

	<b>STATE OF MICHIGAN</b> <b>DEPARTMENT OF HEALTH &amp; HUMAN SERVICES</b>  <b>MDHHS /PIHP MEDICAID MANAGED SPECIALTY SUPPORTS</b> <b>AND SERVICES CONCURRENT WAIVER PROGRAMS CONTRACT</b>	<b>ATTACHMENT</b>
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## 1.0 General Report Overview

Effective January 1, 2016, the Autism program was expanded to serve children up to age 21 with autism spectrum disorders (ASD), Asperger's disorder or pervasive developmental disorder – not otherwise specified. Due to the expansion, a new cost settlement process was implemented for the January 1, 2016 through September 30, 2016 Autism Benefit service period. The cost settlement process includes a fixed fee schedule to be utilized to calculate utilization costs by credentialing levels. The credentialing levels include Board Certified Behavior Analyst (BCBA), Board Certified Assistant Behavior Analyst (BCaBA), Qualified Behavioral Health Professional, (QBHP), Licensed Psychologist/Limited Licensed Psychologists, (LP/LLP), and Registered Behavior Technician (BT).

The Financial Status Report (FSR) and Contract Reconciliation and Cash Settlement (CRCS) Supplemental – Autism Benefit (January 1, 2016 – September 30, 2016) is a report to calculate the total utilization costs per the fixed fee schedule by credentialing levels for the Prepaid Inpatient Health Plan (PIHP) for the provision of Applied Behavioral Analysis (ABA) services authorized within the 1915(i) State Plan Amendment for the Autism Benefit January 1, 2016 through September 30, 2016 service period. The FSR & CRCS Supplemental – Autism Benefit (January 1, 2016 – September 30, 2016) summarizes the revenues and expenditures of the PIHP related to the provision of ABA services for Medicaid children from age 18 months through 21 years and will be utilized to cost settle the Autism Benefit for the January 1, 2016 through September 30, 2016 service period.

The PIHP will receive retrospective monthly interim payments for ABA services. The payments will be paid only on the behalf of Medicaid, including MICHild, children that have active Autism eligibility in the Waiver Support Application (WSA), that have an Individual Plan of Service in the WSA, and where at least one valid encounter has been accepted in the MDHHS data warehouse (H2019-U5 or S5108-U5). The amount of the retrospective interim payment will be based on the intensity of the services to be provided (as indicated in the Plan of Service / WSA). The two intensity levels of payment are 1) Comprehensive Behavioral Intervention (CBI) representing the higher intensity service and 2) Focused Behavioral Intervention (FBI) representing the lower intensity service. The encounter verification will occur at the end of the third month following the service month. If an encounter has been accepted in the data warehouse, the payment will be generated in the fourth or fifth month following the service month. Please refer to the PIHP/CMHSP Encounter Reporting HCPCS and Revenue Code chart for identification of the codes and modifiers that will be utilized for reporting ABA services.

Per section 8.4.1.7 of the Contract, a cost settlement process will cover the actual costs associated with direct BHT/ABA services or up to the Medicaid fee screen, **whichever is less**, as well as administrative costs and assessments related to potential eligibility for these services. The settlement process will consider assessments (100% funded), administrative costs (100% funded), and Autism service costs. The Autism service costs utilized for settlement will be the lesser of the two, costs per the fixed fee schedule or PIHP reported expenditures. The total cost (assessment, administrative, and service (lesser of fixed fee or reported cost), will be compared with the interim payments.

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When settlement costs exceed the interim payments, a settlement payment will be processed to the PIHP. When the interim payments exceed the settlement costs, the overpayment will be recouped from the PIHP. MDHHS will cost settle the Medicaid (Title XIX) Autism Benefit inclusive of the MICHild Autism Benefit in one settlement issued to the PIHP.

