MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	**Service Delivery System**		
Title:	**Autism Spectrum Disorder Services Eligibility and Provision**		
Policy: ☐ **Procedure:** ☑ **Page:** 1 of 8	**Review Cycle:** Biennial **Author:** Waiver Coordinator and Autism Workgroup	**Adopted Date:** 04.07.2015 **Review Date**: 03.03.2026	**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, Diagnostic, 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 Provider Manual (MMPM).

I. Screening Process

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.

- Screening for ASD typically occurs during an EPSDT well-child visit with the youth's primary care provider (PCP), including 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 should 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 youth is referred for further evaluation.
- When the assessment is driven by medical need, the Medicaid Health Plan (MHP) is responsible for coverage.

II. Referral Process

The screening PCP will contact the Community Mental Health Services Program (CMHSP) directly to arrange for a follow-up evaluation.

- The PCP must refer the youth to the CMHSP in the geographic service area for Medicaid beneficiaries.
- CMHSPs should explore the reason the evaluation is being requested and ensure the individual/guardian is aware of all available BHT services.
- The CMHSP will contact the youth'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 youth who have been screened and are being referred for a diagnostic evaluation and behavioral assessment of ASD.
- If the PCP determines the youth needs occupational, physical, or speech therapy, the PCP will refer directly for the service(s) needed.
- There is no "wrong door" for a referral for further evaluation of the child if a beneficiary is self-referred, or is without a PCP, and contacts the Pre-paid Inpatient Health Plan (PIHP)/CMHSP regarding the need for ASD services, the PIHP/CMHSP 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.

- If the individual is seeking an evaluation but is not interested in receiving ongoing BHT services, it is appropriate for the CMHSP to assist with a referral to a community provider.

A. Confirmed Eligible

- The PIHP/CMHSP is responsible for further evaluation when severe concerns are suspected, and treatment of the beneficiary is determined eligible.
- The CMHSP is responsible for the comprehensive diagnostic evaluation, behavioral assessment, BHT services for eligible Medicaid beneficiaries, and for the related EPSDT medically necessary mental health specialty services.
- Beneficiaries with ASD who meet PIHP developmental disability eligibility requirements for CMHSP services are eligible for Occupational therapy (OT), physical therapy (PT), and speech therapy (ST) services through the PIHP benefit.
- OT/PT/ST services are covered through the PIHP when the therapy will result in a functional improvement that is significant to the beneficiary's ability to perform daily living tasks appropriate to their chronological, developmental, or functional status.
- Medicaid does not require beneficiaries to be referred to or access OT/PT/ST services through the Medicaid Health Plan (MHP) or Medicaid Fee-for-Service (FFS) program prior to, or in lieu of, accessing therapy through the PIHP when the therapy is related to the beneficiary's ASD diagnosis.
- OT/PT/ST for children with ASD that *do not* meet the CMHSP eligibility requirements for intellectual and/or developmental disability are covered by the MHP or by Medicaid Fee-for-Service.
- Michigan Department of Health and Human Services (MDHHS) expects MHPs to deny therapy for beneficiaries with ASD only if the therapy requested does not meet the medical standards of coverage as outlined within the MMPM Therapy Services chapter (Section 5 Occupational Therapy, Section 6 Physical Therapy, and Section 7 Speech-Language Therapy). MHPs should not deny therapy because the child has an ASD diagnosis. However, a denial of coverage for therapy through the medical benefit does not guarantee that therapy is then subsequently the responsibility of the PIHP.

III. 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 by a qualified licensed practitioner (QLP) working within their scope of practice and who is qualified and experienced in diagnosing ASD before the child can receive BHT services. If the practitioner confirms an ASD diagnosis during the referral process, the child will receive for a behavior assessment completed or supervised by a board certified and licensed behavior analyst (BCBA/LBA) who will recommend more specific ASD treatment interventions. A QLP includes the following:

- a physician with a specialty in psychiatry or neurology.
- a physician with a sub-specialty 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 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 QLP 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.

A. Accepting an External Comprehensive Diagnostic Evaluation

If a youth has received a comprehensive diagnostic evaluation from an outside source, the following guidelines should be used for purposes of enrollment in CMHSP BHT services.

- The comprehensive diagnostic evaluation was completed within the last three years and prior to beginning BHT services.
- The comprehensive diagnostic evaluation must meet the following criteria: neurodevelopmental review of cognitive, behavioral, emotional, adaptive, and social functioning, and should include validated evaluation tools, general treatment recommendations, and a referral for a behavioral assessment for ABA. The evaluator should consider best practice guidelines and the inclusion of caregiver interviews, medical and educational records, collateral input, observational assessments, standardized psychological tools, etc. No one piece of data should determine the ASD diagnosis.
- Qualified diagnosticians: the comprehensive diagnostic evaluation should be completed by one of the QLPs listed above.
- Meets medical necessity criteria as outlined below in the medical necessity criteria from the current Diagnostic and Statistical Manual (DSM).
- The CMHSP may request further review by a PIHP QLP of an external comprehensive diagnostic evaluation.

B. Medical Necessity Criteria

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

1) The child currently demonstrates substantial functional impairment in social communication and social interaction across multiple contexts, and is manifested by ***all*** of the following:
    - 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.
    - 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.
    - 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.
2) The child currently demonstrates substantial restricted, repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by ***at least two*** of the following:
    - 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).
    - 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).
    - 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).
    - 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.
3) MSHN shall maintain evidence that the child meets needs-based criteria for BHT/ABA services eligibility as evidenced by the required evaluation and outcomes instruments. MSHN is

responsible for PIHP-level utilization management functions to ensure effective, efficient, and timely access to the appropriate amount, scope, and duration of services and to address:

- Conflict of interest
- Eligibility determinations
- Service authorizations
- Appropriate credentialing of all rendering service providers
- Review and approval of recommended intensity and duration of ABA services
- Quality oversight and implementation of outcomes measures
- Establish and support clear discharge criteria.

