive diagnostic re-evaluation, pending appropriate results.

- H. Behavioral Assessment: Behavioral assessment will use a validated instrument and can include direct observational assessment, observation, record review, data collection, and analysis by a qualified provider. The behavioral assessment must include the current level of functioning of the individual using a validated data collection method, with ongoing measurements of improvement including the application of behavioral outcome tools. Approved behavioral outcomes tools include:

- Verbal Behavior-Milestones Assessment and Placement Program (VB-MAPP)

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- Assessment of Basic Language and Learning Skills – Revised (ABLLS-R)
- Assessment of Functional Living Skills (AFLS)

The behavioral assessment will be completed at intake and minimally every six months, effectively evaluating the individual's response to treatment and skill acquisition, and utilized to assist in the determination of the initial and ongoing level of service. Results will be referenced to tailor evidence-based interventions to address areas of functional impairment and behavior in a behavioral plan of care, which is a part of the Individual Plan of Service (IPOS).

- I. Behavioral Observation and Direction: A qualified provider will provide clinical direction and oversight to the delivery of ABA services to a lower level provider in the provision of services to an individual. The provider delivers face-to-face observation and direction regarding developmental and behavioral techniques, progress measurement, data collection, function of behaviors, and generalization of acquired skills for the individual. Observation and direction is to be delivered real-time to maximize the benefit for the individual, and will be provided minimally one hour for every 10 hours of ABA services delivered.

Behavioral observation and direction may be provided using telepractice services, with prior authorization obtained by MDHHS prior to service delivery. The MDHHS Medicaid Provider Manual outlines the specific requirements to meet compliance and regulations to participate in telepractice services.

- J. ABA Service Level and Treatment Planning: There are two levels of service intensity within the ABA model of ABA and can be provided for all levels of severity of ASD to facilitate the individual's goal attainment:
 1. Focused Behavioral Intervention (FBI): provided at an average of 5-15 hours/week (actual hours needed are determined by the behavioral plan of care and interventions required).
 2. Comprehensive Behavioral Intervention (CBI): provided at an average of 16-25 hours/week (actual hours needed are determined by the behavioral plan of care and interventions required).

Behavioral intervention will be provided at an appropriate level of intensity, as documented in the behavioral plan of care and IPOS. ABA services will not include special education and related services as defined in the Individuals with Disabilities Education Act (IDEA), and will be documented in the IPOS accordingly. The service intensity level will be reflected in the goals of treatment, specific needs of the individual, and response to treatment. Accordingly, the behavioral plan of care will support the level of service and medical necessity by minimally identifying in addition to the Behavior Analyst Certification Board (BACB) Guidelines for ABA Plans of Care: a recommendation for service utilization (FBI/CBI); specific targeted behaviors,

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with measurable, achievable, and realistic goals of achievement to increase functioning skills and independence; identification services can/will be delivered at home or in community; incorporation of behavioral observation and direction services, and transition/discharge planning. The behavioral plan of care will be updated minimally every six months to include the measurements and results from the behavioral assessment conducted, as this supports an ongoing determination of the level of service required.

In addition to treatment planning requirements outlined in the MDHHS Person-Centered Planning Policy and Practice Guidelines, the IPOS documents specific to ABA services, the needs of the individual; desired outcomes through ABA goals and objectives; amount, scope, and duration of identified ABA interventions being provided at home or in the community, per behavioral plan of care and family input; ABA services will include behavioral observation and direction by a qualified provider; and contingency plan to address various risk factors including staff illness, vacation, etc.

The IPOS will be reviewed by the planning team, including BCBA or other qualified provider and parent(s)/guardian(s), minimally every three months, adjusting service level (which includes the specific number of hours of intervention to be provided to the individual weekly) to meet individual's needs, when clinically appropriate. The IPOS will be updated every six months in tandem with the updated behavioral plan of care. Region 10 PIHP will authorize the level of services prior to the delivery of services.