The PIHP/CMHSP shall comply with Generally Accepted Accounting Principles, along with any other federal and state regulations as defined in the PIHP Contract. All revenue and expenditures are required to be reported on an accrual basis of accounting. As such, the revenue and expenditure amounts reported must include all earned reimbursements and/or obligations regardless of whether they have been billed or collected. Additionally, any adjustments for uncollectible amounts or write-offs should be included. The FSR & CRCS Supplemental – Autism Benefit January 1 - September 30, 2016 must reconcile to the PIHP’s general ledger.

## 2.0 Report - Due Dates

Refer to the reporting grid incorporated in Attachment P7.7.1.1 of the Contract for identification of report due dates. The reporting grid can be found on the MDHHS website: [http://www.michigan.gov/mdhhs/0,5885.7-339-71550\\_2941\\_38765---.00.html](http://www.michigan.gov/mdhhs/0,5885.7-339-71550_2941_38765---.00.html)

## 3.0 Report Submission

### 3.1 Report Submitted via US Mail

This is no longer applicable. Electronic report submission required.

### 3.2 Report Submission – Electronic

The report should be submitted electronically to the department by the due date identified in 2.0 above at [MDHHS-BHDDA-Contracts-MGMT@michigan.gov](mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov).

The report’s file name must identify the reporting fiscal year, period covered (submission type), agency name, report title and date of submission. Example: For the FY XX Year End Interim submitted from network180 for the Autism Benefit, the file name should read **FYXX Year End Interim network180 FSR Bundle MM-DD-YYYY**.

Note: The FSR & CRCS Supplemental – Autism Benefit (January 1, 2016 - September 30, 2016) is included in the FSR Bundle. It is not a stand-alone report.

Refer to the Electronic Report Submission Guidelines for report submission specifications.

## 4.0 Report Specific Navigation or Terminology

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Within this document the terms used in these instructions shall be construed and interpreted as defined below:

**Medicaid Contract:** The Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program Contract with selected PIHPs to manage the Concurrent 1915(b)/(c) and the Healthy Michigan Plan Programs in a designated service area and to provide a comprehensive array of specialty mental health and substance abuse services and supports.

**PIHP:** A CMHSP or Regional Authority that holds the Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program with MDHHS and acts as the Prepaid Inpatient Health Plan.

**CMHSP:** Community Mental Health Services Program that holds the Managed Mental Health Supports and Services Contract (GF Contract) with MDHHS.

**Regional Authority:** An entity, jointly governed by the sponsoring CHMSPs, that has met the MDHHS requirements for selection to be certified to the Center for Medicare and Medicaid Services as a PIHP.

ABA – Applied Behavior Analysis

CBI – Comprehensive Behavioral Intervention

ASD – Autism Spectrum Disorders

FBI – Focused Behavioral Intervention

**HICA:** Health Insurance Claims Assessment Act. Public Act 142 of 2011 created the Health Insurance Claims Assessment Act. The legislation mandates that effective January 1, 2012, certain third party administrators, carriers and self-insured entities are required to pay an assessment on certain paid health care claims.

**Administrative Costs:** Include assessment tools (i.e. ABLLS/VBMAPP books, Mullens, ADOS-2, VABS-2, etc0, materials for ABA implementation, time of autism coordinators/administrative staff overseeing: ABA services, WSA administration, attending autism trainings and webinars, working with ABA providers.

**Assessment Costs:** The cost of assessments, whether the results indicate the need for ABA services or indicate that ABA are not needed, SHOULD BE reported on the FSR Supplemental – Autism Benefit (January 1, 2016 – September 30, 2016).

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The FSR & CRCS Supplemental – Autism Benefit (January 1, 2016 – September 30, 2016) includes cell shading to assist the end user with completion of the form.

Report headers are shaded in light green.

Cells requiring data entry are shaded in yellow.

Cells that are formula driven and should not have data entered are shaded peach or light turquoise. The cells shaded in light turquoise represent sub-totals or totals.

Worksheet protection has been enabled.

Precision as displayed functionality has been enabled. As such, Excel will utilize the displayed value instead of the stored value when it recalculates formulas.

The term “Submission Type” on the worksheet refers to the reporting period, i.e., Interim, Final, and Projection.

