	STATE OF MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES MDHHS /PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAMS CONTRACT	ATTACHMENT
		P.7.7.1.1
		SECTION
		Form v 2017-1
		EFFECTIVE DATE
		10/01/2016
		PAGE OF
FSR Supplemental- Autism EPSDT Benefit – August 2017		1 of 12

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. A new settlement process was implemented for the Autism Early Periodic Screening, Diagnosis and Treatment (EPSDT) Benefit service period. The 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 Behavior Technicians (BT).

Section 1 of the Financial Status Report (FSR) Supplemental – Autism EPSDT Benefit will calculate the total utilization costs for the Prepaid Inpatient Health Plan (PIHP) for the provision of Applied Behavior Analysis (ABA) services, covered in the State Plan under the Autism EPSDT Benefit. Utilization costs will be calculated based on the fixed fee schedule and the utilization, by credentialing levels, reported by the PIHP.


Section 2 of the FSR Supplemental – Autism EPSDT Benefit summarizes the “Autism Fee Schedule Expenditures” that will be utilized in the cash settlement and determines the amount of Autism funding available from MDHHS for the cost settlement. The Autism Fee Schedule Expenditures will be inclusive of

- 1) Autism ABA Service Utilization Costs; based on actual utilization and the fixed fee schedule,
- 2) Administrative Costs; 100% reimbursed,
- 3) Diagnostic and Eligibility Determination Assessments; 100% reimbursed,
- 4) ABA Training Costs; 100% reimbursed, and
- 5) PIHP Health Insurance Claims Assessment (HICA) / Use Tax expense.

Sections 3 of the FSR Supplemental – Autism EPSDT Benefit compares the Autism expenditures reported, by the PIHP, on the Autism FSR to the Autism Fee Schedule expenditures from Section 2. This section is “informational only” and will not be used in the settlement.

Section 4 of the FSR Supplemental – Autism EPSDT Benefit will calculate the Autism Cash settlement. The Autism Fee Schedule expenditures, calculated in Section 2, will be compared to the Autism interim payments.

The Autism interim monthly payments are issued retrospectively to the PIHP for the provision of ABA services. The payments are paid on the behalf of Medicaid for children that have active Autism ABA eligibility in the Waiver Support Application (WSA), an Individual Plan of Service in the WSA, and at least one valid encounter has been accepted in the Michigan Department of Health and Human Services (MDHHS) data warehouse. The amount of the retrospective interim payment will be based on the intensity of the services provided (as indicated in the Plan of Service / WSA).

	STATE OF MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES MDHHS /PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAMS CONTRACT	ATTACHMENT
		P.7.7.1.1
		SECTION
		Form v 2017-1
		EFFECTIVE DATE
		10/01/2016
		PAGE OF
FSR Supplemental- Autism EPSDT Benefit – August 2017		2 of 12

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.

When the Autism Fee Schedule expenditures exceed the interim payments, a cash settlement payment will be processed to the PIHP. When the interim payments exceed the Autism Fee Schedule expenditures, the overpayment will be recouped from the PIHP.

Note: The FSR Supplemental – Autism EPSDT Benefit calculates the cash settlement between the interim payments and the Autism Fee Schedule expenditures. The cost settlement that compares the available funding (Autism Interim Payments, Autism Cash Settlement, and 1st & 3rd party) to the actual Autism expenditures, reported by the PIHP, occurs on the FSR – Autism Benefit. Savings and risk are determined by the amounts entered on the FSR – Autism Benefit.

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 Supplemental – Autism EPSDT Benefit 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


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.

	STATE OF MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES MDHHS /PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAMS CONTRACT	ATTACHMENT
		P.7.7.1.1
		SECTION
		Form v 2017-1
		EFFECTIVE DATE
		10/01/2016
		PAGE OF
	FSR Supplemental- Autism EPSDT Benefit – August 2017	3 of 12

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 Supplemental – Autism EPSDT Benefit 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

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

ABA – Applied Behavior Analysis


ABA Training: The activity related to the cost of clinical trainings for board certified behavior analysts, masters prepared and psychologist level providers, as well as training applied behavior analysis behavior technicians implementing applied behavior analysis (ABA) services for children receiving ABA services under the Autism benefit. Training of providers implementing the Autism ABA benefit.

