

**Medicaid Autism Services –
Workgroup Recommendations Report**
(FY2019 Appropriation Act - Public Act 207 of 2018)

March 1, 2019

Sec. 959. (1) *The department shall establish a workgroup in collaboration with the chairs of the house and senate appropriations subcommittees on the department budget or their designees, CMHSP members, autism services provider clinical and administrative staff, community members, Medicaid autism services clients, and family members of Medicaid autism services clients to make recommendations to ensure appropriate cost and service provision, including, but not limited to, the following:*

(a) Ways to prevent fraud and overdiagnosis.

(b) Comparison of Medicaid rates for autism services to commercial insurance rates.

(c) Comparison of diagnosis process between Medicaid, Tricare, and commercial insurance.

(2) By March 1 of the current fiscal year, the department shall provide the workgroup's recommendations to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, and the state budget office.



2019

Medicaid Autism Services

2019 LEGISLATIVE WORKGROUP REPORT

MDHHS: BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES ADMINISTRATION

Summary:

As required under Section 959 of Public Act 207 of 2018, the Michigan Department of Health and Human Services (MDHHS) developed an Autism Spectrum Disorder (ASD) Legislative Workgroup. The workgroup was provided with an analysis of data to complement the members' knowledge of ASD services. The ASD Workgroup members were chosen based on representative areas identified in the boilerplate language, diverse geographic location, servicing Medicaid population, and their initiative with legislators and MDHHS. The MDHHS held a workgroup meeting on Friday, February 15, 2019 and facilitated the discussion on recommendations for the legislative report. The workgroup came to consensus that there is no data to support ASD overdiagnosis in Medicaid. It also confirmed the ASD Medicaid services rates were comparable to Tricare and Commercial insurance rates. Standardization of diagnostic process and administration, trainings and professional development were key themes in ensuring that costs for services per consumer do not increase and administrative burden is reduced for Prepaid Inpatient Health Plans (PIHP), Community Mental Health Services Programs (CMHSP) and direct service agencies.

This Report includes the ASD Legislative Workgroup's Discussion Points and Data Analysis, Recommendations, Membership, and an Appendix with additional information.

Boilerplate Requirement:

Sec. 959 of PA 207 – (1) The department shall establish a workgroup in collaboration with the chairs of the house and senate appropriations subcommittees on the department budget or their designees, CMHSP members, autism services provider clinical and administrative staff, community members, Medicaid autism services clients, and family members of Medicaid autism services clients to make recommendations to ensure appropriate cost and service provision, including, but not limited to, the following:

- (a) Ways to prevent fraud and overdiagnosis.
- (b) Comparison of Medicaid rates for autism services to commercial insurance rates.
- (c) Comparison of diagnosis process between Medicaid, Tricare, and commercial insurance.

(2) By March 1 of the current fiscal year, the department shall provide the workgroup's recommendations to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, and the state budget office.

ASD Workgroup Discussion Points**(a) Ways to Prevent Fraud and Overdiagnosis:****Fraud**

- There are several state and Federal safeguards in place, including conflict of interest standards, interagency oversight of fraud or abuse of social services for all Medicaid services, as well as required annual reports. Appendix A includes specific agencies' services, policies and reports.

Overdiagnosis

- The ASD workgroup came to consensus that there is not data to support ASD overdiagnosis as a valid concern for Michigan Medicaid ASD services after reviewing comparable data between the Michigan Medicaid system and Blue Cross Blue Shield of Michigan/Blue Care Network. Table 1 demonstrates the prevalence of ASD versus non ASD in the Medicaid system is similar to Blue Cross Blue Shield of Michigan/Blue Care Network, the largest commercial carrier in Michigan.

- It was confirmed there are several new diagnostic evaluators over the last six years who have varying levels of ASD diagnostic professional development and clinical supervision from a highly qualified autism evaluator.
- It was noted not all PIHPs/CMHSPs have high level of expertise to provide clinical recommendations for youth who have multiple challenges/comorbidities, including but not limited to trauma, social emotional disturbance, and victims of physical/sexual violence.
- Historically, some CMHSPs and their contracted agencies have provided both diagnostic and treatment services. This aligns with many medical models where physicians/clinicians diagnose and treat within their practices. Due to the number of children/adolescents with ASD covered by commercial or Medicaid insurance awaiting Applied Behavior Analysis (ABA) services, there is not a financial incentive for agencies to deem youth eligible to support their business. Secondly, the ASD Workgroup affirmed there are two firewalls to assure appropriate diagnosis: medical necessity and recommended hours of ABA within the Medicaid system.
- Clinicians would be at stake of losing their license if they do not follow ethics of their profession, clinical diagnostic standards, and refer youth outside their scope of competence to another clinician.
- There is a lack in standardization of the diagnostic process and limited access of providing further assessments with complex youth due to the limitations on services from the PIHPs/CMHSPs.

