# Clinical Practice Guidelines

## Care Delivery

**SUBJECT**

<table>
<thead>
<tr>
<th>Autism Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHAPTER</strong></td>
</tr>
<tr>
<td><strong>SECTION</strong></td>
</tr>
<tr>
<td><strong>SUBJECT</strong></td>
</tr>
</tbody>
</table>

**WRITTEN BY**

| Lauren Tompkins & Jamie Bishop |

**REVISED BY**

| Lauren Bondy |

**AUTHORIZED BY**

| PIHP Board |

---

**I. APPLICATION:**

- [x] PIHP Board
- [ ] CMH Providers
- [x] CMH Subcontractors
- [ ] SUD Providers

**II. POLICY STATEMENT:**

It shall be the policy of Region 10 PIHP to manage services of the Autism Benefit, 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):** A developmental disability affecting social skills, communication, and behavior. Abilities in these areas range depending on the individual. Signs of these impairments usually occur before a child turns three years old, although children are often diagnosed between ages three and five.

**Applied Behavior Analysis (ABA):** A process of systematically applying a variety of evidence-based practices to improve socially significant behavior (e.g. those important for successful functioning in a variety of environments). ABA is founded in the scientific principles of behavior and learning and includes, but is not limited to, functional communication training, discrete trial training, reinforcement, prompting, incidental teaching, schedules, naturalistic teaching, shaping, and pivotal response training.

**IV. STANDARDS:**

**A.** PIHP responsibilities shall include:

1. Liaison with MDHHS on Autism Benefit Program issues/concerns.
2. Manage the entry, program requirements, and disenrollment of referred individuals within the Autism Benefit program.
3. Monitor program eligibility and utilization data on a regional level.

B. CMHSP responsibilities shall include:

1. Process and complete referrals, evaluations, re-evaluations, and disenrollments from Autism Benefit program.
2. Notify Region 10 PIHP of individuals having completed a comprehensive initial or re-evaluation, or disenrollment from the Autism Benefit program.
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 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

Other MDHHS approved tools may be utilized to determine a diagnosis and medical necessity service recommendations, such as cognitive/developmental tests, adaptive behavior tests, and/or symptom monitoring.

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 that feedback sessions will be provided face-to-face. The evaluation report will be submitted to the appropriate CMHSP Autism Coordinator. The evaluation information will then be submitted to Region 10 PIHP within 60 days of the date the ADOS-2 evaluation was administered.
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 across 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.
- Individual received a diagnosis of ASD from a qualified licensed practitioner utilizing valid evaluation tools.
• 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 and prevent duplication of services. This collaboration may occur through phone calls, written communication logs, and participation in team meetings (i.e., Individualized Education Plan/Individualized Family Service Plan [IEP/IFSP], Individual Plan of Service [IPOS], etc.).
• 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 important 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 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)
• Assessment of Basic Language and Learning Skills – Revised (ABLLS-R)
• Assessment of Functional Living Skills (AFLS)
The behavioral assessment will be completed 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.

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 will 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, 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. Measurable progress and goal achievement should be documented appropriately in the behavioral plan of care.

In addition to treatment planning requirements outlined in the MDHHS Person-Centered Planning Policy and Practice Guidelines, the IPOS documents the following, 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.
- Contingency plan to address various risk factors including staff illness, vacation, etc.
- Risk factors of ABA.

The IPOS and behavioral plan of care will also be developed for the unique individual. Individualization and integration between the IPOS and behavioral plan of care should be evident.

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.

K. Discharge/Disenrollment: 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.

- 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 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.

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 Benefit 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 or a point of access within the CMHSP.

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. INITIAL 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).

**CMH Autism Coordinator/Desigee**

1. Receives comprehensive diagnostic evaluation report and documents findings.

2. Completes Region 10 PIHP Autism Benefit Case Action Form for consideration of an evaluation accordingly, and submits to Region 10 PIHP.
   
   i. Region 10 PIHP Autism Benefit Case Action Forms for consideration of initial evaluations are submitted to Region 10 PIHP within 60 days.
   
   ii. Region 10 PIHP Autism Benefit Case Action Forms for consideration of re-evaluations are submitted to Region 10 PIHP within 30 days.

**Region 10 PIHP Autism Coordinator/Desigee**

1. Reviews Region 10 PIHP Autism Benefit Case Action 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/Desigee**

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 Autism Benefit Case Action 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/Desigee**

1. Reviews Region 10 PIHP Autism Benefit Case Action Form for completion and criteria.
2. Reviews documents within WSA for completion and criteria.

3. Enters approval in WSA.

4. Completes disposition on the form, and returns a copy of the form to CMH Designee.

D. DISCHARGE/DISENROLLMENT

CMH Autism Coordinator/Designee

1. Ensures individual completes an exit ADOS-2, if willing.

2. Completes Region 10 PIHP Autism Benefit Case Action Form for disenrollment from ABA services program and submits to Region 10 PIHP within 30 days.

Region 10 PIHP Autism Coordinator/Designee

1. Reviews Region 10 PIHP Autism Benefit Case Action 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 disenrollment from the Autism Benefit program.

E. INACTIVITY

CMH Autism Coordinator/Designee

1. Ensures the reason for inactivity is not related to provider service capacity.

2. Completes Region 10 PIHP Autism Benefit Case Action Form for inactivity, and submits to Region 10 PIHP within 30 days.

Region 10 PIHP Autism Coordinator/Designee

1. Reviews Region 10 PIHP Autism Benefit Case Action 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 the individual’s inactivity.

F. REGION 10 PIHP REPORTING/MONITORING
1. Capacity Surveys: Region 10 PIHP monitors the overall capacity of each CMHSP to provide Autism Benefit 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. 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.
   a. Quarterly: Region 10 PIHP conducts 1Q, 2Q, and Annual reviews via desk audit using the contract monitoring tools to ensure contract and policy standards are met.
   b. Semi-Annually: The Region 10 PIHP Autism Coordinator conducts a full clinical record review on a random sample of records from each CMHSP to confirm policy/procedure implementation is occurring regularly, confirm compliance with MDHHS / Region 10 PIHP performance standards, and ensure requirements are being met. Clinical case record reviews are conducted via desk audit and on-site review. Following all reviews, feedback, consultation, and any possible corrective action planning are facilitated by the PIHP with the affected CMHSP(s).
   c. Annually: The Region 10 PIHP Autism Coordinator conducts a full staff qualifications and training review on a random sample of records from each CMHSP to confirm policy/procedure implementation is occurring regularly, confirm compliance with MDHHS / Region 10 PIHP performance standards, and ensure requirements are being met. Staff qualifications and training reviews are conducted via on-site review. Following all reviews, feedback, consultation, and any possible corrective action planning are facilitated by the PIHP with the affected CMHSP(s).

VI. REFERENCES:
A. MDHHS Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services, Section 18- Applied Behavior Analysis
D. PIHP/CMH Medicaid Managed Specialty Supports and Services Program Contract – Attachment P.8.9.1