POLICIES AND PROCEDURE MANUAL

Chapter:	**Service Delivery System**		
Title:	**Autism Spectrum Disorder Benefit Eligibility**		
Policy: ☐ **Procedure:** ☑ **Page:** 1 of 10	**Review Cycle:** Biennial **Author:** Waiver Coordinator and Autism Workgroup	**Adopted Date:** 04.07.2015 **Review Date**: 01.07.2025	**Related Policies:**

Purpose

To ensure Mid-State Health Network (MSHN) and its Provider Network comply with the requirements for the coverage of Behavioral Health Treatment (BHT) services, including Applied Behavior Analysis (ABA), for children under 21 years of age with Autism Spectrum Disorder (ASD) under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit.

Procedure

MSHN staff and the MSHN Provider Network shall fully comply with the eligibility requirements set forth in the EPSDT benefit and the Michigan Medicaid Manual. This includes, but is not limited to:

Screening

The American Academy of Pediatrics (AAP) endorses early identification of developmental disorders as being essential to the well-being of children and their families. Early identification of developmental disorders through screening by health care professionals should lead to further evaluation, diagnosis, and treatment. Early identification of a developmental disorder's underlying etiology may affect the medical treatment of the child and the parent's/guardian's intervention planning. Screening for ASD typically occurs during an EPSDT well-child visit with the child's primary care provider (PCP). EPSDT well-child visits may include a review of the child's overall medical and physical health, hearing, speech, vision, behavioral and developmental status, and screening for ASD with a validated and standardized screening tool. The EPSDT well-child evaluation is also designed to rule out medical or behavioral conditions other than ASD and include those conditions that may have behavioral implications and/or may co-occur with ASD. A full medical and physical examination must be performed before the child is referred for further evaluation.

Referral

The PCP who screened the child for ASD and determined a referral for further evaluation was necessary will contact the Community Mental Health Service Program (CMHSP) directly to arrange for a follow-up evaluation. The PCP must refer the child to the CMHSP in the geographic service area for Medicaid beneficiaries. The CMHSP will contact the child's parent(s)/guardian(s) to arrange a follow-up appointment for a comprehensive diagnostic evaluation and behavioral assessment. Each CMHSP will identify a specific point of access for children who have been screened and are being referred for a diagnostic evaluation and behavioral assessment of ASD. If the PCP determines the child who screened positive for ASD is in need of occupational, physical, or speech therapy, the PCP will refer the child directly for the service(s) needed.

After a beneficiary is screened and the PCP determines a referral is necessary for a follow-up visit, the CMHSP is responsible for the comprehensive diagnostic evaluation, behavioral assessment, BHT services (including BHT) for eligible Medicaid beneficiaries, and for the related EPSDT medically necessary Mental Health Specialty Services. Occupational therapy, physical therapy, and speech therapy for children with ASD that do not meet the eligibility requirements for developmental disabilities by the CMHSP are covered by the Medicaid Health Plan or by Medicaid Fee-for-Service.

While screening for ASD typically occurs during an EPSDT well-child visit with the child's PCP, there is no "wrong door" for a referral for further evaluation of the child. PCP's are responsible for screening the child for ASD and for providing a full medical and physical examination to rule out other medical or behavioral conditions other than ASD. If a beneficiary is self-referred, or is without a PCP, and contacts the Pre-Paid

Inpatient Health Plan (PIHP)/CMH regarding the need for ASD services, the PIHP/CMH may initiate the eligibility process for services while also making an appropriate referral to the PCP for a further screening and medical/physical examination as needed. Documentation of referrals by the CMH should be recorded in the individuals file.