- K. Discharge: an individual's discharge from ABA services is determined by a qualified ABA professional. When able, an exit ADOS-2 will be completed as part of the discharge process. An individual who meets any of the following criteria will be discharged from ABA services. Individuals will be formally discharged from the Autism Waiver program within three business days from date indicated on Notice.
- The individual has achieved treatment goals and less intensive modes of services are medically necessary and appropriate.
 - The individual is either no longer eligible for Medicaid or is no longer a State of Michigan resident.
 - The individual has not demonstrated measurable improvement and progress toward goals, and the predicted outcomes as evidenced by a lack of generalization of adaptive behaviors across different settings where the benefits of the ABA interventions are not able to be maintained or they are not replicable beyond the ABA treatment sessions through a period of six months.
 - Targeted behaviors and symptoms are becoming persistently worse with ABA treatment over time or with successive authorizations.
 - The individual no longer meets the eligibility criteria as evidenced by use of valid evaluation tools administered by a qualified licensed practitioner.
 - The individual and/or parent/guardian is not able to meaningfully participate in the ABA services, and does not follow through with treatment recommendations to a

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degree that compromises the potential effectiveness and outcome of the ABA service.

- L. **Qualified Service Providers:** ABA services are highly specialized services that require specific qualified providers who are available within PIHP/CMHSP provider networks and have extensive experience providing specialty mental health and behavioral health services. ABA services must be provided under the direction of a BCBA, another appropriately qualified LP or LLP, or a Master's prepared QBHP. These services must be provided directly to, or on behalf of, the individual by training their parents/guardians, behavior technicians, and BCaBAs to deliver the behavioral interventions (Exhibit A, Medicaid Autism ABA/ABA Services Qualified Providers).
- M. **Adequate Workforce/Provider Qualifications:** Region 10 PIHP and its affiliate CMHSPs adhere to all provider qualification requirements. Each CMHSP will maintain an adequate workforce to provide Autism Waiver services and support ongoing services as medically necessary, and allow for adequate choice of provider.
- N. A CMHSP policy/procedure will be developed, maintained and implemented by the CMHSP to assure ABA services through EPSDT benefit implementation.

V. PROCEDURES:

A. REFERRALS

CMH Autism Coordinator/Designee

1. Receives referral from Region 10 PIHP Access Center.
2. Ensures an individual is younger than 21 years of age with active Medicaid.
3. Documents screening tool utilized to prompt referral for evaluation, and ensures a comprehensive diagnostic evaluation is completed with independent evaluator within 30 days of referral date.

B. EVALUATIONS/RE-EVALUATIONS

Independent Evaluator

1. Completes comprehensive diagnostic evaluation and prepares report of findings.
2. Conducts a feedback session with parent(s)/guardian(s).
3. Submits report to CMH Autism Coordinator/Designee.

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CMH Autism Coordinator/Designee

1. Receives comprehensive diagnostic evaluation report and documents findings.
2. Completes Region 10 PIHP Case Action Request Form (Exhibit B) for consideration of an initial or re-evaluation accordingly, and submits to Region 10 PIHP.

Region 10 PIHP Autism Coordinator/Designee

1. Reviews Region 10 PIHP Case Action Request Form for completion and criteria, completes disposition on the form, and returns a copy of the form to CMH Designee.
2. Enters information into WSA and approves submission to MDHHS for final eligibility approval.

C. ABA SERVICE LEVEL APPROVAL

CMH Autism Coordinator/Designee

1. Identifies primary caseholder and assigns case to ABA qualified provider to conduct behavioral assessment and develop a behavioral plan of care, and will coordinate with primary caseholder to develop inclusive IPOS.
2. Reviews behavioral plan of care and IPOS for content and criteria, and ensures authorization entered for ABA services are congruent with recommendations from ABA qualified provider.
3. Completes Region 10 PIHP Case Action Request Form for initial and updates of behavior plans and IPOS, and submits to Region 10 PIHP.
4. Uploads documents to WSA for approval.

