

POLICIES AND PROCEDURE MANUAL

Chapter:	Service Delivery System		
Title:	Autism Benefit Compliance Monitoring		
Policy: <input type="checkbox"/> Procedure: <input checked="" type="checkbox"/> Version: 2.0 Page: 1 of 5	Review Cycle: Annually Author: Waiver Coordinator	Adopted Date: 08.2015 Review Date: 11.11.2017 Revision Eff. Date: 03.03.2017	Related Policies: Autism Spectrum Disorder Benefit

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Purpose

The purpose of this procedure is to establish formal oversight by Mid-State Health Network (MSHN) with the Community Mental Health Service Program (CMHSP) Participants for ensuring that the Provider Network maintains an acceptable standard of performance consistent with the quality improvement strategy delineated under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit.

Quality Improvement Strategy

- I. Re-evaluations shall address the ongoing eligibility of the autism benefit participants and are updated annually.
 - This indicator shall be monitored via the number and percent of beneficiaries whose re-evaluation was completed within 365 days of their last evaluation (relative to all beneficiaries).
- II. Individual plans of service (IPOS) shall address the assessed needs of the autism benefit participants and shall be reviewed by the planning team and family every three months at a minimum. If indicated, the service intensity and setting shall be updated.
 - This indicator shall be monitored via the number and percent of beneficiaries whose IPOS are updated within 365 days of their last IPOS (relative to all beneficiaries).
- III. Financial accountability shall be maintained through payment of claims for services that are authorized and furnished to program beneficiaries
 - This indicator shall be monitored via the number and percent of beneficiaries whose average hours of ABA services during a quarter were within the suggested range for the intensity of service plus or minus a variance of 25% (relative to all beneficiaries).
- IV. All providers of ABA services shall meet credentialing standards as identified in the EPSDT benefit and Michigan Medicaid Manual in order to perform their function.
- V. Behavioral observation and direction provided face-to-face by a qualified provider shall occur at a minimum of one hour per every ten hours of direct ABA treatment provided.

Procedure

- I. To determine whether the child is eligible for ABA services, an objective evaluation of functional ability in the areas of Social Interaction and Patterns of Behavior shall occur, including evidence regarding diagnosis via administration of the Autism Diagnostic Observation Schedule-2 (ADOS-2).
- II. Using the person-centered planning process, the IPOS shall be developed based on findings of all assessments and input from the child and the family or authorized representative(s), and includes, but is not limited to:
 - a. The identification of outcomes based on the child's stated goals.
 - b. Determination of the amount, scope, and duration of all medically-necessary services, including ABA.

- c. Any revisions (including related amount, scope, and duration relative to caregiver circumstances) to the IPOS at the request of the family or authorized representative(s), or as changing circumstances may warrant.
- III. Through the person-centered planning process, the comprehensive ABA evaluations and assessments (including the ADOS-2, the Autism Diagnostic Interview-Revised (ADI-R) (or similar tool) and the Developmental Disabilities Children's Global Assessment Scale (DD-CGAS), and the resulting IPOS shall contribute to the recommended level of ABA intervention for the child/family.
 - a. 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.)
 - b. 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).
 - c. The behavioral intervention should be provided at an appropriate level of intensity in an appropriate setting(s) for an appropriate period of time, depending on the needs of the child and their family within the community.
 - d. Each child's IPOS must document that these services do not include special education and related services defined in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) that are available to the beneficiary through a local education agency.
- IV. An annual re-evaluation by a qualified licensed practitioner to assess eligibility criteria must be conducted through direct observation utilizing the ADOS-2 and symptoms rated using the DD-CGAS. Additional tools may include cognitive/developmental tests, adaptive behavior tests and/or symptom monitoring.
- V. The IPOS shall identify how ABA will be a part of a comprehensive plan of non-duplicative supports and services.
- VI. The IPOS shall be a dynamic document that is revised based on changing needs, newly-identified, or developed strengths, and/or the result of periodic reviews (every three months), and/or assessments.
- VII. The IPOS shall be kept current (i.e. annually at a minimum) and modified when needed (reflecting changes in the intensity of the beneficiary's health and welfare needs or changes in the beneficiary's preferences for support).
- VIII. A beneficiary or his/her guardian or authorized representative may request and review the IPOS at any time.
- IX. MSHN shall receive the IPOS via the WSA and apply a utilization management process in order to approve the plan.
- X. The service range may fluctuate over the course of treatment and shall be determined by the interventions and the child's mastery of skills.
- XI. If indicated, the IPOS shall reflect service intensity adjustment and setting to meet the child's changing needs.
 - a. The IPOS shall be modified when needed in order to keep it current and to reflect changes in the intensity of the child health or welfare needs or changes in preferences for support.
 - b. Revisions to the IPOS may come at the request of the family or authorized representative as changing circumstances may warrant.
- XII. The average hours of ABA services utilized within a quarter shall fall within the suggested range of the intensity of the service to a variance of no greater (or lesser) than $\pm 25\%$.
 - a. If the service range falls outside of this accepted variance, the supports coordinator shall determine the reasons for the variance in service provision.

