

## POLICIES AND PROCEDURE MANUAL

<b>Chapter:</b>	<b>Service Delivery System</b>		
<b>Title:</b>	<b>Autism Benefit Re-Evaluation Eligibility</b>		
<b>Policy:</b> <input type="checkbox"/> <b>Procedure:</b> <input checked="" type="checkbox"/> <b>Version:</b> 3.0 <b>Page:</b> 1 of 3	<b>Review Cycle:</b> Annually  <b>Author:</b> Waiver Coordinator	<b>Adopted Date:</b> 08.2015  <b>Review Date:</b> 10.30.2017  <b>Revision Eff. Date:</b> 07.12.2016	<b>Related Policies:</b>

### Purpose

The purpose of this procedure is to establish a formal process by Mid-State Health Network (MSHN) and the Community Mental Health Service Program (CMHSP) Participants for ongoing re-evaluation and eligibility determination of individuals in autism benefit services, as directed by the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Benefit and the Michigan Department of Health and Human Services (MDHHS).

### Procedure

- I. The re-evaluation shall address the ongoing eligibility of the autism benefit recipient and are updated no less than annually (i.e. completed within 365 days of their last evaluation or autism benefit eligibility date, whichever comes first).
- II. 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 Clinical Global Impression Severity Scale.
- III. Additional tools such as cognitive/developmental tests, adaptive behavior tests, and/or symptom monitoring may be used if the clinician feels it is necessary to determine medical necessity and recommended services.
- IV. Medical necessity and recommendation for Behavioral Health Treatment (BHT) services must be re-evaluated no less than annually. This is determined by a physician or licensed practitioner working within their scope of practice under state law. 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)
- V. The independent evaluator shall complete the appropriate assessment documentation as well as the Mid-State Health Network (MSHN) Autism Benefit Evaluation Form (with the re-evaluation box marked).
  - VI. Designated staff from the CMHSP shall enter re-evaluation information into the Waiver Support Application (WSA) for approval by the MSHN Autism Waiver Coordinator.
  - VII. The MSHN Autism Waiver Coordinator will review the information entered into the WSA and upon verification that the case meets eligibility requirements the coordinator will then submit to MDHHS for final approval of the re-evaluation findings.
  - VIII. Provided the re-evaluation results in ineligibility (i.e. the eligibility criteria are NOT met) of the autism benefit recipient, the Non-Qualifying evaluation form and the MSHN Dis-Enrollment form will be sent to the MSHN Autism Waiver Coordinator for consideration and determination. The following documentation should be made available to the MSHN Autism Waiver Coordinator, upon request:
    - A. ADOS-2 Assessment
    - B. Clinical Observation/Notes.
    - C. Other assessments included to make needs-based criteria determination by licensed professionals in the State of Michigan.
    - D. Other records reviewed by licensed professionals in the State of Michigan.
  - IX. The MSHN Autism Waiver Coordinator shall review the information provided and request any additional information from the CMHSP as needed. This information will be provided to MDHHS in support of final determination of eligibility.
  - X. The MSHN Autism Waiver Coordinator shall pull an overdue Re-Evaluation report the first of every month and distribute out to the individual CMHSPs for correction. This report will include a list of any individual whose IPOS is overdue by more than 30 days.

**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

ADOS-2: Autism Diagnostic Observation Schedule-2

ASD: Autism Spectrum Disorder

BHT: Behavioral Health Treatment

CMHSP: Community Mental Health Services Program

EPSDT: Early and Periodic Screening, Diagnosis and Treatment

IPOS: Individual Plan of Service

MDHHS: Michigan Department of Health and Human Services

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

WSA: Waiver Support Application

**Other Related Materials:**

MSHN Autism Benefit Evaluation Form (Form: AUT-E)

MSHN Autism Benefit Disenrollment Form (Form: AUT-D)

**References/Legal Authority:**

MSA-1559 EPSDT Benefit Policy

**Change Log:**

<b>Date of Change</b>	<b>Description of Change</b>	<b>Responsible Party</b>
05.06.2016	Updated procedure to reflect MSA-1559 standards	Waiver Coordinator
09.2016	Updated procedure to reflect reporting efforts by MSHN to ensure compliance with MDHHS standards.	Waiver Coordinator
01.2017	Updated procedure to note that CMHSP staff are now responsible for adding re-evaluation information for PIHP approval.	Waiver Coordinator
10.30.2017	Updated information required when submitting results of a non-qualifying re-evaluation.	Waiver Coordinator