- o Examples (not exhaustive):
 - Sending your LP or LLP to a t-3 day ADOS-s or ADI-R Workshop / Booster Session
 - Sending your BCBA’s to VB-MAPP or ABLLS-R training
 - Purchasing a license for Autism / ABA initial training modules for your behavior technician workforce

Administrative Costs: Include assessment tools (i.e. ABLLS/VBMAPP manuals and protocol books, Mullens, ADOS-2, VABS-2, etc), materials for ABA implementation, time of autism coordinators/administrative staff overseeing: ABA services, WSA administration, attending autism trainings and webinars, working with ABA providers on implementation of state plan ABA services. The administrative costs should include the costs mentioned above and include all costs that meet the definition used in the administrative cost report form instructions and guidance titled “Establishing Administrative Costs Within and Across the CMSHP System – December 2011.”

ASD – Autism Spectrum Disorders

Assessment Costs: The cost of assessments, whether the results indicate the need for ABA services or indicate that ABA services are not needed, SHOULD BE reported on the FSR Supplemental – Autism EPSDT Benefit.

	STATE OF MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES MDHHS /PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAMS CONTRACT	ATTACHMENT
		P.7.7.1.1
		SECTION
		Form v 2017-1
		EFFECTIVE DATE
		10/01/2016
		PAGE OF
FSR Supplemental- Autism EPSDT Benefit – August 2017		4 of 12

Please refer to Section 4.1 – Comprehensive ASD Diagnostic Evaluation & Annual ASD ABA Eligibility Re-Evaluation – 100% Reimbursed Assessments for a chart defining the assessments that are 100% reimbursed. Additionally, refer to Section 4.2 – Behavior Health Applied Behavior Analysis Reporting – Fixed Fee Schedule for a chart defining the ABA services that are included in the fixed fee schedule.

Autism Cash Settlement: The cash settlement will be based on the Autism Fee Schedule Expenditures, calculated in Section 2 of this report, compared to the interim payments (accrued basis). When the Autism Fee Schedule expenditures exceed the interim payments, a cash settlement payment will be processed to the PIHP. When the interim payments exceed the Autism Fee Schedule expenditures, the overpayment will be recouped from the PIHP.

Autism Cost Settlement: The cost settlement compares the available funding (Autism Interim Payments, Autism Cash Settlement, and 1st & 3rd party) to the actual Autism expenditures, reported by the PIHP. The cost settlement is calculated on the FSR – Autism Benefit. The amount of the interim payments and the cash settlement are based on the Autism Fee Schedule expenditures calculated in Section 2 of the FSR Supplemental – Autism EPSDT Benefit. Savings and risk are determined by the amounts entered or auto-populated on the FSR – Autism Benefit.


Autism Fee Schedule Expenditures - Section 2 of the FSR Supplemental – Autism EPSDT Benefit summarizes the “Autism Fee Schedule Expenditures” that will be utilized in the cash settlement and determines the amount of Autism funding available from MDHHS for the cost settlement. The Autism Fee Schedule Expenditures will be inclusive of

- 1) Autism ABA Service Utilization Costs; based on actual utilization and the fixed fee schedule,
- 2) Administrative Costs; 100% reimbursed,
- 3) Diagnostic and Eligibility Determination Assessments; 100% reimbursed,
- 4) ABA Training Costs; 100% reimbursed, and
- 5) PIHP Health Insurance Claims Assessment (HICA) / Use Tax expense.

CBI – Comprehensive Behavioral Intervention

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

EPSDT: Early Periodic Screening, Diagnosis and Treatment. The elements of the program include:

	STATE OF MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES MDHHS /PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAMS CONTRACT	ATTACHMENT
		P.7.7.1.1
		SECTION
		Form v 2017-1
		EFFECTIVE DATE
		10/01/2016
		PAGE OF
FSR Supplemental- Autism EPSDT Benefit – August 2017		5 of 12

- Early: Identify problems early, starting at birth
- Periodic: Check children’s health at periodic, age-appropriate intervals
- Screening: Provide physical, mental, developmental, hearing, vision, and other screening tests to detect potential problems.
- Diagnosis: Perform diagnostic tests to follow up when a risk is identified
- Treatment: Treat any problems that are found

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.

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.

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.

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


Worksheet Formatting / Shading: The FSR Supplemental – Autism EPSDT Benefit (FSR Supplemental – Autism EPSDT Benefit) 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.