Comprehensive Diagnostic Evaluations

Accurate and early diagnosis of ASD is critical in ensuring appropriate intervention and positive outcomes. The comprehensive diagnostic evaluation must be performed before the child receives BHT services. The comprehensive diagnostic evaluation is a neurodevelopmental review of cognitive, behavioral, emotional, adaptive, and social functioning, and should include validated evaluation tools. Based on the evaluation, the practitioner determines the child's diagnosis, recommends general ASD treatment interventions, and refers the child for a behavior assessment which is provided or supervised by a board certified and licensed behavior analyst (BCBA/LBA) to recommend more specific ASD treatment interventions. The diagnostic evaluations are performed by a qualified licensed practitioner working within their scope of practice and who is qualified and experienced in diagnosing ASD. A qualified licensed practitioner includes:

1. a physician with a specialty in psychiatry or neurology;
2. a physician with a sub-specialty in developmental pediatrics, developmental-behavioral pediatrics or a related discipline;
3. a physician with a specialty in pediatrics or other appropriate specialty with training, experience or expertise in ASD and/or behavioral health;
4. a psychologist;
5. an advanced practice registered nurse with training, experience, or expertise in ASD and/or behavioral health;
6. a physician assistant with training, experience, or expertise in ASD and/or behavioral health; or
7. a masters level, fully licensed clinical social worker, working within their scope of practice, and is qualified and experienced in diagnosing ASD.

The determination of a diagnosis by a qualified licensed practitioner is accomplished by following best practice standards. The differential diagnosis of ASD and related conditions requires multimodal assessment and integration of clinical information. This is a complex assessment procedure in which clinicians must integrate data from caregiver reports, records (e.g., medical, school, other evaluations), collateral reports (e.g., teachers, other treatment providers), data gathered from utilization of standardized psychological tools (e.g., developmental, cognitive, adaptive assessment), and the observational assessment to determine diagnostic and clinical impressions. The utilization of multiple data modes and sources improves the reliability of ASD diagnosis. No one piece of data determines the ASD diagnosis, and evaluators should consider the accuracy of data and confounding factors that may impact data obtained (e.g., parent who seems to be overly negative about the child, child who was intensely shy during observational assessment).

Medical Necessity Criteria

The child must demonstrate substantial functional impairment in social communication, patterns of behavior, and social interaction as evidenced by meeting criteria A and B (listed below); and require BHT services to address the following areas:

A. The child currently demonstrates substantial functional impairment in social communication and social interaction across multiple contexts, and is manifested by ***all*** 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 or verbal 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.

<u>Determination of Eligibility for BHT</u>

To be eligible for BHT, the following criteria must be met:

1. Child is under 21 years of age.
2. Child received a diagnosis of ASD from a qualified licensed practitioner utilizing valid evaluation tools.
3. Child is medically able to benefit from the BHT treatment.
4. Treatment outcomes are expected to develop, maintain, or restore, to the maximum extent practicable, the functioning of a child with ASD. Measurable variables may include increased social-communication skills, increased interactive play/age-appropriate leisure skills, increased reciprocal and functional communication, etc.
5. Coordination with the school and/or early intervention program is critical. Collaboration between school and community providers is needed to coordinate treatment and to prevent duplication of services. This collaboration may take the form of phone calls, written communication logs, participation in team meetings (i.e., Individual Education Plan/Individual Family Service Plan [IEP/IFSP], Individual Plan of Service [IPOS], etc.).
6. Services are able to be provided in the child's home and community, including centers and clinics.
7. 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).
8. 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.
9. Medical necessity and recommendation for BHT services are determined by a qualified licensed practitioner.
10. Services must be based on the individual child and the parent's/guardian's needs and must consider the child'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.

<u>Prior Authorization</u>

BHT services are authorized for a time period not to exceed 365 days. The 365-day authorization period for services may be re-authorized annually based on recommendation of medical necessity by a qualified licensed practitioner working within their scope of practice under state law.

<u>Re-evaluation</u>

Comprehensive diagnostic re-evaluations are required no more than once every three years, unless determined medically necessary more frequently by a physician or other licensed practitioner working within their scope of

practice. The recommended frequency should be based on the child's age and developmental level, the presence of comorbid disorders or complex medical conditions, the severity level of the child's ASD symptoms and adaptive behavior deficits through a person-centered, family-driven youth-guided process involving the child, family, and treating behavioral health care providers.

