PIHP / CMH Process Pathway for Coordination of Care When Autism Spectrum Disorder (ASD) is Suspected*

Red Flags Noted/Child Identified (e.g., M-CHAT, SCQ is administered)

- **If younger than 3 years**
  - PIHP/CMH must refer to Early On® using local or state phone or on-line system. Screening results are shared when written parent consent has been obtained.

- **If 3 years or older**
  - Parent submits a written request for a special education evaluation to the ISD or school district. Parent provides ISD or school district evaluation team with screening results as part of the review of existing data.

**Referral OR**

- **If younger than 21 years**
  - CMH completes a comprehensive diagnostic evaluation of ASD, as well as assessments for medically necessary services. Medicaid eligible individuals may pursue BHT/ABA, speech and language therapy, occupational therapy, and any other specialty services deemed medically necessary. PIHP/CMH requests written parent consent to share information with primary care provider and school district.

- **If 21 years or older**
  - CMH completes assessments for medically necessary services (other than ABA) to determine eligibility for specialty services and supports, and when applicable obtains written parent consent to share information with primary care provider and school district.

**Assessment OR**

- With written parent consent, evaluate for special education eligibility and requests parent consent:
  - To share results with Primary Care Provider and PIHP/CMH
  - To invite PIHP/CMH/Primary Care Provider to IEP team meeting
  - For an IEP team member to attend IPOS Person Centered Planning team meeting

- Send information to primary care provider and Early On or Special Education case coordinator (if applicable).

Early On requests consent to:
- Share results with Primary Care Provider and PIHP/CMH
- Evaluate for eligibility for Early On

PIHP/CMH requests written parent consent to share information with:
- Primary Care Provider and PIHP/CMH
- Early On or Special Education provider

Send information to primary care provider and PIHP/CMH providers

* Locate your PIHP/CMH Autism Coordinator at: http://michigan.gov/autism/0,4848,7-294-77675---,00.html

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www.michigan.gov/autism