	STATE OF MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES MDHHS /PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAMS CONTRACT	ATTACHMENT
		P.7.7.1.1
		SECTION
		Form v 2017-1
		EFFECTIVE DATE
		10/01/2016
		PAGE OF
FSR Supplemental- Autism EPSDT Benefit – August 2017		6 of 12

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

4.1 Comprehensive ASD Diagnostic Evaluation & Annual ASD ABA Eligibility Re-Evaluation – 100% Reimbursed Assessments

Assessments for diagnostic and eligibility determination, whether the results indicate the need for ABA services or indicate that ABA services are not needed, are reimbursed 100%. The following chart documents the MDHHS expectations relative to 100% reimbursable diagnostic and eligibility assessments. The cost of these assessments should be reported on the FSR Supplemental – Autism EPSDT Benefit, Section 2.c – Total Assessment costs.

Comprehensive ASD Diagnostic Evaluation & Annual ASD ABA Eligibility Procedure Codes			
ASD Service Description	Current Code	Current Reporting Units/DT	Reimbursement Methodology
Diagnostic/Eligibility Determination	90791, 90792, 90785	Encounter 2/day	No fee screen applied for these assessments/tools. These initial and annual assessments will be 100% funded. Assessments and evaluations to determine diagnosis of ASD and eligibility for ABA. Common tools include ADOS-2, ADIR, DD-CGAS, Cognitive Evaluations, DD-CGAS, Vineland, etc.
	96101, 96102, 96118, and 96119	60 minutes	
	H0031	Encounter 3/day	

	STATE OF MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES MDHHS /PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAMS CONTRACT	ATTACHMENT
		P.7.7.1.1
		SECTION
		Form v 2017-1
		EFFECTIVE DATE
		10/01/2016
		PAGE OF
FSR Supplemental- Autism EPSDT Benefit – August 2017		7 of 12

4.2 Behavioral Health Applied Behavior Analysis Reporting – Fixed Fee Schedule

The PIHP should report ABA direct services utilizing the codes indicated within the following chart. MDHHS will settle Autism based on actual utilization and the fixed fees indicated in the following chart.

State of Michigan, Department of Health and Human Services
 October 1, 2016 to September 30, 2017 Autism Program Capitation Rates
 Autism Program Reimbursement Rates by Provider Type


Prior ISPA Code	New Code	Service Description	Reporting Units	Provider Type	BCBA	BCaBA	QBHP	LP/LLP	BT
H0031	0359T	Behavior identification assessment includes interpretation of results and development of the behavioral plan of care. Untimed typically 4 hours and no more than twice a year.	Encounter	BCBA, BCaBA or QBHP, LP/LLP	\$ 480.00	\$ 340.00	\$ 480.00	\$ 480.00	
H0031	0362T	Exposure behavioral follow-up assessment (Functional Behavior Analysis/FBA)	First 30 minutes	BCBA, BCaBA or QBHP, LP/LLP	\$ 60.00	\$ 42.50	\$ 60.00	\$ 60.00	
	+0363T	Exposure behavioral follow-up assessment (FBA) each additional 30 minutes	Each additional 30		\$ 60.00	\$ 42.50	\$ 60.00	\$ 60.00	
H2019	0364T	Adaptive behavior treatment by protocol administered by technician first 30 minutes	First 30 minutes	BCBA, BCaBA or QBHP, LP/LLP, BT	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 27.50
	+0365T	Adaptive behavior treatment by protocol administered by technician each additional 30 minutes	Each additional 30		\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 27.50
H2019TT	0366T	Group adaptive behavior treatment by protocol administered by technician first 30 minutes	First 30 minutes	BCBA, BCaBA or QBHP, LP/LLP, BT	\$ 8.57	\$ 8.57	\$ 8.57	\$ 8.57	\$ 7.86
	+0367T	Group adaptive behavior treatment by protocol administered by technician additional 30 minutes	Each additional 30		\$ 8.57	\$ 8.57	\$ 8.57	\$ 8.57	\$ 7.86
S5108	0368T	Adaptive behavior treatment with protocol modification and clinical observation & direction administered by qualified professional first 30 minutes	First 30 minutes	BCBA, BCaBA or QBHP, LP/LLP	\$ 60.00	\$ 42.50	\$ 60.00	\$ 60.00	
	+0369T	Adaptive behavior treatment with protocol modification and clinical observation & direction administered qualified professional each additional 30 minutes	Each additional 30		\$ 60.00	\$ 42.50	\$ 60.00	\$ 60.00	
S5111	0370T	Family behavior treatment guidance administered by qualified professional. Untimed typically 60 - 75 min	Encounter	BCBA, BCaBA or QBHP, LP/LLP	\$ 120.00	\$ 85.00	\$ 120.00	\$ 120.00	
S5111TT	0371T	Multiple Family behavior treatment guidance administered by qualified professional. Untimed typically 90-105	Encounter	BCBA, BCaBA or QBHP, LP/LLP	\$ 72.00	\$ 51.00	\$ 72.00	\$ 72.00	
H2019TT	0372T	Adaptive behavior treatment social skills group. Untimed typically 90-105	Encounter	BCBA, BCaBA or QBHP, LP/LLP	\$ 51.43	\$ 36.43	\$ 51.43	\$ 51.43	
N/A	0373T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior (s); first 60 minutes of technician's time, face to face with child.	First 60 minutes	BCBA, BCaBA or QBHP, LP/LLP, BT	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 110.00
	0374T		Each additional 30		\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 55.00