Transition and Discharge Criteria

Discharge from BHT services should be reviewed and evaluated by a qualified BHT professional for children who meet any of the below criteria:

1. The child has achieved treatment goals and less intensive modes of services are medically necessary and/or appropriate.
2. The child is either no longer eligible for Medicaid or is no longer a State of Michigan resident.
3. The individual, family, or authorized representative(s) is interested in discontinuing services.
4. The child 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 BHT interventions are not able to be maintained or they are not replicable beyond the BHT treatment sessions through the successive authorization periods.
5. Targeted behaviors and symptoms are becoming persistently worse with BHT treatment over time or with successive authorizations.
6. The child no longer meets the eligibility criteria as evidenced by use of valid evaluation tools administered by a qualified licensed practitioner.
7. The child and/or parent/guardian is not able to meaningfully participate in the BHT services and does not follow through with treatment recommendations to a degree that compromises the potential effectiveness and outcome of the BHT service.

BHT Services

A. Behavioral Assessment
B. A developmentally appropriate applied behavior analysis (ABA) assessment process must identify strengths and weaknesses across domains and potential barriers to progress. The information from this process is the basis for developing the individualized behavioral plan of care with the individual, family, and treatment planning team. Behavioral assessments can include direct observational assessment, record review, rating scales, data collection, functional or adaptive assessments, structured interviews, and analysis by a board certified and licensed behavior analyst (BCBA/LBA). Behavioral assessment tools must describe specific levels of behavior at baseline to inform the individual's response to treatment through ongoing collection, quantification, and analysis of the individual's data on all goals as monitored by a BCBA/LBA Behavioral Intervention.
   BHT services include a variety of behavioral interventions, which have been identified as evidence-based by nationally recognized research reviews and/or other nationally recognized scientific and clinical evidence. BHT services are designed to be delivered primarily in the home and in other community settings.

   BHT treatment services may also include any other intervention supported by credible scientific and/or clinical evidence, as appropriate for each individual. Based on the behavioral plan of care which is adjusted over time based on data collected by the qualified provider to maximize the effectiveness of BHT treatment services, the provider selects and adapts one or more of these services, as appropriate for each individual.

BHT Service Level

BHT services are available for Medicaid beneficiaries diagnosed with ASD and are provided for all levels of severity of ASD. The behavioral intervention should be provided at an appropriate level of intensity in an appropriate setting(s) within the individual's community for an appropriate period of time, depending on the needs of the individual and their family or authorized representative(s). Clinical determinations of service intensity, setting(s), and duration are designed to facilitate the child's goal attainment. These supports may serve

to reinforce skills or lessons taught in school, therapy, or other settings, but are not intended to supplant responsibilities of educational or other authorities. Each individual's IPOS must specify how identified supports and services will be provided as part of an overall, comprehensive set of supports and services that does not duplicate services that are the responsibility of another entity, such as a private insurance or other funding authority, and do not include special education and related services defined in the Individuals with Disabilities Education Act (IDEA) that are available to the individual through a local education agency. The recommended service level, setting(s), and duration will be included in the child's IPOS, with the planning team and the family or authorized representative(s) reviewing the IPOS no less than annually and, if indicated, adjusting the service level and setting(s) to meet the child's changing needs. The service level includes the number of hours of intervention provided to the child. The service level determination will be based on research-based interventions integrated into the behavioral plan of care with input from the planning team. Service intensity will vary with each individual and should reflect the goals of treatment, specific needs of the individual, and response to treatment. It is the responsibility of MSHN's Utilization Management to authorize the level of services prior to the delivery of services.

