

SWMBH Operating Policy 12.8

Subject: Autism Services		Accountability: Provider Network/Clinical Improvement	Effective Date: 6/18/2014	Pages: 4
REQUIRED BY: BBA Section _____ PIHP Contract Section <u>Part II(A) 2.4</u> NCQA/URAC Standard _____ Other _____			Last Reviewed Date: 10/9/17	Past Reviewed Dates: 6/18/14 12/5/16
LINE OF BUSINESS: <input checked="" type="checkbox"/> Specialty Waiver (B/C) <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> Healthy Michigan <input type="checkbox"/> SUD Medicaid <input type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> OTHER: Autism		APPLICATION: <input checked="" type="checkbox"/> SWMBH Staff and Ops <input checked="" type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH providers <input type="checkbox"/> Other: _____	Last Revised Date: 10/9/17	Past Revised Dates: 12/5/16
Approved: <u><i>Mark</i></u> Date: <u>10/17/17</u>			Required Reviewer: Director of Provider Network Management and Clinical Improvement	

I. Purpose

To identify the roles and responsibilities of the Prepaid Inpatient Health Plan (PIHP), Community Mental Health Service Providers (CMHSP) and providers of Applied Behavior Analysis (ABA) services. To establish performance benchmarks and quality monitoring plans for the autism benefit to ensure high quality services.

II. Policy

Staff of PIHP, CMHSPs and provider agencies who are responsible for assessing, planning, coordinating and providing autism services for youth and families.

III. Standards and Guidelines

A. **Eligibility:** To qualify for the autism benefit, the customer must meet medical necessity criteria as defined in section 18.4 of the Medicaid Provider Manual, and the service requirements listed in section 18.5. of the Medicaid Provider Manual. The CMHSP or CMHSP-authorized and contracted provider is responsible for eligibility testing utilizing a Comprehensive Diagnostic Evaluation as set forth in 18.3 of the Medicaid Provider Manual. The PIHP is responsible for confirming eligibility.

1. **Ineligibility.** If an individual is found to be ineligible for autism services, resulting in initial denial or termination of ABA services, Southwest Michigan Behavioral Health (SWMBH) will be responsible for issuing all denials. See procedure for detailed information on denials.

B. **Assessments.** The Comprehensive Diagnostic Evaluation must be completed annually (before 365 day expiration date) by a Qualified Licensed Practitioner (as defined in section 18.3 of the Medicaid Provider Manual) to verify initial approval or confirm continuing eligibility for services.

SWMBH Operating Policy 12.8

Initial and ongoing Behavioral Assessments must be completed at a minimum of once every six months; however these may be done more frequently based on medical necessity.

- C. **Individual Plan of Service (IPOS).** It is the responsibility of the participant CMHSP staff or authorized and contracted provider to create an IPOS or addendum to the initial IPOS based on recommendations from the Behavioral Assessment, specifying the amount, scope, and duration of direct ABA and related services being requested. The IPOS shall include specific targeted behaviors for improvement, along with measurable, achievable, and realistic goals for improvement and shall address any other identified needs of the customer, including risk factors.
- D. **Authorizations.** It is the responsibility of the CMHSP to review and approve authorizations based on the clinical information provided in the IPOS and assessments. ABA Services which the CMHSP wishes to deny or partially approve/partially deny will be pended, and forwarded to the SWMBH Behavioral Health Waiver Specialist for review. See procedure for additional detail around partial approvals/denials.
- E. **Dual Insurance.** If a family has third party insurance in addition to Medicaid, the CMHSP must adhere to Medicaid coordination of benefits rules. See procedure for detailed documentation requirements for dual insurance.
- F. **Service Coverage.** During treatment, a clinician or Behavioral Technician may have a planned or unplanned absence. To ensure that customers' services are uninterrupted, the CMHSP or provider facility who is delivering direct ABA services must implement policy and procedures for addressing expected and unexpected absences; thus ensuring that there is adequate coverage.
- G. **Performance Standards.** It is SWMBH's expectation that all ABA providers will deliver services in accordance with the following performance standards, which have been set by the Michigan Department of Health and Human Services (MDHHS).
 1. ABA services shall be provided within a plus or minus 25% variance of service hours authorized in the IPOS.
 2. Face to face behavioral observation and direction must be performed by a BHT Supervisor at a minimum of 1 of every 10 hours of ABA services rendered to a customer.
 3. Once a customer has been enrolled in the benefit, an IPOS that contains ABA services shall be created and uploaded to the Waiver Support Application (WSA) within 90 days.
 4. Behavioral Assessments shall be completed minimally every six months.
 5. An updated IPOS shall be created within 365 days of the previous IPOS.

