MDHHS
Michigan Department of Health & Human Services

Medical Services Administration
BULLETIN
MSA

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Distribution: Prepaid Inpatient Health Plans (PIHPs), Community Mental Health Services Programs (CMHSPs)

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Subject: Behavioral Health Treatment

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Programs Affected: Medicaid, Healthy Michigan Plan, MIChild

This bulletin clarifies the requirements in the MDHHS Medicaid Provider Manual for Behavioral Health services for children with Autism Spectrum Disorder (ASD). Refer to the Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter of the Medicaid Provider Manual, General Information section for an overview of the mental health and developmental disabilities services and supports covered by Medicaid. The Medicaid Provider Manual can be accessed on the MDHHS website at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

I. Medical Necessity

Medical necessity and recommendation for Behavioral Health Treatment (BHT) services are determined by a physician or other licensed practitioner working within their scope of practice under state law. Comprehensive diagnostic re-evaluations are required no more than once every three years, unless determined medically necessary more frequently by a physician or other licensed practitioner working within their scope of practice. The recommended frequency should be based on the child's age and developmental level, the presence of comorbid disorders or complex medical conditions, the severity level of the child's ASD symptoms and adaptive behavior deficits through a person-centered, family-driven youth-guided process involving the child, family, and treating behavioral health care providers.

II. Eligibility For BHT

To be eligible for BHT, the following criteria must be met:

- Child is under 21 years of age.
- Child received a diagnosis of ASD from a qualified licensed practitioner utilizing valid evaluation tools.

- Medical necessity and recommendation for BHT services is determined by a qualified licensed practitioner.
- Treatment outcomes are expected to develop, maintain, or restore, to the maximum extent practicable, the functioning of a child with ASD. Measurable variables may include increased social-communication skills, increased interactive play/age-appropriate leisure skills, increased reciprocal and functional communication, etc.

III. Person-Centered Planning and Individual Plan of Service

The strengths, needs, preferences, abilities, interests, goals, and health status of the beneficiary are determined through pre-planning and the Person-Centered Planning (PCP) process. Results from the assessment of need and any other medically-necessary assessments by qualified providers, including but not limited to behavioral, psychosocial, speech, occupational and/or physical therapy, social/recreational, and physical and mental health care, are information used in the PCP process. The PCP process considers all life domains of the beneficiary, including emotional, psychological and behavioral health; health and welfare; education/needs; financial and other resources; cultural and spiritual needs; crisis and safety planning; housing and home; meaningful relationships and attachments; legal issues and planning; daily living; family; social, recreational and community inclusion; and other life domains as identified by the family or authorized representative(s), beneficiary, or assessors.

The individual plan of service (IPOS) is the fundamental tool for ensuring the beneficiary's health and welfare. As such, it must be subject to periodic review and update. Such reviews determine the ongoing appropriateness and adequacy of the services and supports identified in the plan and ensure that the services furnished are consistent with the individual's stated goals, continue to be responsive to the individual's needs and preferences, and the nature and severity of their condition. A formal review of the IPOS through the PCP process, with the individual and his/her family or authorized representative, shall occur not less than annually to review progress toward goals and objectives and to assess beneficiary satisfaction.

The Michigan Mental Health Code establishes the right for all individuals to have an IPOS developed through a PCP process. The PIHP shall monitor quality of implementation of PCP by its sub-contracted network of providers in accordance with the MDHHS Person-Centered Planning Practice Guidelines and inform the individual/family or authorized representative(s) of their rights to choose among providers for individual case management/supports coordination or self-direct services. If the individual, family, or authorized representative(s) prefers an independent facilitator to assist them, the PIHP Customer Services Unit maintains a list of PCP independent facilitators.

The CMHSP or local contracted provider agency chosen by the individual and/or their family, under contract with the PIHP, is responsible for the development and implementation of the IPOS.

The case manager, supports coordinator, or other qualified staff or independent facilitator that assists in developing the IPOS is not a provider of any other service for that individual. Qualified staff must be able to perform the following functions:

1. Planning and/or facilitating planning using person-centered process. This function may be delegated to an independent facilitator chosen by the individual/guardian, or authorized representative(s).
2. Developing an IPOS using the PCP process, including revisions to the IPOS at the request of the individual/guardian or authorized representative(s) or as changing circumstances may warrant.
3. Linking to, coordinating with, follow-up of, and advocacy with all medically necessary supports and services, including the Medicaid Health Plan (MHP), Medicaid Fee-for-Service (FFS), and other health care providers.
    - Collaboration between school and community providers is needed to coordinate treatment and to prevent duplication of services. This collaboration may take the form of phone calls, written communication logs, participation in team meetings (i.e., Individualized Education Plan/Individualized Family Service Plan [IEP/IFSP], IPOS, etc.). Coordination with the school and/or early intervention program is critical to maximize individual outcomes.
4. Monitoring of the BHT services and other mental health services the beneficiary receives.
5. Brokering of providers of services/supports.
6. Assisting with access to entitlements and/or legal representation.

IV. Transition and Discharge Criteria

The desired BHT goals and outcomes for discharge should be specified at the initiation of services, monitored throughout the duration of service implementation, and refined through the behavioral service level evaluation process. Transition and Discharge from all BHT services should generally involve a gradual step-down model and require careful planning. Transition and discharge planning from BHT services should include transition goal(s) within the behavioral plan of care or plan, or written plan, that specifies details of monitoring and follow-up as is appropriate for the individual and the family or authorized representative(s) utilizing the PCP process.

