

**SWMBH Operating Procedure P12.8A**

<b>Subject:</b> Autism Benefit Enrollment and Authorization		<b>Accountability:</b> Clinical	<b>Effective Date:</b> 6/18/14	Pages: 4	
<b>Overarching Policy:</b> 12.8 Autism			Last Reviewed Date:	Past Reviewed Dates:	
<b>LINE OF BUSINESS:</b> <input type="checkbox"/> Specialty Waiver (B/C) <input checked="" type="checkbox"/> I Waiver <input type="checkbox"/> ABW Waiver <input type="checkbox"/> SUD Medicaid <input type="checkbox"/> SUD CA Block Grant <input checked="" type="checkbox"/> OTHER: Autism		<b>APPLICATION:</b> <input checked="" type="checkbox"/> SWMBH Staff and Ops <input checked="" type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input type="checkbox"/> MH / DD providers <input type="checkbox"/> DD providers <input type="checkbox"/> Other: _____		Last Revised Date:	Past Revised Dates:
Approved : _____  Date: _____			Required Reviewer: Chief Clinical Officer		

**I. Purpose**

To identify the required and necessary steps for authorization, utilization and quality management of the Autism Waiver Benefit.

**II. Scope**

Staff of participant CMHSP's who are responsible for assessing, planning, coordinating and providing services for youth and families.

**III. Procedural Steps**

**Step 1:** Participant CMHSP receives referral from Primary Care Physician with positive M-Chat or SCQ for a child who is 18 months to 6 years old. Families presenting to SWMBH will be referred to the Participant CMHSP for the county in which they reside.

**Step 2:** Participant CMHSP completes intake and case opening process, including full primary assessment of needs and initial IPOS identifying a plan to proceed with ADOS-2 and other services to occur during assessment and referral phase. Participant CMHSP provides document explaining ABA and how to report abuse & neglect.

## SWMBH Operating Procedure P12.8A

- Step 3:** Participant CMHSP or appropriately credentialed contract provider administers the ADOS-2 and Autism Interview elements:
- with results positive for an Autism Spectrum Disorder proceed to step 4
  - with results negative for Autism Spectrum Disorder, other services offered as appropriate
- Step 4:** SWMBH's ABA Services Referral form is completed by the CMHSP and submitted via fax or email to SWMBH's Central Care Manager/ABA Services Coordinator for review. When all information is complete, the Central Care Manager will enter request into the MDCH- WSA Application for Independent Evaluation to determine eligibility for ABA Services.
- Step 5:** SWMBH's ABA Service Coordinator will receive notification of ABA service eligibility from MDCH through the WSA application.
- Step 6:** SWMBH's ABA Services Coordinator will contact the staff at the participant CMHSP who submitted the referral (or staff identified by the participant CMHSP for Autism referrals) to inform of eligibility.
- Step 7:** Participant CMHSP staff or contract provider will arrange for behavioral assessment by an appropriately credentialed clinician, which will determine recommendations for the intensity of the ABA Service. This will include cognitive testing using the Mullen Scales of Early Learning, Wechsler Preschool & Primary Scale of Intelligence (WPPSI-III or WPPSI-IV), or Differential Ability Scales (DAS-II) and Vineland Adaptive Behavior Scales-Second Edition (VABS-2). If not done at prior to or at the onset of services, cognitive testing is required during the first quarter of service.
- Step 8:** Provider will administer either the Verbal Behavioral Milestones Assessment or Placement Program (VB-MAPP) or Assessment of Basic Language and Learning Skills revised (ABLLS-R) This document will be made available to SWMBH Central Care Management (Barry, Branch, Berrien, Calhoun and Van Buren Counties) via upload into "Client Documents" in SmartCare, or faxed or emailed to the SWMBH UM Department (Cass, St Joseph and Kalamazoo counties). Note – this step may occur prior to or following the IPOS Addendum development in Step 9.
- Step 9:** The participant CMHSP primary clinician will create an individual plan of service (IPOS) or addendum to the initial IPOS based on recommendations from the independent assessment: information ascertained through VB-MAPP or ABLLS-R and VABS-2, any assessments completed for additional medically necessary services (Occupational Therapy, Physical Therapy, Speech Therapy, Etc.) and the child's and family's stated goals. This IPOS includes an authorization request that clearly identify the amount, scope, and duration of all medically necessary 1915(b) and b(3) services, including ABA that are being requested for authorization.
- Step 10:** **For Barry, Branch, Berrien, Calhoun and Van Buren counties:**