Region 10 PIHP Autism Coordinator/Designee

1. Reviews Region 10 PIHP Case Action Request Form for completion and criteria.
2. Reviews documents within WSA and completes utilization management function to authorize level of service.
3. Enters approval in WSA.
4. Completes disposition on the form, and returns a copy of the form to CMH Designee.

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D. DISCHARGE

CMH Autism Coordinator/Designee

1. Ensures individual completes an exit ADOS-2, if willing.
2. Completes Region 10 PIHP Case Action Request Form for discharge from ABA services program, and submits to Region 10 PIHP.

Region 10 PIHP Autism Coordinator/Designee:

1. Reviews Region 10 PIHP Case Action Request Form for completion and criteria, completes disposition on the form, and returns copy of the form to CMH Designee.
2. Enters information into WSA and approves the individual's discharge from the Autism Waiver program.

E. REGION 10 PIHP REPORTING/MONITORING

1. Capacity Surveys: Region 10 PIHP monitors the overall capacity of each CMHSP to provide Autism Waiver services within a reasonable timeframe. The Region 10 PIHP Autism Coordinator will review the data and offer consultation around any issues identified by the CMHSP, ensuring submission of all surveys to MDHHS within the specified timeframe.
2. Utilization Management: Region 10 PIHP conducts a review of the behavioral plan of care and IPOS to ensure that service and utilization standards are met regarding medical necessity determination, plan of care, and ABA interventions.
3. Quality Assurance: Region 10 PIHP monitors each CMHSP's compliance with MDHHS and Region 10 PIHP performance standards and requirements as well as their own policies and procedures on a regular basis.

Monthly: Verification of all open Autism Waiver cases are completed as follows:

- i. Treatment plans are current
- ii. Re-evaluations are current

Quarterly: A review of all open cases by CMHSP is conducted through MDHHS Quality reports and WSA as follows:

- i. Treatment plans are current
- ii. Re-evaluations are current
- iii. Range of intensity meets MDHHS performance measurement of service delivery within +/-25%
- iv. Observation and supervision is provided $\geq 10\%$ of service delivery

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Annually: The Region 10 PIHP Autism Coordinator conducts a full clinical record review as well as staff qualifications and training review on a random sample of records from each CMHSP to confirm policy/procedure implementation is occurring regularly and compliance with MDHHS and Region 10 PIHP performance standards and requirements are being met. Following all reviews, feedback, consultation, and any possible corrective action planning are facilitated by the PIHP with the affected CMHSP(s).

VI. EXHIBITS:

- A. Medicaid Autism BHT/ABA Services Qualified Providers
- B. Region 10 PIHP Case Action Request Form

VII. REFERENCES:

- A. MDHHS Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services, Section 18- Applied Behavior Analysis
- B. The Behavior Analyst Certification Board (BACB). (2014) *Applied Behavior Analysis Treatment of Autism Spectrum Disorder. Practice Guidelines for Healthcare Funders and Managers.* Second Edition. <http://bacb.com/asd-practice-document>.
- C. MDHHS/PIHP Managed Specialty Supports and Services Contract Attachment C 3.4.1.1.

