Medicaid Behavioral Health Treatment: Applied Behavior Analysis

Frequently Asked Questions

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Introduction

The Michigan Department of Health and Human Services (MDHHS) established the Michigan Autism Section in 2013 as part of the Behavioral Health and Developmental Disabilities Administration (BHDDA) to primarily support the Medicaid coverage of Behavioral Health Treatment, including Applied Behavior Analysis services, to individuals with Autism Spectrum Disorder (ASD). BHDDA, along with 10 Prepaid Inpatient Health Plans (PIHPs) and 46 regional Community Mental Health Services Programs (CMHSPs), contracts public funds for all necessary Applied Behavior Analysis (ABA) services and supports for eligible enrolled children, youth, and young adults with ASD. Medicaid funds, which are paid on a per Medicaid-eligible capitated basis, are contracted through Prepaid Inpatient Health Plans (PIHPs) to cover comprehensive diagnostic/eligibility evaluations, behavioral assessments, evidence-based interventions, and clinical observation and direction to support the accomplishment of outcomes in the behavioral plan of care.

Applied Behavior Analysis (ABA) is recognized as the most effective treatment for individuals with ASD with over 40 years of scientific research and evidence demonstrating its effectiveness in treating the core features of autism. ABA services are individually tailored to address socially significant behaviors, including improving communication, socialization, and daily living skills, as well as, increasing access to inclusion in general educational and community settings by addressing significant aggressive or self-injurious behaviors that pose a threat to an individual’s development and to families staying united.
Behavioral Health Treatment (BHT) and 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 the Michigan Medicaid 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.

I have a child who is 19, is he/she eligible to pursue ABA services?
Children who are under 21 years of age and meet all other eligibility criteria are entitled to pursue ABA services.

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 pediatrician or primary health care provider. The health care provider should review the child’s overall medical and physical health, hearing, speech, vision, behavioral and developmental status, and screen for ASD with a validated and standardized screening tool if suspicion of ASD. The provider may make a referral to the Community Mental Health (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 is no “wrong door” to obtain a referral for a comprehensive diagnostic evaluation, and families may self-refer to the CMH.

Who is responsible for screening children for ASD to determine if a referral for further evaluation is necessary?
The child’s pediatrician or primary health care provider should be screening children’s developmental status at their well child visits and determine if a referral for further evaluation is
necessary for suspicion of ASD. The pediatrician or primary health care provider must refer the child to the Pre-paid Inpatient Health Plan (PIHP) or CMH in the geographic service area for Medicaid beneficiaries to arrange a follow-up appointment for a comprehensive diagnostic ASD evaluation.

**Comprehensive Diagnostic Evaluations**

**What if an individual already has a diagnosis of ASD from a pediatrician or primary health care provider and wants to pursue eligibility for ABA services?**

Eligibility determination and service recommendation for ABA, as well as, other potentially covered specialty services and supports (i.e. case management, supports coordination, respite, community living services, etc.) will be performed through the local PIHP, CMH, or contracted agency. For ABA services, a qualified licensed practitioner (QLP) will analyze past data, assessments, evaluations, diagnostic, behavioral, and developmental histories, and perform an evaluation. Based on the QLP’s access to the individuals records and evaluation they will determine the following:

1) confirm the ASD diagnosis;
2) determine ABA medical necessity criteria;
3) recommend and refer any other related services and supports needed;
4) and recommend the appropriate intensity and setting for ABA services the individual needs.

**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 make medically necessary service recommendations. The majority of diagnostic evaluations will require the use of additional tools beyond those required in order to make an accurate diagnosis. With the vastness of the Autism Spectrum Disorder and the wide age range of children eligible for ABA services, it is the practitioner’s clinical judgement to select which additional tools may be necessary for each individual.

**Can a comprehensive diagnostic evaluation be conducted if the child has not had a full medical and physical examination?**

Yes. If a rule out of other medical or physical conditions is needed upon intake for evaluation and eligibility determination at a CMH, 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.

**What if a family indicates their child has been diagnosed with Autism but is not able to give diagnostic records?**

It is recommended that the child is re-evaluated for ASD, as well as, eligibility for other supports and services.
The policy says it provides services to children birth to 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. 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 do not 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 for comparison and scoring purposes.

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?

The two levels of ABA service are Focused Behavioral Intervention and Comprehensive Behavioral Intervention.