IV. Definitions

- A. **Behavioral Assessment** – Use of validated instrument(s), along with direct observational assessment, observation, record review, data collection, and analysis as applicable, by a qualified provider to determine the current level of functioning of the child using a validated data collection method. Examples of behavior assessments include functional analysis and functional behavior assessments. Behavioral assessments and ongoing measurements of improvement must include behavioral outcome tools. 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).
- B. **Comprehensive Diagnostic Evaluation** - The determination of an autism diagnosis by a Qualified Licensed Practitioner, which is accomplished by direct observation and utilizing the Autism Diagnostic Observation Schedule-Second Edition (ADOS-2), and by administering a comprehensive clinical interview including a developmental symptom history (medical, behavioral, and social history) such as the Autism Diagnostic Interview-Revised (ADI-R) or clinical equivalent. In addition, a qualified licensed practitioner will rate symptom severity with the Developmental Disabilities

SWMBH Operating Policy 12.8

Children's Global Assessment Scale (DD-CGAS). Other tools should be used if the clinician feels it is necessary to determine a diagnosis and medical necessity service recommendations. Other tools may include: cognitive/developmental tests, such as the Mullen Scales of Early Learning, Wechsler Preschool and Primary Scale of Intelligence-IV (WPPSI-IV), Wechsler Intelligence Scale for Children-IV (WISC-IV), Wechsler Intelligence Scale for Children-V (WISC-V), or Differential Ability Scales-II (DAS-II); adaptive behavior tests, such as Vineland Adaptive Behavior Scale-II (VABS-II), Adaptive Behavior Assessment System-III (ABAS-III), or Diagnostic Adaptive Behavior Scale (DABS); and/or symptom monitoring, such as Social Responsiveness Scale-II (SRS-II), Aberrant Behavior Checklist, or Social Communication Questionnaire (SCQ).

- C. **Licensed Psychologist (LP)** - Services Provided: Behavioral assessment, behavioral intervention, and behavioral observation and direction. Works in consultation with the Board Certified Behavioral Analyst (BCBA) to discuss the caseload, progress, and treatment of the child with Autism Spectrum Disorder (ASD). Works within their scope of practice and has extensive knowledge and training in behavior analysis as set forth in the Medicaid Provider Manual. A minimum of one year experience in treating children with ASD based on the principles of behavior analysis. Works in consultation with the BCBA to discuss the caseload, progress, and treatment of the child with ASD. Must be certified as a BCBA by September 30, 2020.
- D. **Qualified Licensed Practitioner:** Comprehensive Diagnostic Evaluations are performed by a Qualified Licensed Practitioner and may include:
1. a physician with a specialty in psychiatry or neurology;
 2. a physician with a subspecialty in developmental pediatrics, developmental-behavioral pediatrics
 3. or a related discipline;
 4. a physician with a specialty in pediatrics or other appropriate specialty with training, experience
 5. or expertise in ASD and/or behavioral health;
 6. a psychologist;
 7. an advanced practice registered nurse with training, experience, or expertise in ASD and/or behavioral health;
 8. 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.

V. References

Michigan Medicaid Manual: Section 18- Behavioral Health Treatment/Applied Behavior Analysis

VI. Attachments

None