## 5.0 Instructions for Completion of the Report

The PIHP name, Fiscal Year, Submission Type and Submission Date have been brought forward from the Medicaid worksheet.

### 5.1 Section 1 – Number of Units by Provider Type

This section represents the number of units provided by each credentialing level per the State Plan Amendment Healthcare Common Procedure Coding System (HCPCS) service code.

The number of units will be used to calculate the total utilization costs by each credentialing level per the fixed fee schedule. The total utilization cost calculated in Section 1, will be compared to the PIHPs actual cost (Section 3.a) during the cost settlement process. Each HCPCS service code has a column where the number of units will need to be entered. For ease in identifying the service code columns, each column has been labeled with a letter (A through O). Column O (Total) is formula driven and represents the sum of all service codes for each credentialing level.

#### Section 1.a – Board Certified Behavior Analyst (BCBA)

This section represents the number of units provided by the Board Certified Behavior Analyst (BCBA) credentialing level per the State Plan Amendment HCPCS service code.

Enter the number of units provided by the BCBA for each HCPCS code.

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**Section 1.b – Board Certified Assistant Behavior Analyst (BCaBA)**

This section represents the number of units provided by the Board Certified Assistant Behavior Analyst (BCaBA) credentialing level per the State Plan Amendment HCPCS service code.

Enter the number of units provided by the BCaBA for each HCPCS code.

**Section 1.c – Qualified Behavioral Health Professional (QBHP)**

This section represents the number of units provided by the Qualified Behavioral Health Professional (QBHP) credentialing level per the State Plan Amendment HCPCS service code.

Enter the number of units provided by the QBHP for each HCPCS code.

**Section 1.d – Licensed Psychologist/Limited Licensed Psychologist (LP/LLP)**

This section represents the number of units provided by the Licensed Psychologist / Limited Licensed Psychologist (LP/LLP) credentialing level per the State Plan Amendment HCPCS service code.

Enter the number of units provided by the LP/LLP for each HCPCS code.

**Section 1.e – Behavior Technician (BT)**

This section represents the number of units provided by the Behavior Technician (BT) credentialing level per the State Plan Amendment HCPCS service code.

Enter the number of units provided by the BT for each HCPCS code.

**5.2 Section 2 – Autism Benefit Fee Schedule Expenditures**

This section will be utilized to calculate the Autism Benefit Fee Schedule expenditures. The total Autism Benefit expenditures calculated in this section will be inclusive of assessment costs (identified by PIHP), administrative costs (identified by PIHP), and service utilization costs based on units of service provided times the fixed fee schedule.

**Section 2.a – Total Utilization Costs (per Fixed Fee Schedule)**

This row represents the total cost of utilization, based on the fixed fee schedule and units of service provided, for all credentialing levels.

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The cell is formula driven. The formula is  $BCBA (1.a - Total (Column O)) + BCaBA (1.b - Total (Column O)) + QBHP (1.c - Total (Column O)) + LP/LLP (1.d - Total (Column O)) + BT (1.e - Total (Column O))$ , rounded to nearest whole dollar.

**Section 2.b – Total Administrative costs**

This row represents the total administrative costs for providing ABA services.

Administrative Costs: Include assessment tools i.e. ABLLS/VBMAPP books, Mullens, ADOS-2, VABS-2, etc0, materials for ABA implementation, time of autism coordinators/administrative staff overseeing: ABA services, WSA administration, attending autism trainings and webinars, working with ABA providers.

Administrative costs are settled 100% with PIHPs. Enter the total administrative costs as described above.

**Section 2.c – Total Assessment costs**

This row represents the total cost of assessments, whether the results indicate the need for ABA services or indicate that ABA services were not needed.

Assessments costs related to potential eligibility for the Autism program service array are settled 100% with the PIHP. Enter the total cost of assessments.

**Section 2.d – Total Autism Benefit Fee Schedule Expenditures**

This row represents the total Autism benefit fee schedule expenditures inclusive of assessment costs, administrative costs, and service utilization costs based on units of service provided times the fixed fee schedule.