- **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 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 the child. Input from the family and caregivers during the
person-centered planning process is also taken into consideration for the clinical recommendation.

### Monitoring Treatment and Evaluating Progress

**Who is responsible for monitoring treatment services and progress?**
Qualified providers include a Board Certified Behavior Analyst – Doctoral (BCBA-D), Board Certified Behavior Analyst (BCBA), Board Certified Assistant Behavior Analyst (BCaBA), Licensed Psychologist (LP), Limited Licensed Psychologist (LLP), and Qualified Behavioral Health Professional (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, EFL, PEAK) and other appropriate documentation (e.g. graphs, assessment reports, records of service, progress reports, etc.).

### 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 Analyst Certification Board (BACB).

**Do individuals that deliver direct ABA services have to be registered behavior technicians (RBTs) through the BACB?**
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 or complete the BACB’s other requirements for the RBT credential 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.

**Is there 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 the telepractice service modality.
What ABA services can be delivered via telepractice?
Clinical 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, too?
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?
Yes. Children that are Medicaid-eligible for a waiver program by MDHHS can pursue all Medicaid services that may be determined medically necessary including ABA services.

Codes

What resources or documents should I use to determine how ABA services funded by Medicaid should be reported in Michigan?
Medicaid ABA Providers must follow the Mental Health Reporting Requirements from the PIHP/CMHSP Encounter and Code Chart updated and available at: https://www.michigan.gov/documents/mdhhs/MHCodeChart_554443_7.pdf
Have changes been made to the MI Medicaid ABA service coverage to pair with the 2019 CPT® codes?
No. Michigan Medicaid policy for ABA services, including credentialing qualifications and provider requirements at all levels, is not changing; the only change is in the codes for reporting.

What rules for reporting timed ABA services follow?
CPT® rules for reporting will be utilized, including their timing schedule that states that a unit of time is attained when the mid-point is passed. This differs from timing/unit reporting requirements for other covered PIHP/CMHSP specialty supports and services.

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Are there any changes to mandatory modifier requirements for the Autism ABA Benefit?
No. There are no changes to mandatory modifier requirements. The U5 and provider type modifiers are still mandatory for all reported service codes, except for any service reported by a behavior technician (BT). For all BT services the provider type modifier is not required, regardless of the type of degree the BT may hold. For example, if an individual who holds a master’s degree is credentialed as and functioning as a BT and thus provides the Adaptive Behavior Treatment or Exposure Adaptive Behavior Treatment service in this role, no provider type modifier should be reported with this service (the U5 modifier would still be reported, as with all other services within this policy).

What is the average amount of time an individual will need for a Behavior Skills Assessment?
The Behavior Skills Assessment services reimbursement rate was built upon a 4-hour average/16 unit assumption, thus how the rate per 15 minutes was determined. The Behavior Skills Assessment service is also now billed for every day the assessment takes place if done over multiple days, rather than just the start date as it was previously reported.

Will each IPOS need to be amended to reflect the new codes as of 1/1/19 in the Waiver Support Application (WSA)?
No. They may be amended in WSA with the new codes at the naturally-occurring IPOS amendment date.
How will I bill for indirect activities related to assessments, such as writing reports and reviewing historical documents?
Indirect activities, such as writing reports and reviewing historical documents, should be built into the 16 unit rate for assessments to match the $480.00 fee schedule; or costed into the rate of only face to face time accordingly.

Insurance

For members who have concerns about obtaining an AAEC evaluation, providers can contact one of the following based on the member’s coverage:
- Blue Care Network – contact Behavioral Health at (800) 482-5982
- Blue Cross Blue Shield of Michigan – contact New Directions at (877) 563-9347

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 both approved by the insurer and is enrolled with Medicaid. The provider would bill the insurer for services and, if there is an amount owing, the provider would then bill Medicaid for the balance. 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 additional information regarding verification, other insurance, and coordination of benefits, please see the chapter in the Medicaid Provider Manual at: http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf
- 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.

