

# Michigan Medicaid Applied Behavior Analysis and Autism Services Provider FAQ

To view the chapter related to Michigan Medicaid Autism ABA services, please refer to the MDHHS Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter Section 18. This manual can be found at: <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

## Behavioral Health Treatment (BHT)/Applied Behavior Analysis (ABA) Services

- What is Applied Behavior Analysis (ABA)?
  - ABA is the science of analyzing socially significant behavior and producing behavior change by modifying related environmental variables. ABA services may be used to address issues relevant to those with Autism Spectrum Disorder including, but not limited to, language acquisition, peer interactions and social skills, following routines, self-help and daily living skills, and reducing challenging behaviors.
- What is Behavioral Health Treatment (BHT)? How is it different than Applied Behavior Analysis (ABA)?
  - Per the Centers for Medicare & Medicaid Services (CMS), BHT refers to the “umbrella” of evidence-based practices related to behavioral health services. Currently, the **only** evidence-based treatment modality within this policy as part of BHT is that of ABA. Should new practices related to ASD undergo the rigorous scientific review by a nationally-recognized research organization in the future and then be identified as evidence-based practices, they *may* then be considered by CMS as potential service options as part of BHT.
- The minimum requirement is 1 hour of observation and direction by a qualified provider to every 10 hours of behavioral intervention services, but what if I have a child who needs more than the 1:10 ratio?
  - PIHPs may approve more behavioral observation and direction hours on a case-by-case basis. Hours may be authorized for a 3 month period (1 quarter) based on ongoing assessments.
- I have a child who is 19, is he/she eligible to pursue ABA services?
  - Children under 21 years of age are eligible to pursue ABA services.
- What does the requirement in the policy, “families are expected to provide a minimum of 8 hours of care per day on average...” mean?
  - ABA services cannot supplant care of parent/caregiver (e.g. cannot be utilized during sleep hours or 24 hours per day 7 days per week).

## Screening

- What should a family do if they suspect their child may have Autism Spectrum Disorder (ASD)?
  - The family should discuss their concerns with their health care provider, and the provider may conduct a screening and make a referral to the CMH for a comprehensive diagnostic evaluation to determine if the child has Autism Spectrum Disorder. While it is recommended that families contact their child’s primary health care provider, there

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is no “wrong door” to obtain a referral for a comprehensive diagnostic evaluation, and families may self-refer to the CMH.

## Comprehensive Diagnostic Evaluations

- What if there is an individual with a pre-existing diagnosis of ASD by a qualified licensed practitioner who wants to pursue ABA services?
  - Eligibility determination and recommendation for ABA services must be performed by a qualified licensed practitioner and must include a minimum of all of the following:
    - Direct observation utilizing the ADOS-2
    - Administering a comprehensive clinical interview that includes a developmental symptom history (medical, behavioral, and social history) such as the Autism Diagnostic Interview-Revised (ADI-R) or clinical equivalent
    - Rating of symptom severity with the Developmental Disabilities - Children’s Global Assessment Scale (DD-CGAS)
- Now that eligibility criteria follows the DSM-5 guidelines, will it be harder for a child to be diagnosed and meet medical necessity criteria?
  - No. While the ADOS-2 evaluation and medical necessity criteria now align with the DSM-5 rather than the previously used DSM-IV, the core features of the diagnosis and medical necessity have not changed.
- Are cognitive tests or other tests required as part of the comprehensive diagnostic evaluation?
  - Cognitive tests or other tools **may** be necessary to determine a diagnosis and medically necessary service recommendations. The majority of diagnostic evaluations will require additional tools beyond those required in order to make an accurate diagnosis. With the vastness of the Autism Spectrum as well as the wide age range of children eligible for ABA services, it will be up to the practitioner’s clinical judgement to select which additional tools may be necessary for each individual.
- Can we conduct a comprehensive diagnostic evaluation if the child has not had a full medical and physical examination?
  - Yes. If upon intake for evaluation and eligibility determination at a CMH, a rule out of other medical conditions or a physical examination is needed, a referral can be made at that time. Conducting a comprehensive diagnostic evaluation and eligibility determination without a full medical and physical examination will be made on an individual basis by the CMH.
- How often does an individual need to be re-evaluated to remain eligible for ABA services?
  - Each individual should be re-evaluated annually utilizing the Autism Diagnostic Observation Schedule- Second Edition (ADOS-2) and the Developmental Disabilities - Children’s Global Assessment Scale (DD-CGAS).
- What if a family indicates that their child has been diagnosed with Autism but is not able to give diagnostic records?