EXHIBIT A

Medicaid Autism BHT/ABA Services Qualified Providers

Qualified Provider	Education and Training Requirements	License/Certification	Services Provided
Board Certified Behavior Analyst-Doctoral (BCBA-D)	<ul style="list-style-type: none"> Minimum of a doctoral degree from an accredited institution conferred in a degree program in which the candidate completed a course sequence approved by the Behavior Analyst Certification Board (BACB). 	Current certification as a BCBA-D through the Behavior Analyst Certification Board (BACB).	<ul style="list-style-type: none"> Behavioral assessment Behavioral intervention Behavioral observation and direction
Board Certified Behavior Analyst (BCBA)	<ul style="list-style-type: none"> Minimum of a master's degree from an accredited institution conferred in a degree program in which the candidate completed a course sequence approved by the Behavior Analyst Certification Board (BACB). 	Current certification as a BCBA through the Behavior Analyst Certification Board (BACB).	<ul style="list-style-type: none"> Behavioral assessment Behavioral intervention Behavioral observation and direction
Board Certified Assistant Behavior Analyst (BCaBA)	<ul style="list-style-type: none"> Minimum of a bachelor's degree from an accredited institution conferred in a degree program in which the candidate completed a course sequence approved by the Behavior Analyst Certification Board (BACB). Works under the supervision of the BCBA/BCBA-D. 	Current certification as a BCaBA through the Behavior Analyst Certification Board (BACB).	<ul style="list-style-type: none"> Behavioral assessment Behavioral intervention Behavioral observation and direction
<p>Licensed Psychologist (LP)</p> <p><i>Must be certified as a BCBA by September 30, 2020</i></p>	<ul style="list-style-type: none"> A minimum of one year experience in treating children with ASD based on the principles of behavior analysis. Minimum doctoral degree from an accredited institution. Works within their scope of practice and has extensive knowledge and training in behavior analysis. Extensive knowledge is defined as having received documented coursework at the graduate level from an accredited university in at least three of the six following areas: <ol style="list-style-type: none"> Ethical considerations. Definitions & characteristics and principles, processes & concepts of behavior. Behavioral assessment and selecting interventions outcomes and strategies. Experimental evaluation of interventions. Measurement of behavior and developing and interpreting behavioral data. Behavioral change procedures and systems supports. Works in consultation with the BCBA/BCBA-D to discuss the caseload, progress, and treatment of the child with ASD. 	Doctoral level psychologist licensed by the State of Michigan. Must complete all coursework and experience requirements.	<ul style="list-style-type: none"> Behavioral assessment Behavioral intervention Behavioral observation and direction
Limited Licensed Psychologist (LLP)	<ul style="list-style-type: none"> A minimum of one year experience in treating children with ASD based on the principles of behavior analysis. Minimum of a master's or doctoral degree from an accredited institution. Works within their scope of practice and has extensive knowledge and training in behavior analysis. Extensive knowledge is defined as having received documented 	Doctoral or master's level psychologist licensed by the State of Michigan. Must complete all coursework and	<ul style="list-style-type: none"> Behavioral assessment Behavioral intervention Behavioral observation and direction

<p><i>Must be certified as a BCBA by September 30, 2020</i></p>	<p>coursework at the graduate level from an accredited university in at least three of the six following areas:</p> <ol style="list-style-type: none"> 1. Ethical considerations. 2. Definitions & characteristics and principles, processes & concepts of behavior. 3. Behavioral assessment and selecting interventions outcomes and strategies. 4. Experimental evaluation of interventions. 5. Measurement of behavior and developing and interpreting behavioral data. 6. Behavioral change procedures and systems supports. <ul style="list-style-type: none"> • Works in consultation with the BCBA/BCBA-D to discuss the progress and treatment of the child with ASD. 	<p>experience requirements.</p>	
<p>Qualified Behavioral Health Professional (QBHP)</p> <p><i>Must be certified as a BCBA by September 30, 2020</i></p>	<p>Must meet at least one of the following state requirements:</p> <ul style="list-style-type: none"> • Must be a physician or licensed practitioner with specialized training and one year of experience in the examination, evaluation, and treatment of children with ASD. • Minimum of a master's degree in a mental health-related field from an accredited institution with specialized training and one year of experience in the examination, evaluation, and treatment of children with ASD. Works within their scope of practice and has extensive knowledge and training in behavior analysis. Extensive knowledge is defined as having received documented coursework at the graduate level from an accredited university in at least three of the six following areas: <ol style="list-style-type: none"> 1. Ethical considerations. 2. Definitions & characteristics and principles, processes & concepts of behavior. 3. Behavioral assessment and selecting interventions outcomes and strategies. 4. Experimental evaluation of interventions. 5. Measurement of behavior and developing and interpreting behavioral data. 6. Behavioral change procedures and systems supports. <ul style="list-style-type: none"> • Works under the supervision of the BCBA/BCBA-D. 	<p>A license or certification is not required, but is optional.</p>	<ul style="list-style-type: none"> • Behavioral assessment • Behavioral intervention • Behavioral observation and direction
<p>Behavior Technician (BT)</p>	<ul style="list-style-type: none"> • Will receive 40 hours of training in accordance with the Behavior Analyst Certification Board (BACB) Registered Behavior Technician (RBT) Task List as conducted by a professional experienced in BHT services (BCBA, BCaBA, LP, LLP, and/or QBHP), but is not required to register as an RBT with the BACB upon completion in order to furnish services. • Must be at least 18 years of age • Must be able to practice universal precautions to protect against the transmission of communicable disease • Must be able to communicate expressively and receptively in order to follow individual plan requirements and beneficiary-specific emergency procedure, and to report on activities performed 	<p>A license or certification is not required.</p>	<ul style="list-style-type: none"> • Behavioral intervention