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 credentialing level per the State Plan Amendment Healthcare Common Procedure Coding System (HCPCS) service code. For ease in reporting, when the Fixed Fee Schedule rate is the same for multiple credentialing levels and procedure code combinations, MDHHS will combine into one reporting row.

	STATE OF MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES MDHHS /PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAMS CONTRACT	ATTACHMENT
		P.7.7.1.1
		SECTION
		Form v 2017-1
		EFFECTIVE DATE
		10/01/2016
		PAGE OF
FSR Supplemental- Autism EPSDT Benefit – August 2017		8 of 12

The number of units entered will be used to calculate the total utilization costs by credentialing level per the fixed fee schedule. The total utilization cost calculated in Section 1, will be utilized in the calculation of the Autism Fee Schedule Expenditures (Section 2) and compared to the PIHPs actual cost (Section 3) during the 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 N). 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), Qualified Behavioral Health Professional (QBHP), and Licensed Psychologist/Limited Licensed Psychologist (LP/LLP)

This section represents the number of units provided by either a Board Certified Behavior Analyst (BCBA), a Qualified Behavioral Health Professional (QBHP) or a Licensed Psychologist/Limited Licensed Psychologist (LP/LLP) credentialing level per the State Plan Amendment HCPCS service code.

Enter the number of units provided for each HCPCS code.

Note: The Fixed Fee Schedule rate is the same for the above credentialing levels and procedure code combinations, thus MDHHS combined into one reporting row.

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 – 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.

	STATE OF MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES MDHHS /PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAMS CONTRACT	ATTACHMENT
		P.7.7.1.1
		SECTION
		Form v 2017-1
		EFFECTIVE DATE
		10/01/2016
		PAGE OF
	FSR Supplemental- Autism EPSDT Benefit – August 2017	9 of 12

5.2 Section 2 – Autism Fee Schedule Expenditures

This section will be utilized to calculate the Autism Fee Schedule expenditures. The Autism Fee Schedule expenditures will be utilized in the cash settlement and determines the amount of Autism funding available from MDHHS for the cost settlement. The Autism Fee Schedule expenditures will be inclusive of

- 1) Autism ABA Service Utilization Costs; based on actual utilization and the fixed fee schedule (calculated in Section 1),
- 2) Administrative Costs; 100% reimbursed (identified by the PIHP),
- 3) Diagnostic and Eligibility Determination Assessments; 100% reimbursed (identified by the PIHP),
- 4) ABA Training Costs; 100% reimbursed (identified by the PIHP), and
- 5) PIHP Health Insurance Claims Assessment (HICA) / Use Tax expense (identified by the PIHP).

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.


The cell is formula driven. The formula is *BCBA, QBHP, LP/LLP (1.a - Total (Column J)) + BCaBA (1.b - Total (Column J)) + BT (1.e - Total (Column J))*, 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, etc., materials for ABA implementation, time of autism coordinators/administrative staff overseeing: ABA services, WSA administration, attending autism trainings and webinars, working with ABA providers. The administrative costs should include the costs mentioned above and include all costs that meet the definition used in the administrative cost report form instructions and guidance titled “Establishing Administrative Costs Within and Across the CMSHP System – December 2011.”