- Focused Behavioral Intervention: Focused behavioral intervention is provided an average of 5-15 hours per week (actual hours needed are determined by the behavioral plan of care and interventions required).
- Comprehensive Behavioral Intervention: Comprehensive behavioral intervention is provided an average of 16-25 hours per week (actual hours needed are determined by the behavioral plan of care and interventions required).
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BHT Service Evaluation

As part of the IPOS, there is a comprehensive, individualized behavioral plan of care that includes specific targeted behaviors, along with measurable, achievable, and realistic goals for improvement. BCBAs/LBAs and other qualified providers develop, monitor, and implement the behavioral plan of care. These providers are responsible for effectively evaluating the child's response to treatment and skill acquisition. Ongoing determination of the level of service (minimally every six months) requires evidence of measurable and ongoing improvement in targeted behaviors that are demonstrated with the use of reliable and valid assessment instruments and other appropriate documentation of analysis (i.e., graphs, assessment reports, records of service, progress reports, etc.).

BHT Service Provider Qualifications

MSHN and its Provider Network Management shall ensure credentialing of roles and responsibilities of qualified providers. BHT services are highly specialized services that require specific qualified providers that are available within PIHP/CMHSP provider networks and have extensive experience providing specialty mental health and behavioral health services. BHT services must be provided under the direction of a BCBA/LBA or a Master's prepared Qualified Behavioral Health Professional (QBHP). These services must be provided directly to, or on behalf of, the child by training their parents/guardians, behavior technicians, and Board Certified Assistant Behavior Analysts (BCaBAs) to deliver the behavioral interventions. The BCBA/LBA and other qualified providers are also responsible for communicating progress on goals to parents/guardians minimally every three to six months; clinical skill development and supervision of BCaBA, QBHP, and behavior technicians; and collaborating with support coordinators/case managers and the parents/guardians on goals and objectives with participation in development of the IPOS that includes the behavioral plan of care.

BHT Supervisors

1. Board Certified Behavior Analyst-Doctoral (BCBA-D/LBA) or Board Certified Behavior Analyst (BCBA/LBA)
    i. Services Provided: Behavioral assessment, behavioral intervention, and behavioral observation and direction.
    ii. License/Certification: Current certification as a BCBA through the Behavioral Analyst Certification Board (BACB). The BACB is the national entity accredited by the National Commission for Certifying Agencies (NCCA). Licensed through the Michigan Licensing and Regulatory Authority (LARA).

iii. o Education and Training: Minimum of a master's degree from an accredited institution conferred in a degree program in which the candidate completed a BACB approved course sequence.

2. Licensed Psychologist (LP) or Limited Licensed Psychologist (LLP):
    i. Must be certified as a BCBA/LBA by September 30, 2025
    ii. Services Provided: Behavioral assessment, behavioral intervention, and behavioral observation and direction.
    iii. License/Certification: LP means a doctoral level psychologist licensed by the State of Michigan. Must complete all coursework and experience requirements. LLP means a masters level psychologist licensed by the State of Michigan.
    iv. Education and Training: Minimum doctorate 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 ABA specific coursework at the graduate level from an accredited university in at least three of the six following areas:
        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.
    v. A minimum of one-year experience in treating children with ASD based on the principles of behavior analysis. Works in consultation with the BCBA/LBA to discuss the caseload, progress, and treatment of the child with ASD.

1. Board Certified Assistant Behavior Analyst (BCaBA)
    i. Services Provided: Behavioral assessment, behavioral intervention, and behavioral observation and direction.
    ii. License/Certification: Current certification as a BCaBA through the BACB. The BACB is the national entity accredited by the NCCA. Licensed through the Michigan Licensing and Regulatory Authority (LARA). Education and Training: Minimum of a bachelor's degree from an accredited institution conferred in a degree program in which the candidate completed a BACB approved course sequence.
    iii. Other Standard: Works under the supervision of the BCBA.
2. Qualified Behavioral Health Professional (QBHP)
    i. Must be licensed and certified as a BCBA/LBA by September 30, 2025.
    ii. Services Provided: Behavioral assessment, behavioral intervention, and behavioral observation and direction.
    iii. License/Certification: Must be certified as a BCBA/LBA within two years of successfully completing ABA graduate coursework.
    iv. Education and Training: QBHP must meet one of the following state requirements:
        - 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 or BACB approved degree category 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, works under the supervision of a BCBA/LBA, and has extensive knowledge and training in behavior analysis. Extensive knowledge is defined as having received documented coursework at the graduate level (i.e., completion of BACB evaluated graduate courses or BACB verified course sequences meeting specific standards toward certification) from an accredited university in at least three of the six following areas:
            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.