	<ul style="list-style-type: none">• Must be in good standing with the law (i.e., not a fugitive from justice, a convicted felon who is either under jurisdiction or whose felony relates to the kind of duty to be performed, or an illegal alien)• Must be able to perform and be certified in basic first aid procedures• Must be trained in the IPOS/behavioral plan of care utilizing the person-centered planning process.• Works under the supervision of the qualified provider who is able to perform behavioral observation and direction (i.e. BCBA, BCBA-D, BCaBA, LP, LLP or QBHP) and who provides oversight of the behavioral plan of care, with minimally one hour of clinical observation and direction for every 10 hours of direct treatment.		
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Region 10 PIHP Autism Waiver Benefit Case Action Request Form

Individual's Name: [Click here to enter text.](#)

DOB: [Click here to enter text.](#)

MED #: [Click here to enter text.](#)

Confirmed active:

Utilizing Private Insurance: Yes No

CMH: [Click here to enter text.](#)

CMH #: [Click here to enter text.](#)

WSA #: [Click here to enter text.](#)

Case Action Review Request:

- Initial Evaluation
 Re-Evaluation
 IPOS/Update
 Discharge

Directions: CMH Autism Coordinator/Designee to complete all required sections *within the area of requested review only*, and sign. Upon completion, post to corresponding CMH folder in SharePoint.

Requestor: [name and credentials](#)
(Accepted as electronic signature)

Phone Number: [phone number](#)

Initial/Re-Evaluation		
Completed by CMH		PIHP
Referral Date: date of screening ADOS-2 Module: Select a module Module 4 only: enter here	Eval Start Date: first date of eval Overall Score: enter here Communication score: enter here Comm + Social Int: overall score	Social Interaction enter here DDC-GAS Score: enter here
Diagnosis/ADOS-2 Classification: <input type="checkbox"/> Autism Disorder <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> PDD-NOS <input type="checkbox"/> Other(s) Specify: Click here to enter text. <input type="checkbox"/> Not Qualified		Criteria Met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Impairment in Social Communication and Social Interactions (must have all 3): <input type="checkbox"/> Social-emotional reciprocity <input type="checkbox"/> Nonverbal communicative behaviors used for social interaction <input type="checkbox"/> Developing, maintaining, and understanding relationships		<input type="checkbox"/> Yes <input type="checkbox"/> No
Restricted, Repetitive or Stereotypical Patterns of Behaviors, Interests or Activities (at least 2): <input type="checkbox"/> Stereotyped or repetitive motor movements, use of objects, or speech <input type="checkbox"/> Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal nonverbal behavior <input type="checkbox"/> Highly restricted, fixated interests that are abnormal in intensity or focus <input type="checkbox"/> Hyper- or hypo reactivity to sensory input or unusual interests in sensory aspects of the environment		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Medical necessity and recommendation for ABA services determined by qualified licensed practitioner		<input type="checkbox"/> Yes <input type="checkbox"/> No
Coordination with school/early intervention program: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not school-aged Coordination with individual's Primary Care Physician: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Notes: Click here to enter text.		
Case Action Requested: <input type="checkbox"/> Not Qualified - Date AAN Sent Click here to enter date. <input type="checkbox"/> Declined Benefit/Evaluation Only <input type="checkbox"/> Enrollment to ASD Waiver per medical necessity and recommendation from qualified licensed practitioner		<input type="checkbox"/> Yes <input type="checkbox"/> No