- b. If the fluctuation in service provision is not temporary, this shall result in a review of the plan and recommendation to addend the plan to an appropriate range of Focused or Comprehensive hours will be made.
 - c. Since the BCBA reviews and monitors data and makes programmatic changes based on the data, the BCBA shall be involved in the review and suggestion of any changes to the number of suggested hours of service to ensure proper treatment plan implementation.
 - d. The PCP process shall be used to address changes to the IPOS and families or authorized representatives who have a dispute about the PCP process or the IPOS that results from the process (including reduction, suspension, or termination of services) have the right to grievance, appeals, and recipient rights as set forth in detail in the Grievance and Appeal Technical Requirement/PIHP Grievance System for Medicaid Beneficiaries.
 - e. The addendum shall also be uploaded into the Web Support Application (WSA) for the autism benefit to reflect the updated amount of hours of ABA represented in the IPOS.
 - f. The supports coordinator shall reflect the potential for changes to the IPOS by documenting attempts to engage the family, with the additional reasoning for why the change to ABA service hours occurred.
- XIII. MSHN shall use the quarterly performance summaries, onsite reviews, desk reviews, and data reports, as the basis for reporting to the CMHSPs their relative compliance status with programmatic requirements.
- XIV. MSHN shall, as a part of its monthly trending reports to the partner CMHSPs, include data on the number and percent of beneficiaries whose re-evaluation was completed within 365 days of their last evaluation, and the number and percent of beneficiaries whose IPOS' are updated within 365 days of their last IPOS. The CMHSP shall be responsible for reviewing the report and responding back with whether the data in the report is in line with the standards. This report shall constitute the compliance monitoring process for compliance with the quality improvement strategy.
- XV. MSHN and its CMHSP partners shall utilize quality improvement processes to track and identify areas requiring correction as well as areas exhibiting best practice. Findings shall be documented accordingly.

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

ABA: Applied Behavioral Analysis.

ADI-R: Autism Diagnostic Interview-Revised.

ADOS-2: Autism Diagnostic Observation Schedule-2.

ASD: Autism Spectrum Disorder.

BCBA: Board Certified Behavior Analyst.

CMHSP: Community Mental Health Services Program.

DD-CGAS: Developmental Disabilities Children's Global Assessment Scale

EPSDT Benefit: Early and Periodic Screening, Diagnosis and Treatment Benefit

Individual Plan of Service (IPOS): The plan that directs the provision of supports and services to be provided through the community mental health services program.

MDHHS: Michigan Department of Health and Human Service

MSHN: Mid-State Health Network, the Pre-Paid Inpatient Health Program (PIHP)

Person-Centered Planning (PCP): A process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities.

WSA: Web Support Application.

Other Related Materials

References/Legal Authority

MDHHS/CMHSP Managed Mental Health Supports and Services Contract: FY17

MDHHS Medicaid Provider Manual, Section 18.6, ABA Intervention, 2014

Change Log:

Date of Change	Description of Change	Responsible Party
07.06.2015	New procedure	Waiver Coordinator
03.03.2017	Changed to reflect MSA-1559 policy requirements	Waiver Coordinator
11.11.2017	Minor language modification in section XIII and XIV.	Waiver Coordinator