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- It is recommend that the child is re-evaluated for ASD.
- The policy says it provides services to children ages 0-21. How early can a child be diagnosed and receive ABA services?
  - There is no “minimum age” as long as the provider is experienced and comfortable with performing the comprehensive diagnostic evaluation. However, the policy requires the use of the ADOS-2 as part of the comprehensive diagnostic evaluation, and the assessment modules used within the ADOS-2 typically don’t apply until a child is at least 12 months of age and thus has reached the chronological age where certain developmental milestones would be applicable.
- Can an LPC or other licensed practitioner perform a comprehensive diagnostic evaluation or determine medical necessity?
  - No. While Michigan licensure regulations allow an LPC to perform diagnostic evaluations, for all purposes related to this policy, CMS does not allow this. This licensed practitioner may be able to administer tools as part of the comprehensive diagnostic evaluation, but a qualified licensed practitioner as outlined in the policy needs to verify all assessment results including directly observing the child, determine the actual diagnosis, and determine medical necessity.
- Some school psychologists are conducting the ADOS-2 but do not meet the criteria outlined for qualified licensed practitioners under this policy. Are we able to use this ADOS-2 information?
  - No. A qualified licensed practitioner must review the ADOS-2 which includes observing the child and completing the other requirements for the comprehensive diagnostic evaluation.
- If a child is determined “not qualified” for ABA services, what is the appeal process?
  - If a family feels the child should be reconsidered for additional diagnostic evaluations, the family may file a Medicaid Fair Hearing request with the PIHP.

## Service Level and Hours of Service

- What are the two levels of ABA service?
  - **Focused Behavioral Intervention** is provided an average of 5-15 hours per week (actual hours needed are determined by the behavioral plan of care and interventions required)
  - **Comprehensive Behavioral Intervention** is provided an average of 16-25 hours per week (actual hours needed are determined by the behavioral plan of care and interventions required)
- How are service levels determined?
  - The service level determination will be based on research-based interventions integrated into the behavioral plan of care with input from the planning team and includes the number of hours of intervention provided to the child. Service intensity will vary with each child and should reflect the goals of treatment, specific needs of

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the child, and response to treatment. The recommended service level, setting(s), and duration will be included in the child's IPOS, with the planning team and the parent(s)/guardian(s) reviewing the IPOS at regular intervals (minimally every three months) and, if indicated, adjusting the service level and setting(s) to meet the child's changing needs. Clinical determinations of service intensity, setting(s), and duration are designed to facilitate the child's goal attainment.

- Who authorizes the level of service prior to the delivery of ABA?
  - The PIHP's Utilization Management is responsible for authorizing the level of services.
- Is there a minimum or maximum number of ABA hours children can receive?
  - No. There are no minimum or maximum caps of hours for ABA services. Each child is evaluated and assessed by a team of qualified professionals to determine clinical recommendations of hours that are medically necessary for that child, along with input from the family and caregivers during the person centered planning process.

## Monitoring Treatment and Evaluating Progress

- Who is responsible for monitoring treatment services and progress?
  - Qualified providers include a BCBA-D, BCBA, BCaBA, LP, LLP, and QBHP.
- How often does a BCBA or other qualified provider need to assess progress for each individual receiving ABA services?
  - Minimally every six months, using reliable and valid assessment instruments (e.g. VB-MAPP, ABLLS-R, AFLS) and other appropriate documentation (e.g. graphs, assessment reports, records of service, progress reports, etc.).
- How often does the service level, setting(s), and duration included in the IPOS need to be reviewed with the planning team and parents/guardians?
  - Minimally every three months.

## Qualified Providers

- Can a BCaBA function independently?
  - BCaBAs must be supervised by a BCBA or a BCBA-D in accordance with this policy and the requirements set forth by the Behavior Analysis Certification Board (BACB).
- What does the language "master's degree in a mental health-related field from an accredited institution" refer to?
  - This language is adopted directly from the Behavior Analysis Certification Board (BACB) according to their degree/education requirements for those seeking to obtain certification. Please refer to [www.bacb.com](http://www.bacb.com) for further information.
- Do individuals that deliver direct ABA services have to be registered behavior technicians (RBTs) through the BACB?