IV. Eligibility for BHT

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

- Child is under 21 years of age.
- Child received a diagnosis of ASD from a QLP utilizing valid evaluation tools.
- Child is medically able to benefit from the BHT treatment.
- 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.
- 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.).
- Services can be provided in the child'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.
- Medical necessity and recommendation for BHT services are determined by a qualified licensed practitioner.
- Services must be based on the individual youth and the parent's/guardian's needs and must consider the youth'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.

V. Re-evaluation

- 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.

VI. 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:

- The youth has achieved treatment goals and less intensive modes of services are medically necessary and/or appropriate.
- The youth is either no longer eligible for Medicaid or is no longer a State of Michigan resident.

- The individual, family, or authorized representative(s) is interested in discontinuing services.
- The youth 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.
- Targeted behaviors and symptoms are becoming persistently worse with BHT treatment over time or with successive authorizations.
- The youth no longer meets the eligibility criteria as evidenced by use of valid evaluation tools administered by a qualified licensed practitioner.
- The youth 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
    - 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.
B. 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.
    - Research reveals that quality and ongoing ABA Family Behavior Treatment Guidance (aka "Family Training") teaches parents/caregivers specific, hands-on strategies to implement the principles of ABA and improves outcomes for youth and families. This service is provided by a BHT supervisor (LBA, LaBA) and considered evidence-based treatment for ASD. Specifically, family training strengthens skill generalization as a critical tool in youth carrying BHT benefits beyond direct treatment and into independent expression of hardened behaviors in their own environment. This positive effect is magnified when family training is present (Straiton, Groom, & Ingersoll, 2021).
    - 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. 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.

- Focused Behavioral Intervention (FBI): 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 (CBI): 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).

BHT Service Evaluation

The comprehensive, individualized behavioral plan of care should include 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 youth'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

- BHT services are highly specialized services that require specific qualified providers that have extensive experience providing specialty mental health and behavioral health services.
- BHT services must be provided under the direction of a BCBA/LBA. These services must be provided directly to, or on behalf of, the youth by training their parents/guardians, behavior technicians, and 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, 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)
   - Services Provided: Behavioral assessment, behavioral intervention, and behavioral observation and direction.
   - License/Certification: Current certification as a BCBA through the Behavior 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).
   - 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. Board Certified Assistant Behavior Analyst (BCaBA)
   - Services Provided: Behavioral assessment, behavioral intervention, and behavioral observation and direction.
   - 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.
   - Other Standard: Works under the supervision of the BCBA/LBA.

3. Behavior Technician or Registered Behavior Technician (RBT)
    - Services Provided: Behavioral intervention.
    - License/Certification: A license or certification is not required.
    - Education and Training: Will receive BACB Registered Behavior Technician (RBT) training conducted by a professional experienced in BHT services (BCBA/LBA, BCaBA/LaBA), but is not required to register with the BACB upon completion in order to furnish services.
    - Works under the supervision of the BCBA/LBA or other professional (BCaBA) overseeing the behavioral plan of care, with minimally one hour of clinical observation and direction for every ten hours of direct treatment. This is often referred to as the "minimum 10% supervision requirement."
    - 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.

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
BACB: Behavior Analyst Certification Board
BCaBA: Board Certified Assistant Behavior Analyst
BCBA: Board Certified Behavior Analyst
BCBA-D: Board Certified Behavioral Analyst-Doctoral
BHT: Behavioral Health Treatment
CMHSP: Community Mental Health Service Progam
DSM: Diagnostic and Statistical Manual
EPSDT: Early Periodic Screening, Diagnosis and Treatment
IEP/IFSP: Individual Education Plan/Individual Family Service Plan
FFS: Fee-For-Service
IPOS: Individual Plan of Service
LARA: Licensing and Regulatory Authority
LBA: Licensed Behavior Analyst
MDHHS: Michigan Department of Health and Human Services
MHP: Medicaid Health Plan
MMPM: Michigan Medicaid Provider Manual
MSHN: Mid-State Health Network
NCCA: National Commission for Certifying Agencies
OT: Occupational Therapy
PCP: Primary Care Provider
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.

PT: Physical Therapy
QLP: Qualified Licensed Practitioner
RBT: Registered Behavior Technician
ST: Speech Therapy

Other Related Materials:
N/A

References/Legal Authority:

- MDHHS Medicaid Provider Manual
- MDHHS Medicaid Managed Specialty Supports & Services Contract
- MDHHS Numbered Letter L 24-23 regarding Physical, Occupational and Speech-Language Therapy for Beneficiaries Diagnosed with Autism Spectrum Disorder (05.14.2024)
- Michigan Medicaid Policy Bulletin MMP 25-09 regarding Updates to the MDHHS Medicaid Provider Manual; Psychological and Neuropsychological Evaluation Coverage Responsibility Clarification (02.28.2025)
- Straiton, D., Groom, B., & Ingersoll, B. (2021). A mixed methods exploration of community providers' perceived barriers and facilitators to the use of parent training with Medicaid-enrolled clients with autism. *Autism*, *25*(5), 1368-1381. https://doi.org/10.1177/1362361321989911 (Original work published 2021)
- Straiton, D., Groom, B. & Ingersoll, B. (2021). Parent Training for Youth with Autism Served in Community Settings: A Mixed-Methods Investigation Within a Community Mental Health System. *J Autism Dev Disord*, **51**, 1983–1994. https://doi.org/10.1007/s10803-020-04679-x

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
08.12.2025	Updates to reflect policy changes and regional UM plan	Waiver Coordinator