3. Behavior Technician or Registered Behavior Technician (RBT)
   i. Services Provided: Behavioral intervention.
   ii. License/Certification: A license or certification is not required.
   iii. Education and Training: Will receive BACB Registered Behavior Technician (RBT) training conducted by a professional experienced in BHT services (BCBA/LBA, BCaBA, and/or QBHP), but is not required to register with the BACB upon completion in order to furnish services.
   iv. Works under the supervision of the BCBA/LBA or other professional (BCaBA, or QBHP) overseeing the behavioral plan of care, with minimally one hour of clinical observation and direction for every 10 hours of direct treatment.
   v. Must be at least 18 years of age; able to practice universal precautions to protect against the transmission of communicable disease; able to communicate expressively and receptively in order to follow individual plan requirements and beneficiary-specific emergency procedure, and to report on activities performed; and 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 and is trained in the IPOS/behavioral plan of care utilizing the person-centered planning process.

MSHN shall maintain evidence that the child meets needs-based criteria for benefit eligibility as evidenced by the above evaluation and outcomes instruments. MSHN is responsible for a utilization management function in order to ensure sufficient separation of functions and addresses:

1. Conflict of interest;
2. Service authorization;
3. Clinical service provision;
4. Oversight and approval of ABA services;

Applies to:

☒All Mid-State Health Network Staff ☐Selected
MSHN Staff, as follows:
☒MSHN's Affiliates: ☒Policy Only ☐Policy and Procedure
☒Other: Sub-contract Providers

Definitions:

AAP: American Academy of Pediatrics
ABA: Applied Behavior Analysis
ASD: Autism Spectrum Disorder
BCBA: Board Certified Behavior Analyst
BCaBA: Board Certified Assistant Behavior Analyst
BHT: Behavioral Health Treatment
CMHSP: Community Mental Health Service Program
EPSDT: Early Periodic Screening, Diagnosis and Treatment
IDEA: Individuals with Disabilities Education Act
IEP: Individual Education Plan

IFSP: Individual Family Service Plan
IPOS: Individual Plan of Service
LARA: Licensing and Regulatory Authority
LBA: Licensed Behavior Analyst
LP: Licensed Psychologist
LLP: Limited Licensed Psychologist
MDHHS: Michigan Department of Health and Human Services
MSHN: Mid-State Health Network
NCCA: National Commission for Certifying Agencies
PCP: Primary Care Physician
PIHP: Pre-Paid Inpatient Health Plan
Provider Network: The Community Mental Health Services Program (CMHSP) participants that hold a contract with Mid-State Health Network.
QBHP: Qualified Behavioral Health Professional
RBT: Registered Behavior Technician

Other Related Materials:
N/A

References/Legal Authority:
MDHHS Medicaid Provider Manual
MDHHS Medicaid Managed Specialty Supports & Services Contract

Change Log:

Date of Change	Description of Change	Responsible Party
10.2014	New Policy	UM & Waiver Coordinator
06.2016	Replaces Original Policy	Waiver Coordinator
01.10.2017	Addition of referrals from outside sources	Waiver Coordinator
11.17.2017	Removed DSM IV language and added language for ABA specific coursework under BHT Supervisor credentialing requirements.	Waiver Coordinator
2.2019	Annual Review	Waiver Coordinator
08.2020	Annual Review	Waiver Coordinator
02.2024	Annual Review	Waiver Coordinator