SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

CLINICAL POLICY

NUMBER: **BC141**

NAME: **MEDICAID BENEFIT FOR AUTISM**

INITIAL APPROVAL DATE:	12/16/2014	BY: Policy Committee
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I. PURPOSE

The purpose of this policy is to clarify the developmental screening policy for individuals who may be affected by Autism Spectrum Disorder (ASD), and to describe coverage and processes for the treatment of ASD for Medicaid individuals from age 18 months through 21 years.

According to the U.S. Department of Health and Human Services, Autism is characterized by impaired social interactions, problems with verbal and nonverbal communication, repetitive behaviors, and/or severely limited activities and interests. Early detection and treatment can have a significant impact on the individual's development. Autism can be viewed as a continuum or spectrum, known as ASD, and includes Autistic Disorder, Asperger's Disorder, and Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS). The disorders on the spectrum vary in severity and presentation but have certain common core symptoms. The goals of treatment for ASD focus on improving core deficits in communication, social interactions, and restricted behaviors. Changing these fundamental deficits may benefit individuals by developing greater functional skills and independence.

Behavioral Health Treatment (BHT) services prevent the progression of ASD, prolong life, and promote the physical and mental health and efficiency of the individual. Medical necessity and recommendation for BHT services is determined by a physician, or other licensed practitioner working within their scope of practice under state law. Direct patient care services that treat or address ASD under the state plan are available to individuals under 21 years of age as required by the EPSDT benefit.

II. APPLICATION

Populations: **ASD for Medicaid and MI Child individuals from age 18 months through 21 Years**.

Programs: **ASD Services**

III. DEFINITIONS

A. 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).

B. 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).

C. Applied Behavioral Analysis (ABA)
ABA is defined as the process of systematically applying interventions based upon the principles of learning theory to improve socially significant behaviors to a meaningful degree, and to demonstrate that the interventions employed are responsible for the improvement of behavior. A behavior analyst's focus is on the observable relationship of behavior to the environment, including antecedents and consequences, without resort to "hypothetical constructs". The main focus of ABA is to functionally assess the relationship between a targeted behavior and the environment, using the suggested methods to change that behavior.

D. Telepractice
Telepractice is the use of telecommunications and information technologies for the exchange of encrypted patient data for the provision of services.

E. Autism Spectrum Disorder (ASD): Refers to a continuum or spectrum, which includes Autistic Disorder, Asperger's Disorder, and Pervasive Developmental Disorder-Not Otherwise Specified (PDDNOS), a group of developmental disabilities that can cause substantial impairments in an individual's behaviors as well as social and communication skills. Signs of these impairments usually occur before an individual turns three years old, although children are often diagnosed between ages three and five.

IV. Standards

1. Responsibilities

Sanilac CMH's responsibilities shall include:

- Process and complete referrals, evaluations, re-evaluations, and disenrollment's for the Autism Benefit program.
- Notify Region 10 of individual having completed a comprehensive initial or re-evaluation, or disenrollment for the Autism Benefit program.
- Management of documents uploaded to the WSA and notification to Region 10 of uploaded documents.
- Provide performance measurements and data in a timely matter upon request from Region 10.

2. Screening

Screening for ASD may also occur as part of an assessment being conducted by the Region 10 PIHP Access Department, a CMHSP Department during an encounter with an assigned clinician from the CMHSP or other contracted provider, or through another community partner (such as PCPs/programs within the education system).

Screening for ASD typically occurs during a well-child visit with the pediatrician or family physician. The screening tool may be completed by the parent and reviewed/verified by the practitioner. The Modified Checklist for Autism in Toddlers (M-CHAT) is validated for toddlers 16 through 30 months of age. Children older than 4 years of age with the mental age greater than 2 years of age, the Social Communication Questionnaire (SCQ) may be utilized. Children between 30 months through 4 years of age, the more applicable of the two tools should be administered (M-CHAT if mental age is less than 2 years of age; SCQ if mental age is greater than 2 years of age).