CMH ASD Services and School Services

What resources are available for school staff, families, and students with ASD?
The Michigan Department of Education (MDE) Office of Special Education (OSE), including information about the OSE responsibilities, including primary contacts for each area of work, important updates, and resources to better support special education stakeholders can be found in their directory and overview document. The OSE provides special education supervision and services within a continuum of support for children and youth with disabilities. This support ranges from the federal to the local level and includes special education laws, programs, and services. Understanding the different safeguards and programs for students with disabilities will help special education stakeholders understand the role of the OSE in this continuum of support.
• Michigan Department of Special Education Office (1-888-320-8384).
• Michigan Alliance for Families ([http://www.michiganallianceforfamilies.org/](http://www.michiganallianceforfamilies.org/)): Staff are available to talk to parents and professionals about special education and related services, and disability-specific information.
• START Project ([https://www.gvsu.edu/autismcenter/](https://www.gvsu.edu/autismcenter/)) and the Regional Collaborative Network ([https://www.gvsu.edu/autismcenter/regional-collaborative-networks-13.htm](https://www.gvsu.edu/autismcenter/regional-collaborative-networks-13.htm)) funded through MDE: Support to school staff with information, training, and resources to address needs in the areas of professional development; coaching for implementation of evidence-based practices that promote independence, engagement, social opportunities, and integration; family collaboration and engagement; and preparation for transition to a post-school life.
• Michigan’s Integrated Behavior and Learning Support Initiative (MIBLSI) funded through MDE ([https://miblsi.org/](https://miblsi.org/)): Utilize multi-tiered frameworks with proven practices that improve behavioral and academic outcomes for students. They partner with schools to supports intensive programs and strategies provided to students who require individualized supports in addition to universal and secondary supports. The purpose of tertiary supports is to reduce the severity of academic or behavior problems.

**Where can I find more information on Michigan schools and data on special education?**
Michigan’s school information can be found on the Parent dashboard for school transparency. The Parent Dashboard is filled with important school-level information that parents and others say they want to know about Michigan public schools, including charter schools. Whether you are looking for student-to-staff ratios, attendance information, school assessment scores, or access to college-credit or career-tech programs, the Parent Dashboard provides easy access to valuable student and school information to guide decisions and encourage conversations about how we can help all students succeed.

**What is a parent’s obligation for their child’s education?**
All children have a right to education, and parents are obligated to see that their child receives an education. There are a variety of ways in which parents can choose for this to be done, including public school, home school, or non-public school options.

**What is IDEA?**
The Individuals with Disabilities Education Act, or IDEA, 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 Free and Appropriate Public Education (FAPE) in the least restrictive environment for eligible students with disabilities age 3-21. Part C of IDEA mandates that early intervention services be provided to eligible infants and toddlers age birth to 3.
What is Free Appropriate Public Education (FAPE)?
FAPE is an educational right of all children in the US and is guaranteed by the Rehabilitation Act of 1973 and by IDEA. FAPE outlines requirements for schools around special education services, including having an Individualized Education Plan (IEP) 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. For additional information and guidance from the US Department of Education please click below:

- Guidance on FAPE
- Questions and Answers on US Supreme Court Case Decision

What does least restrictive 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.

What is the difference between an IEP and an IFSP?
An Individualized Education Plan (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 infants and toddlers age birth to 3 that includes early intervention services. The IFSP may also include special education if the child qualifies under Michigan Administrative Rules for Special Education.

How might the 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 for services before and after school, on weekends, and over school breaks to ensure children have access to their full entitlements under both 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 the 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 opportunities 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 modalities (e.g. in-person, phone, Skype) to discuss progress (e.g. IEP, IFSP, IPOS meetings, periodic review meetings, team meetings).
- Be mindful that the IPOS may only support, not supplant, IEP services.

**What do CMHs need to consider when a school or parent is requesting ABA during the typical school day?**

Typically, ABA services are scheduled before and after school or on weekends, as to not disrupt inclusion in the school environment. There are rare cases that may need further evaluation by both systems (schools and CMH) of what is medically needed while ensuring the child has access to a Free Appropriate Public Education (FAPE) in the least restrictive environment (LRE) and does not duplicate services. ABA services being authorized needs to be medically necessary.

- Age of the child (e.g. preschool vs. K-12)
- Type of school placement the child is attending (e.g. private/non-public, local district, Charter/Charter Virtual, home school, etc.)

**ABA Service Desired Outcome**

Assure all eligible children get the individualized ABA services when and where they need it, in a person-centered or family driven youth-guided approach that focus on the individual’s life goals, interests, desires, preferences, strengths and abilities, while balancing the individual’s rights to a free an appropriate public education (FAPE) and honoring families to make informed choices regarding services they receive based upon the needs of their child and family. ABA services treatment and public education should be coordinated with other public resources efficiently to maximize the outcomes of each individual served. Assures that the child receives both:

- ABA services through the PIHP/CMHSP public behavioral health system, plus,
- Education entitlement and related services through the public education system.