The cell is formula driven. The formula is the sum of *Total Utilization Costs (2.a)*, *Total Administration costs (2.b)*, and *Total Assessment costs (2.c)*.

**5.3 Section 3 – Autism Fee Schedule Expenditures vs. PIHP FSR Expenditures**

Effective January 1, 2016, the Autism settlement process will take into consideration assessments (100% funded), administrative costs (100% funded), and Autism service costs (the lesser of PIHP reported service expenditures or service expenditures based on the fixed fee schedule).

This section will be utilized to compare the Autism fee schedule expenditures calculated in Section 2 with the cost reported by the PIHP on the FSR – Autism (Jan – Sept 2016) to determine the lesser of the two.

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**Section 3.a – FSR Autism (Jan – Sept 2016) - Expenditures (Line AE290)**

This row represents the total Autism expenditures reported by the PIHP on the FSR – Autism (Jan -Sept 2016).

This cell is formula driven. The formula is *plus FSR – Autism Jan-Sep 2016 Total Expenditure (AE.290)*.

**Section 3.b – Autism Benefit Fee Schedule Expenditures**

This row represents the total Autism benefit fee schedule expenditures inclusive of assessment costs, administrative costs, and service utilization costs based on units of service provided times the fixed fee schedule. This amount was calculated in Section 2.

The cell is formula driven. The formula is *plus Total Autism Benefit Fee Schedule Expenditures (2.d)*.

**Section 3.c – Variance**

This row represents the variance between the total Autism expenditures reported by the PIHP and the Autism Benefit Fee Schedule expenditures calculated in Section 2.

This cell is formula driven. Formula is *FSR Autism (Jan – Sept 2016) Expenditures 3.a minus Autism Benefit Fee Schedule Expenditures 3.b*.

**5.4 Section 4. – Autism Cash Settlement (January 1 – September 30, 2016)**

This section calculates the cash settlement for the Autism Benefit January 1, 2016 through September 30, 2016 services.

**Section 4.a – Autism Benefit Service Expenditures - Used for Settlement**

This row represents the expenditures that will be utilized for the Autism Benefit January 1, 2016 through September 30, 2016 settlement. Per section 8.4.1.7 of the Contract, a cost settlement process will cover the actual costs associated with direct BHT/ABA services or up to the Medicaid fee screen, **whichever is less**, as well as administrative costs and assessments related to potential eligibility for these services.

Section 2 – Autism Benefit Fee Schedule Expenditures calculates the cost based on utilizing the fixed fee schedule.

Section 3 – Autism Fee Schedule Expenditures vs. PIHP FSR Expenditures the PIHP reported expenditures are compared to the calculated fixed fee based expenditures.

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Section 4.a – Autism Benefit Service Expenditures – Used for Settlement the amount utilized in the actual cost settlement is determined. As per the Contract, the amount utilized will be the lesser of PIHP reported cost or cost based on the fixed fee schedule. This cell is formula driven. The formula is *If Autism Benefit Fee Schedule Expenditures (3.b) is less than FSR Expenditures Line AE.290) (3.a) then Autism Benefit Fee Schedule Expenditures (3.b) else FSR Expenditures (Line AE.290) (3.a).*

**Section 4.b – Autism Interim Payment Funding rec'd thru 9/30 (enter as negative)**

Enter as a negative the amount of interim payments received by the PIHP as of 9/30.

**Section 4.c – Autism Interim Payment Funding rec'd after 9/30 (enter as a negative)**

Enter as a negative the amount of interim payments received by the PIHP after 9/30 through 9/30 dates of service.

**Section 4.d – MDHHS Cash Settlement (Due MDHHS) / Due PIHP**

This row represents the total amount due the MDHHS or PIHP. The cell is formula driven. The formula is *plus Autism Benefit Services Expenditures - Used for Settlement (4.a) plus Autism Interim Payment Funding rec'd thru 9/30 (enter as a negative) (4.b) plus Autism Interim payment Funding rec'd after 9/30 (enter as a negative) (4.c).*