A validated screening tool must be administered as part of the well-child visit by the pediatrician or family physician as recommended by the AAP. Proper assessment of autism is accomplished by administering a validated standardized screening tool, such as the M-CHAT, at 18 and 24 months of age as indicated by the AAP Periodicity Schedule. Surveillance for ASD must be completed at other well-child visits beginning at 12 months of age by listening for parent concerns and by watching for red flag abnormalities, such as no babbling by 12 months of age. Children older than 24 months of age who have not been screened may be screened at preventive care visits using a validated standardized screening tool such as the M-CHAT or the SCQ.

3. Referral

The PCP who screened the individual for ASD and determined a referral for further evaluation was necessary may contact Region 10 directly to arrange for a follow-up evaluation. Region 10 should contact the individual's parent(s)/guardian(s) to arrange a follow-up appointment for a comprehensive diagnostic evaluation and behavioral assessment. If a PCP referral is not obtained by Region 10, Sanilac CMH will follow up with the PCP. Each CMH will identify a specific point of access for individuals who have been screened and are being referred for a diagnostic evaluation and behavioral assessment of ASD. If the PCP determines the individual who screened positive for ASD is in need of occupational, physical, or speech therapy, the PCP will refer the individual 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 CMH is responsible for the comprehensive diagnostic evaluation, behavioral assessment, BHT services (including ABA) for eligible Medicaid beneficiaries, and for the related EPSDT medically necessary Mental Health Specialty Services. Occupational therapy, physical therapy, and speech therapy for individuals with ASD that do not meet the eligibility requirements for developmental disabilities by the PIHP are covered by the Medicaid Health Plan or by Medicaid Fee-for-Service.

4. Comprehensive Diagnostic Evaluations

A comprehensive diagnostic evaluation must be performed by a qualified licensed practitioner to determine diagnosis, and if appropriate make recommendations on level care for ASD services. The provider who conducts the behavior assessment recommends more specific ASD treatment interventions.

A qualified licensed practitioner includes:

- 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 clinical social worker, working within their scope of practice, and is qualified and experienced in diagnosing ASD.

To determine a diagnosis, the qualified licensed practitioner will use valid evaluations tools that may include but are not limited to:

- direct observation,
- the Autism Diagnostic Observation Schedule-Second Edition (ADOS-2),
- a comprehensive clinical interview such as the Autism Diagnostic Interview-Revised (ADI-R), or equivalent, and
- the Developmental Disabilities Children's Global Assessment Scale (DD-CGAS).

Other valid evaluations tools may be utilized to determine a diagnosis and medical necessity service recommendations, such as cognitive/developmental test, adaptive behavior tests, and/or symptom monitoring.

All referrals from the PIHP for a comprehensive diagnostic evaluation will be completed within one month. The initial intake assessment will be completed within 14 days of referral. Appropriate referral will be made after the initial assessment to ensure appropriate screening.

A re-evaluation will be complete no more than three years from the date of the most recent evaluation., unless medically necessary, to assess individual's eligibility criteria utilizing valid evaluation tools as necessary to determine medical necessity and recommendation of level of care.

Results of the evaluation will be appropriately delivered to the individual and parents/guardians. The evaluation information will them be submitted to Region 10 within 60 days of the date the evaluation was administered.

5. Medical Necessity Criteria

Medical necessity and recommendation for BHT services is determined by a physician, or other licensed practitioner working within their scope of practice under state law. 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 with their scope of practice. The recommended frequency should be based on the children's age and developmental level, the presence of comorbid disorders or completed medical conditions, the severity level of the children's ASD symptoms, and adaptive behaviors deficits through a person centered, family-driven youth guided process involving the child, family, and treating behavioral health care. The individual must demonstrate substantial functional impairment in social communication, patterns of behavior, and social interaction as evidenced by meeting criteria A and B listed below:

A. The individual 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 individual 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, excessive smelling or touching of objects, and/or visual fascination with lights or movement).