EXHIBIT B

Initial/Update IPOS & Behavior Plan

Completed by CMH	PIHP
<p>Update Hours per week ONLY (during current plan period): enter current hours to enter updated hours</p> <p><input type="checkbox"/> Initial IPOS <input type="checkbox"/> Update IPOS</p> <p>ADOS-2 Date: date of most recent eval Completed within 365 days: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>ADOS-2 Evaluator Name/Credential: enter name and credential of Qualified Licensed Practitioner</p> <p>Behavioral Assessment Date: 06/01/17 Date completed: 06/01/17</p> <p><input type="checkbox"/> VB-MAPP <input type="checkbox"/> ABLLS-R <input type="checkbox"/> AFLS <input type="checkbox"/> Other enter tool here</p> <p>Behavioral Plan of Care must contain:</p> <p><input type="checkbox"/> Specific targeted behaviors, with measurable, achievable, and realistic goals of achievement to increase functioning skills and independence</p> <p><input type="checkbox"/> Identification services can/will be delivered at home or in community</p> <p><input type="checkbox"/> Recommendation for service utilization (FBI/CBI)</p> <p><input type="checkbox"/> Incorporation of behavioral observation and direction</p> <p><input type="checkbox"/> Discharge Planning</p> <p>IPOS must contain:</p> <p><input type="checkbox"/> Statement indicating ABA services do not include special education and related services</p> <p><input type="checkbox"/> Identification that services can/will be delivered at home or in community</p> <p><input type="checkbox"/> ABA Goal/Objective</p> <p><input type="checkbox"/> Amount, scope, and duration of ABA services per Behavioral Plan of Care and family input</p> <p><input type="checkbox"/> ABA services will include behavioral observation/supervision and direction by qualified provider</p> <p><input type="checkbox"/> Addresses risk factors of staff illness, vacation, etc. with specific contingency plan</p> <p>IPOS Effective Date: enter date IPOS Expiration Date: enter date</p> <p>Hours/week: hours to be entered in WSA ABA Service Start Date: date of services after eval & assessment</p> <p>Offered right to choose service and provider: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Agency Providing ABA Services: agency name here Supervisor of ABA Services: name and credentials</p> <p>Notes: Click here to enter text.</p>	<p style="text-align: center;">Criteria Met?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Discharge

Completed by CMH	PIHP
<p>Exit ADOS-2 Completed Date: most recent date <input type="checkbox"/> No Exit ADOS-2 performed</p> <p>Module:select a module Overall Score: most recent</p> <p>Reason for Disenrollment:</p> <p><input type="checkbox"/> Met all treatment plan goals <input type="checkbox"/> Moved out of state <input type="checkbox"/> Voluntarily Disenrolled from Services</p> <p><input type="checkbox"/> Deceased <input type="checkbox"/> Other <input type="checkbox"/> Re-Evaluation did not meet medical necessity</p> <p><input type="checkbox"/> Age Off <input type="checkbox"/> Approved-declined services <input type="checkbox"/> No Longer Eligible for Medicaid</p> <p>Date family notified: enter date Family requested hearing: <input type="checkbox"/> No</p> <p>Disenrollment Date: 12 days after notification <input type="checkbox"/> Yes enter date of hearing</p> <p>Reasons/Comments (if any): Click here to enter text.</p>	<p style="text-align: center;">Criteria Met?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Disposition/Utilization Management – Region 10 PIHP Office Use Only

- Full compliance comment, if any
- Follow-up required: enter detail of required follow-up

Region 10 PIHP Autism Coordinator/Designee: enter name Date: enter here
(Accepted as electronic signature)