

Bulletin Number: MSA 16-23

Distribution: Practitioners, Local Health Departments, Federally Qualified Health Centers, Rural Health Clinics, Medicaid Health Plans, Tribal Health Centers, Prepaid Inpatient Health Plans, Community Mental Health Services Programs

Issued: August 1, 2016

Subject: Coverage of Autism Services for Children Under 21 Years of Age

Effective: As Indicated

Programs Affected: Medicaid, Healthy Michigan Plan, MICHild

The purpose of this policy is to provide clarification to bulletin MSA 15-59 regarding the coverage of Behavioral Health Treatment (BHT) services for children under 21 years of age with Autism Spectrum Disorders (ASD) under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit. This bulletin was effective January 1, 2016. The policy clarifies the education requirements of the Qualified Behavioral Health Professional (QBHP) and updates the proper symptom severity rating scale that is the Developmental Disabilities – Children’s Global Assessment Scale (DD-CGAS) to be used in place of the Clinical Global Impression Severity Scale.

In addition to the education and training requirements indicated by bulletin MSA 15-59, the QBHP may hold a master’s degree in a Behavior Analyst Certification Board (BACB) approved degree category from an accredited institution.

The DD-CGAS is to be utilized in place of the Clinical Global Impression Severity Scale as follows:

- The rating of symptom severity during the comprehensive diagnostic evaluation must be performed by a qualified licensed practitioner utilizing the DD-CGAS.
- The determination of eligibility for BHT must be performed by a qualified licensed practitioner through direct observation utilizing the Autism Diagnostic Observation Schedule-Second Edition (ADOS-2) and the DD-CGAS to rate symptom severity.

An annual re-evaluation by a qualified licensed practitioner to assess eligibility criteria must be conducted through direct observation utilizing the ADOS-2 and symptoms rated using the DD-CGAS.

Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink that reads "Chris Priest". The signature is written in a cursive style with a large initial "C" and a long horizontal stroke at the end.

Chris Priest, Director
Medical Services Administration