6. Determination of Eligibility for BHT

The following requirements must be met:

1. Individual is under 21 years of age.
2. Individual received a diagnosis of ASD from a qualified licensed practitioner utilizing valid evaluation tools.
3. Individual is medically able to benefit from the BHT treatment.
4. Treatment outcomes are expected to result in a generalization of adaptive behaviors across different settings to maintain the BHT interventions and that they can be demonstrated beyond the treatment sessions. Measurable variables may include increased social-communication, increased interactive play/age-appropriate leisure skills, increased reciprocal 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. A qualified licensed practitioner recommends BHT services, and the services are medically necessary for the individual.
10. Services must be based on the individual and the parent's/guardian's needs and must consider the individual'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.

The MDHHS Behavioral Health and Developmental Disabilities Administration (BHDDA) will make the final approval determination for eligibility for Autism Benefit Waiver services. An approval period will not exceed 365 days, and may be re-authorized following the completion of the comprehensive diagnostic re-evaluation, pending appropriate results.

7. BHT Services

A. Behavioral Assessment

A valid developmental behavioral outcome measure assessment must be used to identify skill acquisition across all domains and help determine possible barriers to progress. The results from this assessment should be used to development an individual plan of services with the individual, their family/supports, and treatment team that encourages skill acquisition development and progress.
Behavioral assessments must be a valid instrument and can include direct/indirect observational assessment, observations, record review, data collection, and analysis by a qualified provider. Behavioral assessment tools describe specific levels of behavior at baseline to inform the individual's response to treatment through ongoing intervention. Ongoing collection, quantification, and analysis of programming data will be evaluated by a qualified behavioral health professional to inform appropriate course of treatment. Examples of behavioral outcome tools include Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP), Assessment of Basic Language and Learning Skills revised (ABLLS-R), and Assessment of Functional Living Skills (AFLS).

It is required that one of the behavioral outcome measurement tools be used and administered by a Board-Certified Behavior Analyst (BCBA), licensed or limited licensed psychologist (LP, LLP), or Qualified Behavioral Health Professional (QBHP) (that meet the provider qualifications listed in Provider Qualifications and within their scope of practice) every 6 months for every individual that is receiving ABA services. Initial behavioral outcome measurement tools will be administered within 90 days of initial referral. Ongoing evaluation of response to treatment will be measure every 6 months using a behavioral outcome measure assessment.

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. Behavioral treatment intervention services include, but are not limited to, the following categories of evidence-based interventions:

- Collecting information systematically regarding behaviors, environments, and task demands (e.g., shaping, demand fading, task analysis).
- Adapting environments to promote positive behaviors and learning while discouraging negative behaviors (e.g., naturalistic intervention, antecedent based intervention, visual supports, stimulus fading).
- Applying reinforcement to change behaviors and promote learning (e.g., reinforcement, differential reinforcement of alternative behaviors, extinction).
- Teaching techniques to promote positive behaviors, build motivation, and develop social, communication, and adaptive skills (e.g., discrete trial teaching, modeling, social skills instruction, picture exchange communication systems, pivotal response training, social narratives, self-management, prompting, chaining, imitation).
- Teaching parents/guardians to provide individualized interventions for their child, for the benefit of the individual (e.g., parent/guardian implemented/mediated intervention).
- Using typically developing peers (e.g., individuals who do not have ASD) to teach and interact with individuals with ASD (e.g., peer mediated instruction, structured play groups, peer social interaction training); and
- Applying technological tools to change behaviors and teach skills (e.g., video modeling, tablet-based learning software).

In addition to the above listed categories of interventions, covered 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.

Behavioral intervention will be provided at an appropriate level of intensity, as documented in the behavioral plan of care and IPOS. ABA services will not include special education and related services as defined in the Individuals with Disabilities Education Act (IDEA), and will be documented in the IPOS accordingly.

The IPOS will be reviewed by the planning team, including BCBA or other qualified provider and parent(s)/guardian(s), minimally every three months, adjusting service level (which includes the specific number of hours of intervention to be provided to the individual weekly) to meet individual's needs, when clinically appropriate. The IPOS will be updated every six months in tandem with the updated behavioral plan of care.