Discharge from BHT services should be reviewed and evaluated by a qualified BHT professional for children who meet any of the following criteria:

- The child has achieved treatment goals and less intensive modes of services are medically necessary and/or appropriate.
- The child is either no longer eligible for Medicaid or is no longer a State of Michigan resident.
- The individual, family, or authorized representative(s) is interested in discontinuing services.

- The child has not demonstrated measurable improvement and progress toward goals and the predicted outcomes, as evidenced by a lack of generalization of adaptive behaviors across different settings where the benefits of the BHT interventions are not able to be maintained or they are not replicable beyond the BHT treatment sessions through the successive authorization periods.
- Targeted behaviors and symptoms are becoming persistently worse with BHT treatment over time or with successive authorizations.
- The services are no longer medically necessary, as evidenced by use of valid evaluation tools administered by a qualified licensed practitioner.
- The provider and/or individual/family/authorized representative(s) are unable to reconcile important issues in treatment planning and service delivery to a degree that compromises the potential effectiveness and outcome of the BHT service.

A. Behavioral Assessment

A developmentally appropriate behavioral applied behavior analysis (ABA) assessment process must identify strengths and weaknesses across domains and potential barriers to progress. The information from this process is the basis for developing the individualized behavioral plan of care with the individual, family, and treatment planning team. Behavioral assessments can include direct observational assessment, record review, rating scales, data collection, functional or adaptive assessments, structured interviews, and analysis by a qualified behavioral health professional. Behavioral assessment tools must describe specific levels of behavior at baseline to inform the individual's response to treatment through ongoing collection, quantification, and analysis of the individual's data on all goals as monitored by a qualified behavioral health professional.

B. Telemedicine for BHT Services

Refer to the Behavioral Health Telemedicine Services reporting requirements database for appropriate or allowed telemedicine services that may be covered by Medicaid. The Behavioral Health Telemedicine Services database can be accessed on the MDHHS website at www.michigan.gov/mdhhs >> Keeping Michigan Healthy >> Behavioral Health & Developmental Disability >> Reporting Requirements. Telemedicine is the use of telecommunications and information technologies for the exchange of encrypted patient data for the provision of services (e.g., access or travel to needed medical services may be prohibitive). Telemedicine must be obtained through real-time interaction between the individual's physical location (patient site) and the provider's physical location (provider site). Telemedicine services are provided to patients through hardwire or internet connection. It is the expectation that providers, facilitators, and staff involved in telemedicine are trained in the use of equipment and software prior to servicing patients, and services provided via telemedicine are provided as part of an array of comprehensive services that include in-person visits and assessments with the primary supervising BHT provider. The provider of the telemedicine service is only able to monitor one child/family at a time.

The individual's site may be located within a center, clinic, at the individual's home, or any other established site deemed appropriate by the provider. The room must be free from distractions that would interfere with the telemedicine session. A facilitator must be trained in the use of the telemedicine technology and be physically present at the individual's site during the entire telemedicine session to assist the individual at the direction of the qualified provider of behavioral health services. The administration of telemedicine services is subject to the same provision of services that are provided to an individual in person.

V. BHT Service Level

BHT services are available for Medicaid beneficiaries diagnosed with ASD and are provided for all levels of severity of ASD. The behavioral intervention should be provided at an appropriate level of intensity in an appropriate setting(s) within the individual's community for an appropriate period of time, depending on the needs of the individual and their family or authorized representative(s). Clinical determinations of service intensity, setting(s), and duration are designed to facilitate the child's goal attainment. These supports may serve to reinforce skills or lessons taught in school, therapy, or other settings, but are not intended to supplant responsibilities of educational or other authorities. Each child's IPOS must specify how identified supports and services will be provided as part of an overall, comprehensive set of supports and services that does not duplicate services that are the responsibility of another entity, such as a private insurance or other funding authority, and do not include special education and related services defined in the Individuals with Disabilities Education Act (IDEA) that are available to the child through a local education agency. The recommended service level, setting(s) and duration will be included in the child's IPOS, with the planning team and the family or authorized representative(s) reviewing the IPOS no less than annually and, if indicated, adjusting the service level and setting(s) to meet the child's changing needs. The service level includes the number of hours of intervention provided to the child. The service level determination will be based on research-based interventions integrated into the behavioral plan of care with input from the planning team. Service intensity will vary with each child and should reflect the goals of treatment, specific needs of the child, and response to treatment. The PIHP's Utilization Management will authorize the level of services prior to the delivery of services.

VI. BHT Service Evaluation

As part of the IPOS, there is a comprehensive, individualized behavioral plan of care that includes specific targeted behaviors, along with measurable, achievable, and realistic goals for improvement. Board Certified Behavior Analysts (BCBAs) and other qualified providers develop, monitor, and implement the behavioral plan of care. These providers are responsible for effectively evaluating the child's response to treatment and skill acquisition. Ongoing determination of the level of service (minimally every six months) requires evidence of measurable and ongoing improvement in targeted behaviors that are demonstrated with the use of reliable and valid assessment instruments and other appropriate documentation of analysis (i.e., graphs, assessment reports, records of service, progress reports, etc.).

Manual Maintenance

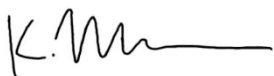
Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be e-mailed to Provider Inquiry, Department of Health and Human Services, at ProviderSupport@michigan.gov. When you submit questions, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

An electronic version of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved



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