

POLICIES AND PROCEDURE MANUAL

Chapter:	Service Delivery System		
Title:	Autism Spectrum Disorder Benefit Eligibility		
Policy: <input checked="" type="checkbox"/>	Review Cycle: Biennial	Adopted Date: 04.07.2015	Related Policies:
Procedure: <input type="checkbox"/>	Author: Waiver Coordinator and Autism Workgroup	Review Date: 01.07.2025	
Page: 1 of 3			

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.

Policy

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

- Screening
- Referral
- Diagnostic Evaluation
- Medical Necessity
- Determination of Eligibility
- Reevaluation
- Transfer and Discharge

Medical Necessity Criteria

Medical necessity and recommendation for BHT services shall be determined by a physician, or other licensed practitioner working within their scope of practice under state law. Comprehensive diagnostic reevaluations 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.

Determination of Eligibility for BHT

The following is the process for determining eligibility for BHT services for a child with a confirmed diagnosis of ASD. Eligibility determination and recommendation for BHT must be performed by a qualified licensed practitioner through direct observation utilizing valid evaluation tools. BHT services are available for children under 21 years of age with a diagnosis of ASD from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), and who have the developmental capacity to clinically participate in the available interventions covered by BHT services. A well-established DSM-IV diagnosis of Autistic Disorder, Asperger’s Disorder, or PDD-NOS should be given the diagnosis of ASD. Children who have marked deficits in social communication but whose symptoms do not otherwise meet criteria for ASD should be evaluated for social (pragmatic) communication disorder.

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. Please see the Autism Spectrum Disorder Eligibility Procedure for additional steps.

Transition and Discharge Criteria

The desired BHT goals and outcomes for discharge should be specified at the initiation of services, monitored throughout the duration of service implementation, and refined through the behavioral service level evaluation process. Transition and discharge from all BHT services should generally involve a gradual step-down model and require careful planning. Transition and discharge planning from BHT services should include transition goal(s) within the behavioral plan of care or plan, or written plan, that specifies details of monitoring and follow-up as is appropriate for the individual and the family or authorized representative(s) utilizing the Person-Centered Planning (PCP) process.

MSHN shall maintain evidence that the child meets needs-based criteria for benefit eligibility as evidenced by the applicable 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:

ABA: Applied Behavior Analysis

ASD: Autism Spectrum Disorder

BHT: Behavioral Health Treatment

DSM: Diagnostic and Statistical Manual of Mental Disorders

EPSDT: Early Periodic Screening, Diagnosis and Treatment

MDHHS: Michigan Department of Health and Human Services

MSHN: Mid-State Health Network

PCP: Person-Centered Planning

Provider Network: The Community Mental Health Services Program (CMHSP) participants that hold a contract with Mid-State Health Network.

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