

**Key Recommendations for Behavioral Health (BH) Treatment
for Applied Behavioral Analysis Services during the COVID-19 Crisis**

The PIHPs, shall continually evaluate its oversight of “vulnerable” people in order to determine opportunities for improving oversight of their care and their outcomes. MDHHS will continue to work with the PIHP to develop uniform methods for targeted monitoring of vulnerable people. The PIHP must assure that public policies address the need to protect the vulnerable people served and at the same time to offer them opportunities to successfully live in the community, to work, and to develop and maintain meaningful relationships. This includes the evaluation of systemic factors involved in any occurrence of critical incidents and at-risk health conditions, and behavioral and medical crises, identify any individual precursors to potential behavioral or medical crises that can serve as a warning to care givers and staff and to implement actions to eliminate or lessen the risk that critical incidents, sentinel events, and behavioral crises will occur.

The public mental health system serves people who are among the most vulnerable of Michigan’s citizens and primary health conditions and disabilities are complicated by co-occurring disabilities and chronic disease usually requiring frequent and ongoing intervention and monitoring by health care professionals. ABA services, while considered essential, should be reserved for those cases where the safety of an individual or another, due to severe, challenging and unsafe behavior supersedes or outweighs the risk of COVID-19 infection. Many persons with ASD are already medically fragile and the severe shortage of personal protective equipment further enhances risk of infection for individuals, families, and workers.

Autism Alliance of Michigan Medical Advisory Position Statement, March 28, 2020
Medicaid Managed Specialty Supports and Services Program FY20-Attachment P13.0.B

Is face to face ABA an essential service?

Yes, all behavioral health services are. There must be a *clear determination* of when to deliver a face to face in person encounter versus a virtual encounter. The following steps should be observed to ensure safe and effective delivery of services and supports to individuals and families balanced with public health and safety:

- 1) Each service must be evaluated, at the point the service is being delivered, by the clinician assigned to serve that individual/family on an individual basis, to ascertain the necessity of performing the service, the ability of the clinician to do so in the interests of his/her own health and safety and the health and safety of the individual and family. Availability of personal protective equipment and other social distancing protocols are a consideration in this evaluation. The outcome of the evaluation is the clinical rationale for alternative service delivery methods (telephonic or other virtual method) and must be documented.
 - a. Any/all ABA services that can reasonably be delivered by telehealth (video/audio) should be performed through virtual methods primarily and whenever possible.
 - b. Also, face to face encounters that can be conducted using social distance standards (avoiding close contact) should be conducted using this practice.
- 2) Observe choice. If the family indicates they wish to not meet during the pandemic, the clinician should explain (and document) the clinical consequences associated with that decision. If the family indicates continuing wish to suspend, reduce or terminate services during the social

distancing/pandemic period, regardless of clinical recommendation, the family's wishes should be respected and documented.

- 3) We must operate on the principle of "Do no harm." While all clinical supports and services are important, we have social responsibilities too. We all have a responsibility to operate in the best interests of clients and should put the client's health, safety, and care above all other and balanced with our obligations to all clients and all citizens. In this sense, no one person is more important than any other person.
- 4) All providers serving vulnerable individuals must first comply with all government mandates, and then must comply with the terms and conditions established by their contract holders (in most cases, this is the Community Mental Health Services Program). Disputes, if any, must be handled according to the contractually established provider appeals processes.
 - a. The CMHSP should receive all provider recommendations and clinical rationale for face to face contact recommendations. The CMHSP UM will review and provide a response.

References

Autism Alliance of Michigan Medical Advisory Position Statement, March 28, 2020
BACB, Ethics Guidance During COVID-19 Pandemic, 3.20.2020
BHDDA Communication #20-01, 3.25.2020
BHDDA Communication #20-02, 3.25.2020
BHDDA Communication #20-03, 3.25.2020
COVID Telepractice Memo 3.19.20
Person-Centered Planning Policy Attachment P4.4.1.1
PIHP/CMHSP COVID-19 Encounter Code Chart 3.19.2020
MDHHS Jeff Wieferich Memo Re; Code Chart for COVID-19 Crisis 3.19.2020
Medicaid Managed Specialty Supports and Services Program FY20-Attachment P13.0.B
MDHHS PIHP Leads Conference Call with Morgan Vandenburg, 3.24.2020
Michigan PIHP/CMHSP COVID-19 Encounter Code Chart Effective 3.1.2020
MSA Bulletin 20-09 Subject: Telemedicine Policy Changes Issued 3.12.2020
MSA Bulletin 20-12 Subject: Relaxing Face to Face Requirement Issued 3.18.2020
MSA Bulletin 20-12 Subject: Telemedicine Policy Expansion Issued 3.20.2020