Screening

- Screening occurs during an EPSDT well-child visit with the child’s primary care provider (PCP).
- Anyone can make a referral if there are concerns of the child showing signs of Autism Spectrum Disorder (ASD).
- The validated and standardized screening tool used may be completed by the parent and reviewed and verified by the practitioner.
- A full medical and physical examination must be performed before the child is referred for further evaluation.

Referral

- The PCP who screened the child for ASD and determined that a referral for further evaluation was necessary will contact the PIHP directly to arrange for a follow-up evaluation.
- The PIHP will contact the child’s parent(s)/guardian(s) to arrange follow-up appointments for a comprehensive diagnostic evaluation, behavioral assessment, establishing Applied Behavior Analysis (ABA) services, and for the related EPSDT medically necessary Mental Health Specialty Services.

Comprehensive Diagnostic Evaluation

- The comprehensive diagnostic evaluation is a neurodevelopmental review of cognitive, behavioral, emotional, adaptive, and social functioning using validated evaluation tools.
- Based on the evaluation, the qualified licensed practitioner (QLP) determines the child’s diagnosis, recommends general ASD treatment interventions, and refers the child for a behavior assessment.
- The determination of a diagnosis by a qualified licensed practitioner is accomplished by using the Autism Diagnostic Observation Schedule-Second Edition (ADOS-2) which includes direct observation of the child, and by administering a comprehensive clinical interview including a developmental symptom history, such as the Autism Diagnostic Interview-Revised (ADI-R).
- The practitioner will rate symptom severity using the Developmental Disabilities – Children’s Global Assessment Scale (DD-CGAS).
Determination of Medical Necessity

- Medical necessity and recommendation for ABA services is determined by a physician or other qualified licensed practitioner working within their scope of practice under state law.
- The child must demonstrate substantial functional impairments in the areas of social communication and social interaction, and restricted, repetitive, and stereotypical patterns of behavior across multiple environments as outlined in the DSM-5.

Plan of Care

- Following the comprehensive diagnostic evaluation, the child should be referred for a behavioral assessment to evaluate the child’s current skill level in a variety of areas.
- The assessment should utilize a reliable and valid assessment tool and should be administered by a Board Certified Behavior Analyst (BCBA) or other qualified provider. Goals for ABA services will be established as part of the behavioral assessment.
- Service intensity will vary with each child and should reflect the goals of treatment, specific needs of the child, and response to treatment.
  - There are no minimum or maximum allowable hours.
  - ABA services 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.

Applied Behavior Analysis (ABA) Services

- Applied Behavior Analysis is the science of behavior change as it applies to socially significant behavior and is identified as an evidence-based practice.
- Interventions include:
  - Adapting environments to promote appropriate behavior and learning while discouraging challenging behavior.
  - Systematically collecting information regarding behavior and its relationship with the environment.
  - Teaching parents/guardians to implement strategies outlined in the Behavioral Plan of Care.
- Clinical oversight for ABA services is provided by a qualified provider who delivers face-to-face observation and direction regarding developmental and behavioral techniques, progress measurement, data collection, function of behaviors, and generalization of acquired skills for each child.
- Providers include a Board Certified Behavior Analyst (BCBA), Board Certified Assistant Behavior Analyst (BCaBA), Qualified Behavioral Health Professional (QBHP), and Behavior Technician (BT).
  - BCBAs, BCaBAs, and QBHPs may provide behavioral assessment, behavioral intervention, and behavioral observation and direction.
  - BCaBAs and QBHPs work under the supervision of the BCBA.
  - BTs provide behavioral intervention. BTs work under the supervision of a qualified provider who is able to provide behavioral observation and direction.
Key Data
- As of September 30, 2019, there are 6,771 youth approved to receive Michigan Medicaid ABA services.
- As of September 30, 2019, Michigan has a total of 1,174 certified behavior analysts including 1,054 BCBAs, and 120 BCaBAs.
- As of the most recent 2019 Michigan Medicaid ABA network provider capacity survey, there are 539 BCBAs, 58 BCaBAs and 286 QBHPs serving the Michigan Medicaid population.

Resources
- To receive MDHHS Autism updates via GovDelivery, visit: https://public.govdelivery.com/accounts/MIDHHS/subscriber/new