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- No. Behavior Technicians (BT) must receive training based on the BACB's RBT task list, but they are not required to register with the BACB as an RBT upon completion in order to furnish ABA services.

## Telepractice

- Does Skype or Facetime meet the security standards for telepractice?
  - No, the applications used must have encrypted software that meets the security standards outlined for HIPAA compliance and meet current industry standards.
- Will there be a telepractice modifier?
  - Yes, there is a mandatory modifier (GT) to use on the service encounters reported.
- Is there a distance/region requirement for using telepractice services?
  - No, but prior authorization by MDHHS staff is required before utilizing telepractice services.
- What ABA services can be delivered via telepractice?
  - Behavioral observation and direction, and behavioral intervention for family training and guidance. Practitioners using telepractice services for family training and guidance purposes may only work with one family at a time as telepractice is not an allowable option for group training with families.
- Can sessions be recorded and viewed at a later date as part of the telepractice options?
  - No, services must be provided in real-time to be considered an allowable service option.
- How will MDHHS prior authorize telepractice services?
  - The IPOS must indicate that telepractice services are planned for use with the individual, including the anticipated amount, scope, and duration of telepractice use. Any IPOS entered into the Waiver Support Application (WSA) where the use of telepractice is indicated will then go to MDHHS for prior authorization.

## Additional Therapies and Services

- My child is covered by Medicaid and has ASD but does not qualify for services provided through the CMH. Who provides his specialty therapies?
  - Occupational therapy, physical therapy, and speech therapy for those with ASD that do not meet the eligibility requirements for developmental disabilities by the PIHP are covered by the Medicaid Health Plan or by Medicaid Fee-for-Service.
- If a child is already involved in other CMH services, can they still receive ABA services as well?
  - Yes. Services are coordinated based on medical necessity. If the child meets medical necessity criteria, they may be eligible to receive ABA services.
- If a child is on a waiver can they also receive ABA services?

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- Yes. Children that are Medicaid eligible for a waiver program by MDHHS can pursue all Medicaid services that may be medically necessary, including ABA services.

## Insurance

- If ABA is a covered service through a child's private insurance benefits, can the child also utilize Medicaid to assist with deductibles and co-pays?
  - Private insurance is always the payor of first resort. All the private insurance rules must be followed and families must access and use all available private insurance benefits first. Medicaid is always the payor of last resort. If the child has an available benefit through private insurance, as with other services, the family needs to complete the prior authorization process (including any assessment required by insurance) for the requested service from both sources (private insurance and Medicaid) and use a provider that is approved by both the insurer and one that is Medicaid enrolled. The provider would bill the insurer and if there is an amount owing, then the provider would balance bill Medicaid. If the provider agrees to accept the specific insurance plus Medicaid as payment in full for the service, and the individual is eligible for the specific service through both resources, the family may not have to satisfy the deductible or co-pay for private insurance for those specific services.
  - For specific questions about coordination of benefits, call the Department of Insurance and Financial services (DIFS) at (877) 999-6442 or go to [http://www.michigan.gov/difs/0,5269,7-303-12902\\_35510-289646--,00.html](http://www.michigan.gov/difs/0,5269,7-303-12902_35510-289646--,00.html).

## CMH Services and School Services

- What is a parent's obligation for their child's education?
  - All children have a right to education and parents are obligated to see their child receives an education. There are a variety of ways in which this can be done, including public school, home school, nonpublic school.
- What is Free Appropriate Public Education (FAPE)?
  - An individualized plan for the delivery of special education programs and services provided to a specific individual with a disability to enable progress in age-appropriate activities or the general education curriculum.
- What is IDEA?
  - IDEA is the acronym for the Individuals with Disabilities Education Act, which is a Federal special education law originally enacted in 1975 with periodic reauthorizations, the most recent being 2004. Part B of IDEA mandates the provision of FAPE in the least restrictive environment for eligible students with disabilities age 3-21. Part C of IDEA mandates early intervention services provided to eligible infants and toddlers birth to 3.
- What does least restrict environment (LRE) mean as it relates to special education in schools?
  - To the maximum extent appropriate, children with disabilities are educated with children who are non-disabled, and removed from the general education environment only if the nature or the severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