TABLE 1		
Fiscal Year	Number of beneficiaries evaluated for ASD	Percent of beneficiaries not diagnosed with ASD
2016	3,715	*24.01%
2017	4,278	*28.42%
2018	4,034	*28.51%
2019	447	*27.96%
*BCBS/BCN reported a range of 20%-25% of total individuals evaluated by an Approved Autism Evaluation Centers (AAEC) for ASD were not diagnosed with ASD.		

Table 1 Shows percentage of Medicaid beneficiaries evaluated for suspected ASD that did not meet the diagnostic criteria for ASD or the Autism Benefit.

(b) Comparison of Medicaid Rates for Autism Services to Commercial Services:

- Michigan Medicaid Autism ABA rates are comparable to TRICARE and commercial insurance rates. Details in Table 2. [Board Certified Behavior Analyst/Master’s Degree (BCBA), Board Certified Assistant Behavior Analyst/Bachelor’s Degree (BCaBA), Behavior Technician/No degree required (BT)]

TABLE 2			
Hourly Rate by Provider Type for ABA Direct Services			
Insurance	BCBA's	BCaBA's	BT's
MI Medicaid	\$60.00	\$60.00	\$50.00
Tricare	\$125.00	\$75.00	\$55.00
BCBSM/BCN	\$50.00	Same as BT/\$50.00	\$50.00
Priority Health	\$56.72	Same as BT/\$56.72	\$56.72

Table 2 Compares the rates of reimbursement in Michigan by insurance carrier for ABA direct services and professional type.

- Michigan Medicaid is required to ensure access to all Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services for all eligible children/adolescents through age 20 which includes ABA services. Appendix B provides additional information.
- Significant amounts of training, duplication of credentialing, and requirements of some PIHP/CMHSPs to also provide transportation and/or interpretation services are administrative and financial burdens to the ABA agencies. Many of the expectations of Medicaid providers exceed the requirements of ASD services by commercial insurance carriers.
- There is a lack of incentive for ABA agencies to treat Medicaid children/adolescents due to low reimbursement payments, complexity of many families, additional administrative burden and rate structure which does not compensate for level of care needed by children/adolescents with challenging behaviors (physical/sexual).
- ABA agencies/associations can report short-term treatment goals being accomplished and value of these skills developed, as well as limitation of residential, inpatient stays, reduction of aggression and sexualized behaviors to support significance in ABA services.
- Continue to discuss the needs of a Michigan longitudinal study and utilize completed research findings including skill development, reduction in severe challenging physical and sexual behaviors, and financial outcomes.
- Parent training with or without ABA is a Medicaid service being provided to families of children/youth of all ages and should continue to be utilized and promoted to families.

(c) Comparison of Diagnosis Process Between Medicaid, Tricare, and Commercial Insurance:

- Medicaid policy standards for diagnosing ASD are consistent with other payors with evaluation tools, eligibility and six month updated treatment plans. Medicaid does require annual determination of ABA eligibility while other providers determine eligibility two to three years after initial approval. Additional information on policies for diagnostics, prior authorization and re-evaluation determination for ABA services can be found on their websites found below:
 - a. Priority Health: <https://www.priorityhealth.com/provider/manual/auths/~media/documents/medical-policies/91615.pdf>
 - b. *BCBSM: <https://online.ndbh.com/docs/providers/ABA-for-ASD-Medical-Policy-1-10-17.pdf>
 - c. *BCN: <https://docobook.com/bcn-provider-manual-chapter-13-behavioral-health.html>
 - d. Health Alliance Plan: <https://portal.hap.org/bam/viewPolicy.do?id=13798>
 - e. TriCare: <https://tricare.mil/Plans/SpecialPrograms/ACD/GettingCare>
 - f. Medicaid: Page 466 <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

*Multidisciplinary team
- The Autism Alliance of Michigan (AAoM) has been allocated \$466,000 in the MDHHS Fiscal Year 2019 budget to provide fidelity reviews of diagnostic and therapy recommendations of children receiving autism services with Medicaid. This project will utilize information from the workgroup.