**Are ABA services and ABA Qualified Professionals currently covered or recognized by Medicaid School Based Services in Michigan?**

ABA services and ABA Qualified Professionals are not currently covered or recognized by Medicaid School Based Services in Michigan. Medicaid ABA services are contracted through Michigan’s regional Prepaid Inpatient Health Plans (PIHP) and delivered locally through Community Mental Health Services Programs (CMHSPs). Medicaid PIHP/CMHSP agencies are responsible for funding medically necessary ABA treatment, regardless of location, if medically indicated, and document coordination with other health-care services, providers and entitlement programs.

For ABA services, the location, such as home, school, or community setting, may be an integral part of the treatment/transition plan and necessary to ensure treatment goals are met, especially generalization of skills across settings and people (i.e. school staff, in-home staff, Mom/Dad/Siblings, caregivers, jobs, sports teams’ coaches, etc.). Specifically, medically necessary ABA treatment may be provided in a school setting (a) to ensure that skills acquired in the home and community generalize to the school setting; (b) observe and assess when the
behavior occurs in the school setting; (c) or simply as a matter of logistics to ensure that a child’s treatment is delivered at a sufficient level of intensity (i.e., number of hours per week).

- Example: a Medicaid ABA Provider/BCBA may request to observe the school/classroom or community environment to:
  - Understand the expectations of an environment (Burger King/Classroom rules/Job/Sports team);
  - Inform their ABA treatment plan goals for the individual to be successful in that setting that will be targeted with the PIHP providers/BT's;
  - Inform ratios, groups, or schedule that will be likely in the setting;
  - Ensure that skills acquired in the home and community generalize to the school/job placement setting;
  - Plan for transition or discharge from intensive ABA services;
  - OR just logistical (ABA services delivered after school to reduce transition/loss of treatment time, and practice skills in the natural environment).

**ABA services** means services provided to clients that are included in the practice of applied behavior analysis in Michigan. The practice of ABA means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.

- **Insurance Reform 2012** - Covered Behavioral Health Treatment for ASD are necessary to develop, maintain, or restore, to the maximum extent practicable, the functioning of an individual.
- **Medicaid Program 2016** - ABA expansion under EPSDT services that are designed to assure that children receive early detection and preventive care, in addition to medically necessary treatment services to correct or ameliorate any physical or behavioral conditions, so that health problems are averted or diagnosed and treated as early as possible.

**Medicaid ABA Service Policy and National Board Guidelines**

**Medicaid Provider Manual (MPM) Section 18.3**

- [Medicaid funded 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 schools or other settings, or to be provided when the child would typically be in school but for the parent’s/guardian’s choice to home-school their child. Each child’s Individual Plan of Service (IPOS) must document that these services do not include special education and related services defined in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) that are available to the child through a local education agency.”

  - Definition of supplant components: Replace or take the place of (another)
  - Medically necessary ABA services target goals in the individual plan of service and ABA treatment plan, which addresses the deficits and behaviors associated with the child’s autism diagnosis and treatment improves behavioral conditions;
  - ABA services funded by Medicaid through the PIHP/CMHSP system do not address FAPE or educational/academic goals pursuant of an IEP to meet an educational standard.

**The Behavior Analyst Certification Board (BACB) ABA Treatment of ASD Practice: Guidelines for Healthcare Funders and Managers, Second Edition**
• “[C]overage of ABA treatment for ASD healthcare funders and managers should not supplant responsibilities of educational and governmental entities.”
• The development process/structural content of the IEP may naturally incorporates the same evidence-based intervention that an ABA treatment plan includes for individuals based on the principles of behavior.

Medicaid ABA Treatment Services vs. IEP Special Education Services
Principles of behavior (ex. reinforcement, antecedent stimulus, etc.) and evidence-based interventions (ex. modeling, schedules, self-management, etc.) may be identified in education and treatment plans and can be utilized across setting and environment. The IEP/ABA treatment plan have different federal obligations, scopes, standards, and responsibilities to provide services and supports to an individual.
• IEP: Access to the general curriculum so that the child can meet the educational standards.
  • Provided by certified teachers, special education teachers, therapists, paraprofessionals, etc.
• IPOS/ABA treatment plan: The focus is to correct or ameliorate any physical or behavioral conditions and to develop, maintain, or restore, to the maximum extent practicable, the functioning of an individual.
  • Provided by BCBA or other appropriately licensed and certified professionals.