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- What is the difference between an IEP and an IFSP?
  - An Individualized Education Program (IEP) is a plan developed by a team, for eligible students with disabilities under state and federal special education law, that describes the offer of FAPE in the LRE, including special education and/or related services, and/or supplementary aids and services. An Individualized Family Service Plan (IFSP) is a plan for infant and toddlers (birth to 3) that includes early intervention services. The IFSP may also include special education if the child qualifies for special education under Michigan Administrative Rules for Special Education.
- How might CMH increase school, agency, and provider collaboration and coordination of Medicaid-funded ABA services?
  - Establish regional collaboratives to get to know the service providers and school district administrators in your community. Share resources and training opportunities for professional learning.
  - Identify providers with flexible hours to ensure a variety of scheduling options before and after school and on weekends/breaks to ensure children have access to their full entitlements under IDEA and Medicaid.
  - Encourage opportunities for schools and providers, to share, with parent consent, child-based information (e.g., progress notes, goals, instructional strategies) to aid with IPOS development.
  - Encourage communication regarding all services the child is receiving in IPOS with the school and family. Set an intra/inter-agency communication expectation at the beginning of services for 1) How progress will be shared (e.g. communication logs, progress notes, phone calls, email, meetings, shared electronic data monitoring), and 2) With whom progress will be shared (e.g., school, healthcare, private provider)
  - Create opportunity to develop the IPOS in complementary alignment with the IEP/IFSP (e.g., request a copy of the plans and review services the child receives in school)
  - Request time to observe the child in the school /classroom environment as a visitor and allow school personnel options to observe ABA sessions as a visitor. Observing visitors must be cognizant of the privacy rights of other children, and observe in a neutral and non-intrusive manner with respect to the classroom process or ABA session.
  - Promote intra/inter-agency participation at meetings using a variety of meeting modes (e.g., in-person, phone, Skype) to discuss progress (e.g., IEP, IFSP, IPOS meetings, periodic review meetings, team meetings).
  - IPOS may not supplant IEP services
- What do CMH's need to consider when a school or parent is requesting ABA during the typical school day?
  - Age of the child (i.e. preschool vs. K-12)
  - Type of school placement the child is attending (i.e. private, local district, Charter/Charter Virtual, home school, etc.)
  - Medical necessity vs. scheduling convenience for parent, school, and/or ABA provider
- What are some resources for Schools, CMH, and Families?
  - Michigan Department of Special Education Office: 1-888-320-8384
  - Michigan Alliance for Families: [www.michiganallianceforfamilies.org](http://www.michiganallianceforfamilies.org), 1-800-552-4821

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- Michigan Association of Administrators of Special Education (MAASE): [www.maase.org/wiki](http://www.maase.org/wiki) “Individualized Family Service Plan and Individualized Education Program Considerations for Students with ASD Receiving Insurance-based Treatment/Intervention”.
- Can a child being homeschooled receive ABA services during the day?
  - Yes, but clear documentation of the schedule of school vs. schedule of ABA services is recommended because ABA services cannot supplant educational services. Service schedules must be clearly separated.

## Resources

- If a family is in crisis, what should they do?
  - In a medical emergency situation, the family should be urged to first call 911. Each CMH also maintains employees who respond to crisis situations, including a 24-hour crisis line. Please refer to the map and contact information listed on the CMH’s website.
- What are some resources on evidence-based practices and interventions?
  - Association for Science in Autism Treatment: [www.asatonline.org](http://www.asatonline.org)
  - National Autism Center - review and analysis of interventions for Autism Spectrum Disorder (ASD) and National Standards Project: [www.nationalautismcenter.org](http://www.nationalautismcenter.org) , 877-313-3833
  - Statewide Autism Resources and Training (START): [www.gvsu.edu/autismcenter](http://www.gvsu.edu/autismcenter) , 616-331-6486
  - National Professional Development Center on Autism Spectrum Disorders: [www.autismpdc.fpg.unc.edu](http://www.autismpdc.fpg.unc.edu)