ASD Workgroup Recommendations

- Develop Michigan Medicaid ASD standard clinical practice guidelines for screening, diagnosis and treatment.
- Provide trainings on the ASD standard clinical practice guidelines for Medicaid service providers.
- Develop a statewide network for evaluators to consult and/or refer complex or non-routine evaluations when it is out of the scope of competence to another provider/clinic with expertise in ASD.

- Provide diagnostic evaluation trainings focused on increasing competency of Medicaid clinicians and expanding their clinical treatment recommendations to all essential treatment services, including but not limited to parent training, speech-language pathology, occupational therapy, and/or ABA.
- Develop written guidance on standardization of Medicaid PIHPs/CMHSPs ASD administrative services, including but not limited to reporting requirements, coding, and reciprocity of credentialing and training between PIHPs and CMHSPs to reduce administrative duplication at the PIHP, CMHSP and service provider levels. This would assist agencies in being more cost efficient and increase the fidelity of services.
- Discuss with Michigan Department of Insurance and Financial Services it's oversight of compliance with the Federal Mental Health Parity and Addiction Equity Act as it relates to ASD services.

Workgroup Membership

Name	Agency	Representation
Chris Pinter	Bay-Arenac Behavioral Health, Chief Executive Officer	Community Mental Health Agencies
Dana Lasenby Limited License Psychologist	Detroit Wayne Mental Health Authority, Chief Clinical Officer	Prepaid Inpatient Health Plans
Kara Brooklier, PhD Pediatric Neuropsychologist	The Children’s Center, Senior Director of Developmental Disabilities Services	Autism Services Clinical Staff
Stefani Hines, M.D. Developmental-Behavioral Pediatrician	Beaumont Children’s Hospital: Autism Evaluation Center, Medical Director and Division of Developmental and Behavioral Pediatrics, Section Head	Autism Services Clinical Staff
Christina Vesteovich Board Certified Behavior Analyst	Gateway Pediatric Therapy, Chief Clinical Officer	Autism Services Clinical Staff
Mike Dow	Autism Centers of Michigan, Chief Executive Officer	Autism Services Provider Administrative Staff
Julie Kornack	Centers for Autism and Related Disorders, Director of Public Policy	Autism Services Provider Administrative Staff
Colleen Allen, PhD	Autism Alliance of Michigan, President and Chief Executive Officer	Medicaid Autism Services Client/Family Members
David Fosdick	State Budget Office	Executive Office
Kevin Koorstra	House Fiscal Agency	House of Representatives
Steve Angelotti	Senate Fiscal Agency	Senate
MDHHS Staff		
Farah Hanley	Senior Deputy Director of Financial Operations	Workgroup Co-Chair
George Mellos, M.D.	Deputy Director of Behavioral Health and Developmental Disabilities	Workgroup Co-Chair
Lisa Grost	Children and Adults with Autism Section Manager	Workgroup Co-Chair
Kristen Jordan	Behavioral Health Administration Budget Section Manager	Workgroup Support

Cindy Masterson	Health Services Budget Division Director	Workgroup Support
Morgan VanDenBerg	Autism Behavior Specialist	Workgroup Support
Jordan Milham	Autism Program Analyst	Workgroup Support
Karla Ruest	Legislative Services Division Director	Workgroup Support
Jeff Spitzley	Legislative Services Constituent Services Section Manager	Workgroup Support
Matthew Schneider	Analytics Long Term Care Finance Section Manager	Workgroup Support
Penny Rutledge	Actuarial Division Director	Workgroup Support