Transportation

Where can I find additional information regarding transportation funded through Medicaid?
Additional information may be found in the Medicaid Provider Manual and the Mental Health Encounter and Code chart: https://www.michigan.gov/documents/mdhhs/MHCodeChart_554443_7.pdf
Resources

What should a family do when they are in crisis?
In a medical emergency situation, the family should be urged to first call 911. Each CMH also maintains employees who respond to non-medical crisis situations, including a 24-hour crisis line. Please refer to the CMH informational map for crisis lines in each county.

What are some additional resources on ABA and other evidence-based practices and interventions?
- Association for Science in Autism Treatment: www.asatonline.org
- National Professional Development Center on Autism Spectrum Disorders: www.autismpdc.fpg.unc.edu

Glossary of Terms and Acronyms

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<tr>
<th>Acronym</th>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>AAP</td>
<td>American Academy of Pediatrics</td>
<td>An association comprised of pediatricians across the U.S. involved in different activities to optimize all aspects of health, including physical, mental, and social, for all children under the age of 18.</td>
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<td>ABA</td>
<td>Applied Behavior Analysis</td>
<td>A process of systematically applying a variety of evidence-based practices to improve socially significant behavior (e.g. those important for successful functioning in a variety of environments). ABA is founded in the scientific principles of behavior and learning and includes, but is not limited to, functional communication training, discrete trial training, reinforcement, prompting, incidental teaching, schedules, naturalistic teaching, shaping, and pivotal response training.</td>
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<tr>
<td>ABI</td>
<td>Applied Behavioral Intervention</td>
<td>Per the Michigan 1915(i) State Plan Amendment, a less intensive and focal model of ABA where treatment is provided an average of 5 to 15 hours per week.</td>
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<tr>
<td>ABLLS-R</td>
<td>Assessment of Basic Language and Learning Skills Revised</td>
<td>An assessment tool and treatment guide used for the evaluation and instruction of language and critical learner skills for children with autism or other developmental disabilities.</td>
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<tr>
<td>Term</td>
<td>Description</td>
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<tr>
<td>ADI-R</td>
<td>Autism Diagnostic Interview - Revised – A structured interview tool that may be used to diagnose Autism Spectrum Disorder (ASD), plan treatment, and distinguish autism from other developmental disorders.</td>
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<tr>
<td>ADOS-2</td>
<td>Autism Diagnostic Observation Schedule – An instrument that may be used in the diagnostic and assessment process for Autism Spectrum Disorder (ASD).</td>
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<td>AFLS</td>
<td>Assessment of Functional Living Skills – An assessment tool and treatment guide used for the evaluation and instruction of essential life skills so that individuals with Autism Spectrum Disorder (ASD) or developmental delays may live independently.</td>
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<tr>
<td>ASD</td>
<td>Autism Spectrum Disorder – A developmental disability affecting social skills, communication, and behavior. Abilities in these areas range depending on the individual.</td>
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<tr>
<td>BACB</td>
<td>Behavior Analyst Certification Board – A national nonprofit corporation established to coordinate BCBA-D, BCBA, BCaBA, and RBT credentials.</td>
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<td>BCaBA</td>
<td>Board Certified Assistant Behavior Analyst – A bachelor level certification for a person who may provide behavioral assessment, behavioral intervention, and behavioral observation and direction under the supervision of a BCBA-D or BCBA.</td>
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<tr>
<td>BCBA-D</td>
<td>Board Certified Behavior Analyst- Doctoral – A doctoral level certification for a person who may provide behavioral assessment, behavioral intervention, and behavioral observation and direction.</td>
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<td>BCBA</td>
<td>Board Certified Behavior Analyst – A master’s level certification for a person who may provide behavioral assessment, behavioral intervention, and behavioral observation and direction.</td>
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<td>BHT</td>
<td>Behavioral Health Treatment – The “umbrella” of behavioral interventions, including Applied Behavior Analysis (ABA), which have been identified as evidence-based by nationally recognized research reviews and/or other nationally recognized substantial scientific and clinical evidence.</td>
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<tr>
<td>BPOC</td>
<td>Behavior Plan of Care – A behavior plan that defines how behavior goals in the child’s IPOS will be attained.</td>
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<td>BT</td>
<td>Behavior Technician – The individual responsible for the direct implantation of the BHT/ABA services under the supervision of a BCBA-D, BCBA, or BCaBA. A BT is not credentialed by the BACB.</td>