C. Behavioral Observation and Direction

The qualified provider delivers clinical direction and oversight to the delivery of ABA services to a lower-level provider regarding developmental and behavioral techniques, progress measurement, data collection, function of behaviors, and generalization of acquired skills for each individual. This service is for the direct benefit of the individual and provides a real time response to the intervention to maximize the benefit for the individual. It also informs of any modifications needed to the methods to be implemented to support the accomplishment of outcomes in the behavioral plan of care. Observation and direction are to be delivered in real-time to maximize the benefit for the individual and will be provided minimally one hour for every 10 hours of ABA services delivered.

Behavioral observations and direction may be provided using tele practices. The MDDHS Medicaid Provider Manual outlines the specific requirements to meet compliance and regulations to participate on tele practices services.

D. IPOS/Individual Plan of Service:

The following will be determined through the pre-planning and Person-Centered Planning process with the individual:

- Strengths
- Needs
- Preference
- Abilities
- Interests
- Goals
- Health status

The Individual Plan of Service is the fundamental tool for identifying of outcomes based on the individual's and family's stated goals; the establishment of meaningful and measurable goals to achieve identified outcomes; determination of the amount, scope, and duration of all medically-necessary services (including ABA) for those supports and services provided through the public mental health system; and identification of other services and supports the individual and family or authorized representative(s) may require, to which the public mental health system will assist with linking the family or authorized representative(s). The IPOS should be reviewed periodically to determine the ongoing appropriateness and adequacy of service and supports identified in the plan. Each individual and family must be offered the choice of working with a case manager, supports coordinator, other qualified staff, or an independent facilitator to assist them in being actively engaged in the IPOS development process.

The IPOS must ensure that the services outlined are consistent with the individual's stated goals, needs and preference as it relates to the individuals assessed level of care. A formally review of the plan should be done no less than annually to review progress to goals and objectives and to ensure appropriate level of care.

The IPOS should document the following, specific to ABA services:

- Needs on the individual
- Desire outcomes through ABA goals and objectives
- Amount, scope, and duration of identified ABA intervention being provided at home, in the community or center per behavioral plan and individual/family input.
- ABA services will that included behavioral observation from a qualified provider
- Contingency plan to address various risk factors including staff illness, vacation, and etc.
- Risk factors of ABA
- The IPOS and behavioral plan of care will also be developed for the unique individual. Individualization and integration between the IPOS and behavioral plan are care should be evident.
- The IPOS should be reviewed by the treatment team annually. Adjusting service level to meets individuals needs and when clinically appropriate.

E. ABA Service Level

There are two levels of services intensity within the ASD benefit model for ABA. The level of intensity should be clinically appropriate to each individual needs and wishes and medically necessity is demonstrated in the IPOS.

• 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).

The behavioral intervention should be provided at an appropriate level of intensity in an appropriate setting(s) within their community for an appropriate period of time, depending on the needs of the individual and their parents/guardians. Clinical determinations of service intensity, setting(s), and duration are designed to facilitate the individual'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 services provided in school or other settings, or to be provided when the individual would typically be in school but for the parent's/guardian's choice to home-school their child. Each individual'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 individual through a local education agency. The recommended service level, setting(s), and duration will be included in the individual's IPOS, with the planning team and the parent(s)/guardian(s) reviewing the IPOS at regular intervals (minimally every three months) and, if indicated, adjusting the service level and setting(s) to meet the individual's changing needs. The service level includes the number of hours of intervention provided to the individual. 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. The PIHP's Utilization Management will authorize the level of services prior to the delivery of services.

ABA services will be provided by Sanilac CMH within the required range, plus or minus 25% variance, as recommended by assessments and the individual's family and treatment team.