**SWMBH Operating Procedure P12.8A**

Upon completion of the IPOS at the participant CMHSP level in Smartcare, an authorization request is generated in SWMBH SmartCare for review by SWMBH’s Central Care Management. All ABA service requests will be categorized as “Urgent” and receive expedited review.

**For Cass, St. Joseph and Kalamazoo counties:**

Upon completion of the IPOS outlining the requested ABA services, SWMBH’s Central Care Manager/ABA Services Coordinator must be notified of any authorization request for an ABA service (H2019).

Upon notification, the SWMBH ABA Services Coordinator will contact the identified participant CMHSP Autism Service Coordinator to obtain needed documents to make a determination regarding the amount, scope, and duration of the service being requested. This determination will be documented in the SWMBH Utilization Review System and the determination will be made known to the participant CMHSP’s Autism Service Coordinator.

**Step 11:** Authorization requests will be Approved, Partially Approved, Denied, or Pended, based on the clinical information provided in the IPOS and the VABS-2 or ABLLS-R. Codes and modifiers for ABA services are as follows:

- **H2019+U5=** ABA Applied Behavior Intervention (ABI) lower intensity service
- **H2019+U5+TG=** ABA Early Intensive Behavioral Intervention (EIBI) higher intensity service
- **H2019+U5+TT=** ABA ABI Group
- **H2019+U5+TT=** ABA EIBI group

**Step 12:** IPOS review for children receiving EIBI services will occur at least every 3months IPOS review for children receiving ABI services will occur at least every 6 months

**Step 13:** Continued authorization will be determined by SWMBH’s Central Care Managers based on:

- Updated IPOS (Formal review to occur no less than annually)
- VABS-2 (Administered annually as part of the IPOS review)
- VB-MAPP or ABLLS-R (Administered every 6 months)

**Step 14:** SWMBH Care Management or Utilization Management staff will periodically review cases via scheduled audit or random focused review by review of clinical documentation and verification of service claims to support that guidelines are followed and amount and frequency of services aligns with the IPOS.

<b>ABA Intervention</b>	<b>Applicable Diagnosis</b>	<b>Interventions/ Services</b>	<b>Benefits</b>
Early Intensive Behavioral	Autistic Disorder (299.9)	*Discrete Trial Training (DTT)	Average of 10-20 hours per week (Low)

**SWMBH Operating Procedure P12.8A**

<p>Intervention (EIBI)</p>		<p>* Antecedent Package                  * Comprehensive Behavioral treatment for Young Children                  Joint Attention Intervention                  Modeling                  Naturalistic Teaching Strategies                  Peer Training Package                  Pivotal Response Treatment                  Schedules                  Self-management                  Story Based Intervention Package</p>	<p>10/Base 15/High 20)                  Several hours per day in home or at center                  5-7 days per week for up to two years</p>
<p>Applied Behavioral Intervention (ABI)</p>	<p>Autistic Disorder (299.9)                  Asperger’s Disorder (299.80)                  Pervasive Development Disorder NOS</p>	<p>Antecedent Package                  Joint Attention Intervention                  Naturalistic Teaching Strategies                  Peer Training Package                  Pivotal Response Treatment                  Schedules                  Self-management                  Story Based Intervention Package</p>	<p>Average 5- 15 hours per week (Low 5/Base 10/High 15)</p>

**IV. Definitions**

None

**V. References**

None

**VI. Attachments**

None