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<td>BTPRC</td>
<td>Behavior Treatment Plan Review Committee – The BTPRC reviews and approves or disapproves treatment plans that propose to use restrictive or intrusive interventions with individuals served by the public mental health system who...</td>
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<td>Acronym</td>
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<td>CBI</td>
<td>Comprehensive Behavioral Intervention</td>
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<td>CMHSP</td>
<td>Community Mental Health Services Program</td>
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<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
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<tr>
<td>CPT</td>
<td>Current Procedural Terminology</td>
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<td>DD</td>
<td>Developmental Disability/Disorder</td>
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<tr>
<td>DD-CGAS</td>
<td>Developmental Disability Children’s Global Assessment Scale</td>
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<td>DSM-4</td>
<td>Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition</td>
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<td>DSM-5</td>
<td>Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition</td>
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<tr>
<td>EIBI</td>
<td>Early Intensive Behavioral Intervention</td>
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<td>EPSDT</td>
<td>Early and Periodic Screening, Diagnostic, and Treatment Benefit</td>
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<tr>
<td>FBA</td>
<td>Functional Behavior Assessment</td>
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<tr>
<td>FBI</td>
<td>Focused Behavioral Intervention</td>
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<tr>
<td>HCPCS</td>
<td>Healthcare Common Procedure Coding System</td>
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<tr>
<td>IDD</td>
<td>Intellectual Developmental Disability/Disorder</td>
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<td>Abbreviation</td>
<td>Description</td>
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<td>IEP</td>
<td>Individualized Education Program. A plan developed by a team, for eligible students with disabilities under state and federal special education law, that describes the offer of free appropriate public education in the least restrictive environment, including special education, and/or related services and/or supplementary aids and services.</td>
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<td>IFSP</td>
<td>Individualized Family Service Plan. A plan for infants and toddlers (birth-3) that includes early intervention services. The IFSP may also include special education if the child qualifies for special education.</td>
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<tr>
<td>IPOS</td>
<td>Individual Plan of Service. Developed through the Person Centered Planning (PCP) process, the IPOS includes information about the individual, goals and outcomes, and the services needed to achieve those goals and outcomes.</td>
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<td>LP</td>
<td>Licensed Psychologist. A doctoral certification for a person who may provide behavioral assessment, behavioral intervention, and behavioral observation and direction.</td>
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<tr>
<td>LLP</td>
<td>Limited Licensed Psychologist. A master’s level certification for a person who may provide behavioral assessment, behavioral intervention, and behavioral observation and direction under the supervision of a BCBA.</td>
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<tr>
<td>M-CHAT</td>
<td>Modified Checklist for Autism in Toddlers. A screening tool used to help identify Autism Spectrum Disorder (ASD) in children ages 16 months to 30 months.</td>
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<td>MSA</td>
<td>Medical Services Administration. The office within the Michigan Department of Health and Human Services that has primary oversight of Michigan’s Medicaid program, which includes administration of Medicaid programs.</td>
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<td>MDHHS</td>
<td>Michigan Department of Health and Human Services. The department responsible for health policy and management of the state’s health, mental health, and substance use care system.</td>
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<td>PIHP</td>
<td>Prepaid Inpatient Health Plan. The entity responsible for managing behavioral health services for individuals enrolled in Medicaid.</td>
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<td>RBT</td>
<td>Registered Behavior Technician. The individual responsible for the direct implantation of the BHT/ABA services under the supervision of a BCBA-D, BCBA, or BCaBA. An RBT is credentialled by the BACB.</td>
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<td>WSA</td>
<td>Web Support Application. The management tool used for enrollment and monitoring of various programs, including the Habilitation Supports Waiver,</td>
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<td>VB-MAPP</td>
<td>Verbal Behavior Milestones Assessment and Placement Program</td>
<td>An assessment tool and treatment guide used for the evaluation and instruction of language skills for children with Autism Spectrum Disorder (ASD) or other individuals who demonstrate language delays.</td>
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