F. Discharge Criteria

An individual's discharge from ABA services is determined by a qualified ABA professional. When able, an exit ADOS-2 will be completed as part of the discharge process. Transition and discharge from ABA services should generally include a gradual step-down process and require care planning. Transition and discharge planning should include transition goals within the behavioral plan or a specific written plan that details the monitoring of the transition process through the person-centered process. An individual who meets any of the following criteria will be discharged from ABA services. The individual has achieved treatment goals and less intensive modes of services are medically necessary and appropriate.

1. The individual is either no longer eligible for Medicaid or is no longer a State of Michigan resident.
2. The individual 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 a successive authorization period.
3. Targeted behaviors and symptoms are becoming persistently worse with BHT treatment over time or with successive authorizations.

4. The services are no longer medical necessary, as evidenced by the use of a valid evaluation toll that is administered by a qualified professional.
5. The provider and or individual and/or parent/ authorized representatives(s) are unable to reconcile important issues in treatment planning and service delivery to a degree that compromises the potential effectiveness and outcome of the ABA service.
6. The individual, family, or authorized representatives(s) in interested in discounting services.

V. PROVIDER STANDARDS

A. BHT Service Provider Qualifications

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, another appropriately qualified LP or LLP, or a Master's prepared QBHP. These services must be provided directly to, or on behalf of, the individual by training their parents/guardians, behavior technicians, and BCaBAs to deliver the behavioral interventions. The BCBA 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. ABA professionals (RBT's BCaBAs, and BCBAs) should follow guidance by the BACB to maintain their professional certifications.

B. Qualified Service Providers

Board Certified Behavior Analyst-Doctorate (BCBA-D) or BCBA

- Services Provided: Behavioral assessment, behavioral treatment, and behavioral observation and direction.
- License/Certification: Current certification as a BCBA through the BACB. The BACB is the national entity accredited by the National Commission for Certifying Agencies (NCCA).
- 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.

Licensed Psychologist (LP): Must be certified as a BCBA by September 30, 2025

- Services Provided: Behavioral assessment, behavioral intervention, and behavioral observation and direction.
- License/Certification: LP means a doctoral level psychologist licensed by the State of Michigan. Must complete all coursework and experience requirements.
- 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 coursework at the graduate level from an accredited university in at least three of the six following areas:

  1. Ethical considerations.
  2. Definitions and characteristics and principles, processes and 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.

- A minimum of one year experience in treating individuals with ASD based on the principles of behavior analysis. Works in consultation with the BCBA to discuss the caseload, progress, and treatment of the individual with ASD.

LLP: Must be certified as a BCBA by September 30, 2025

- Services Provided: Behavioral assessment, behavioral intervention, and behavioral observation and direction.
- License/Certification: LLP means a doctoral or master level psychologist licensed by the State of Michigan. Limited psychologist master's limited license is good for one two-year period. Must complete all coursework and experience requirements.
- Education and Training: Minimum of a master's or 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 coursework at the graduate level from an accredited university in at least three of the six following areas:

  1. Ethical considerations.
  2. Definitions and characteristics and principles, processes and 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.

- A minimum of one year experience in treating individuals with ASD based on the principles of behavior analysis. Works in consultation with the BCBA to discuss the progress and treatment of the individual with ASD.

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.
- 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.

QBHP: Must be certified as a BCBA by September 30, 2025

- Services Provided: Behavioral assessment, behavioral treatment, and behavioral observation and direction.
- License/Certification: A license or certification is not required, but is optional.
- 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 individuals with ASD.
- Minimum of a master's degree in a mental health-related field from an accredited institution with specialized training and one year of experience in the examination, evaluation, and treatment of individuals with ASD. Works within their scope of practice, works under the

supervision of the BCBA, and has extensive knowledge and training in behavior analysis. Extensive knowledge is defined as having received documented coursework at the graduate level from an accredited university in at least three of the six following areas:

1. Ethical considerations.
2. Definitions and characteristics and principles, processes and 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.