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

	STATE OF MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES MDHHS /PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAMS CONTRACT	ATTACHMENT
		P.7.7.1.1
		SECTION
		Form v 2017-1
		EFFECTIVE DATE
		10/01/2016
		PAGE OF
	FSR Supplemental- Autism EPSDT Benefit – August 2017	10 of 12

Section 2.c – Total Assessment costs

Assessments for diagnostic and eligibility determination, whether the results indicate the need for ABA services or indicate that ABA services are not needed, are reimbursed 100%. The MDHHS reporting expectations relative to these assessments are documented in Section 4.1, of this document.

Enter the total diagnostic/eligibility determination assessment cost.

Section 2.d – Total ABA Training costs

This row represents the total costs for providing ABA training.

ABA Training: The activity related to the cost of clinical trainings for board certified behavior analysts, masters prepared and psychologist level providers, as well as training applied behavior analysis behavior technicians implementing applied behavior analysis (ABA) services for children receiving ABA services under the Autism benefit. Training of providers implementing the Autism ABA benefit.

ABA Training costs are settled 100% with PIHPs. Enter the total ABA training cost.


Section 2.e – PIHP HICA/Use Tax

This cell represents the cost associated to the PIHP HICA/USE Tax. The cell is formula driven. The formula is *plus FSR – Autism PIHP HICA/Use Tax (AE.201)*.

Section 2.f – Total Autism Benefit Fee Schedule Expenditures

This row represents the total Autism benefit fee schedule expenditures inclusive of assessment costs, administrative costs, HICA/Use Tax, 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)*, *Total Assessment costs (2.c)*, *Total ABA Training Costs (2.d)*, and *PIHP HICA/Use Tax (2.e)*.

	STATE OF MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES MDHHS /PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAMS CONTRACT	ATTACHMENT
		P.7.7.1.1
		SECTION
		Form v 2017-1
		EFFECTIVE DATE
		10/01/2016
		PAGE OF
FSR Supplemental- Autism EPSDT Benefit – August 2017		11 of 12

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

The Autism settlement process will be based on assessment costs (100% funded), administrative costs (100% funded), ABA training costs (100% funded), HICA/Use Tax, and Autism service costs (service utilization times 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. This section is “informational only” and will not be used in the settlement.

Section 3.a – FSR Autism Expenditures (Line AE290)

This row represents the total Autism expenditures reported by the PIHP on the FSR – Autism.

This cell is formula driven. The formula is *plus FSR – Autism, 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, ABA training costs, HICA/Use Tax, 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.f)*.


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 Expenditures 3.a minus Autism Benefit Fee Schedule Expenditures 3.b*.

5.4 Section 4. – Autism Cash Settlement

This section calculates the cash settlement for the Autism Benefit services. The cash settlement will be based on the Autism Fee Schedule Expenditures, calculated in Section 2 of this report, compared to the interim payments (accrued basis). When the Autism Fee Schedule expenditures exceed the interim payments, a cash settlement payment will be processed to the PIHP. When the interim payments exceed the Autism Fee Schedule expenditures, the overpayment will be recouped from the PIHP.

	STATE OF MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES MDHHS /PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAMS CONTRACT	ATTACHMENT
		P.7.7.1.1
		SECTION
		Form v 2017-1
		EFFECTIVE DATE
		10/01/2016
		PAGE OF
FSR Supplemental- Autism EPSDT Benefit – August 2017		12 of 12

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

This row will represent the Autism Fee Schedule expenditures that will be used in the cash settlement and determines the amount of Autism funding available from MDHHS for the cost settlement. The Autism Fee Schedule expenditures will be inclusive of

- 1) Autism ABA Service Utilization Costs; based on actual utilization and the fixed fee schedule (calculated in Section 1),
- 2) Administrative Costs; 100% reimbursed (identified by the PIHP),
- 3) Diagnostic and Eligibility Determination Assessments; 100% reimbursed (identified by the PIHP),
- 4) ABA Training costs; 100% reimbursed (identified by the PIHP), and
- 5) PIHP Health Insurance Claims Assessment (HICA) / Use Tax expense (identified by the PIHP).

This amount has been previously calculated in Section 2 of this report.

This cell is formula driven. The formula is *plus Autism Benefit Fee Schedule Expenditures (3.b)*.

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)*.