Behavior Technician

- 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, BCaBA, LP, LLP, and/or QBHP), but is not required to register with the BACB upon completion in order to furnish services.
- Works under the supervision of the BCBA or other professional (BCaBA, LP, LLP or QBHP) overseeing the behavioral plan of care, with minimally one hour of clinical observation and direction for every 10 hours of direct treatment.
- 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.

C. ASD Program Risk plan for Coverage and Participation

When regular staffed aides call in sick or use paid time off, Sanilac CMH will use a sub to cover program needs. A pool of subs will be trained and be maintained on a call list. In the event that a sub is needed they will be contacted by the Agency. If they are available, they will come into the Agency to fulfill the ABA plan requirements that have been set up and approved by the BCBA.

If an individual is inactive for more than a month, the treatment team will have a discussion with the individual/family to discuss future participation in the ABA benefit. If it is determined that transition/discharge is appropriate, then the clinical team will work through that process with the family.

VI. PROCEDURES

A. REFERRALS

CMH Autism Coordinator/Designee

1. Receives referral from Region 10 PIHP Access Center.
2. Ensures an individual is younger than 21 years of age with active Medicaid.
3. Documents screening tool utilized to prompt referral for evaluation, and ensures a comprehensive diagnostic evaluation is completed with independent evaluator within 30 days of referral date.

B. EVALUATIONS/RE-EVALUATIONS

Independent Evaluator

1. Completes comprehensive diagnostic evaluation and prepares report of findings.
2. Conducts a feedback session with parent(s)/guardian(s).
3. Submits report to CMH Autism Coordinator/Designee.

CMH Autism Coordinator/Designee

1. Receives comprehensive diagnostic evaluation report and documents findings.
2. Completes Region 10 PIHP Case Action Request Form (Exhibit B) for consideration of an initial or re-evaluation accordingly, and submits to Region 10 PIHP.
    - Initial assessment should be submitted to Region 10 within 60 days
    - Re-evaluation assessments should be submitted to Region 10 within 30 days

Region 10 PIHP Autism Coordinator/Designee

1. Reviews Region 10 PIHP Case Action Request Form for completion and criteria, completes disposition on the form, and returns a copy of the form to CMH Designee.
2. Enters information into WSA and approves submission to MDHHS for final eligibility approval.

C. ABA SERVICE LEVEL APPROVAL

CMH Autism Coordinator/Designee

1. Identifies primary caseholder and assigns case to ABA qualified provider to conduct behavioral assessment and develop a behavioral plan of care, and will coordinate with primary caseholder to develop inclusive IPOS.
2. Reviews behavioral plan of care and IPOS for content and criteria, and ensures authorization entered for ABA services are congruent with recommendations from ABA qualified provider.
3. Completes Region 10 PIHP Case Action Request Form for initial and updates of behavior plans and IPOS, and submits to Region 10 PIHP.
4. Uploads documents to WSA for approval.

Region 10 PIHP Autism Coordinator/Designee

1. Reviews documents within WSA and completes utilization management function to authorize level of service.
2. Enters approval in WSA.

D. DISCHARGE/DISENROLLMENT

CMH Autism Coordinator/Designee

1. Ensures individual completes an exit ADOS-2, if willing.
2. Completes Region 10 PIHP Case Action Request Form for discharge from ABA services program, and submits to Region 10 PIHP.

Region 10 PIHP Autism Coordinator/Designee:

1. Reviews Region 10 PIHP Case Action Request Form for completion and criteria, completes disposition on the form, and returns copy of the form to CMH Designee.
2. Enters information into WSA and approves the individual's discharge from the Autism Waiver program.

E. INACTIVITY

CMH Autism Coordinator/Designee

1. Ensures that reason for inactivity is note related to provider services capacity.
2. Completed Region 10 ABCAF form for inactivity and submits it to Region 10 within 30 days.

Region 10 PIHP Autism Coordinator/Designee:

1. Review the ABCAF form for completion and criteria, completed disposition on the form and returns a copy to the CMH Designee.

VII. REFERENCES

- MDHHS Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services., Section 18-Applied Behavior Analysis
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