Appendix A: Oversight and Consumer Protection to Prevent/Monitor Fraud

- A. United States Department of Health and Human Services:
 - 1) Office of [Inspector General Exclusions Database](#)
- B. Michigan Department of Attorney General: Consumer Complaints
- C. MDHHS
 - 1) Michigan [Medicaid Program](#)
 - a. [Medicaid Fraud](#)
 - b. Call toll-free: 1-800-HHS-TIPS (1-800-447-8477) to [report fraud](#)
 - c. [Information for Medicaid Providers](#)
 - d. [Enrolled Provider Information](#)
 - e. [Fraud and Abuse](#) Complaint Form
 - f. [Medicaid External Quality Review](#)
 - g. List of [Sanctioned Providers](#)
 - i. Detailed List of Sanctioned Providers [PDF](#)
 - 2) [Michigan Administrative Hearing](#) System for MDHHS
 - 3) [Office of Recipient Rights](#) (ORR)
 - a. Recipient Rights [Advisory Committee](#)
 - b. Community Mental Health Services Programs [ORR Assessments](#)
 - 4) [Office of Inspector General](#) (OIG)
 - a. [Medicaid Fraud and Abuse](#) to OIG
 - b. Call toll-free: 1-855-MI-FRAUD (1-885-643-7283)
 - c. Office of Inspector General [Special Investigations Unit](#)
 - 5) Behavioral Health and Developmental Disabilities Administration (BHDDA)
 - a. The [Michigan Autism Section](#) is part of the BHDDA to support Medicaid covered ABA services to individuals with ASD. BHDDA along with [46 regional Community Mental Health Services Programs \(CMHSPs\)](#) and [10 Pre-paid Inpatient Health Plans \(PIHPs\)](#), contracts public funds for all necessary 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 thru 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.
 - i. [Community Mental Health Services Programs](#) (CMHSPs)
 - ii. PIHPs [External Quality Review Technical Reports](#)
 - iii. BHDDA [Medicaid Waiver Site Reviews](#)
 - iv. Behavioral Health [Advisory Council](#)
 - v. [Mental Health Commission](#) Reports
 - vi. [Medicaid Mental Health & Substance Use](#) Disorders Reporting Requirements

1. In order to monitor service provision, expenditures and consumer outcomes, the MDHHS requires CMHSPs and PIHPs to provide information and data on topics such as costs, services, consumer demographics, and administrative activities.
- vii. Michigan [Fidelity Assistance Support Team](#) (MIFAST)
- viii. PIHP [Contract](#)
 1. *PIHP Responsibilities for Monitoring Ownership and Control Interests Within Their Provider Networks At the time of provider enrollment or re-enrollment in the PIHP's provider network, **the PIHP must search the Office of Inspector General's (OIG) exclusions database** to ensure that the provider entity, and any individuals with ownership or control interests in the provider entity (direct or indirect ownership of five percent or more or a managing employee), have not been excluded from participating in federal health care programs. Because these search activities must include determining whether any individuals with ownership or control interests in the provider entity appear on the OIG's exclusions database, the PIHP must mandate provider entity disclosure of ownership and control information at the time of provider enrollment, reenrollment, or whenever a change in provider entity ownership or control takes place.*
 2. **The PIHP must search the OIG exclusions database monthly** to capture exclusions and reinstatements that have occurred since the last search, or at any time providers submit new disclosure information. The PIHP must notify the Division of Program Development, Consultation and Contracts, Behavioral Health and Developmental Disabilities Administration in MDHHS immediately if search results indicate that any of their network's provider entities, or individuals or entities with ownership or control interests in a provider entity are on the OIG exclusions database.
 3. *PIHP Responsibility for Notifying MDHHS of Administrative Actions **That Could Lead to Formal Exclusion** The PIHP must promptly notify the Division of Program Development, Consultation and Contracts, Behavioral Health and Developmental Disabilities Administration in MDHHS if it has taken any administrative action that limits a provider's participation in the Medicaid program, including any provider entity conduct that results in suspension or termination from the PIHP's provider network.*
- D. Michigan Department of Insurance and Financial Services
 - 1) [Complaints and Information](#)
 - 2) Resolving [Health Insurance Problems Guide](#)
 - 3) National Association of Insurance Commissioners [Information and Complaints](#)
- E. Michigan Department of Licensing and Regulatory Affairs
 - 1) [Bureau of Community Health Systems](#)
 - a. The bureau programs are designed to protect the health, safety and welfare of individuals receiving care and services through various covered licensed/certified provider types.
 - i. [File a Complaint](#)
 - ii. Professional Licensing Complaint [Guide](#)
 - iii. Professional Licensing [Disciplinary Action Information and Reports](#)
- F. MDHHS annual reports submitted to the legislator on recoveries pursuant to section 106(4) of the Social Welfare Act, 1939 Public Act 280, MCL 400.106, and Third Party Liability Reimbursement Savings and Cost Offsets in Public Act 107 of 2017.
 - i. https://www.michigan.gov/documents/mdhhs/Section_270_Rpt2_622376_7.pdf
 - ii. https://www.michigan.gov/documents/mdhhs/Section270-PA107of2017-Rpt1_616668_7.pdf
 - iii. https://www.michigan.gov/documents/mdhhs/Section_904-1_638052_7.pdf
 - iv. https://www.michigan.gov/documents/mdhhs/Section_918_Rpt1_614819_7.pdf
 - v. https://www.michigan.gov/documents/mdhhs/Section_918_Rpt12_638055_7.pdf
 - vi. https://www.michigan.gov/documents/mdhhs/Section_940-4_640289_7.pdf

vii. https://www.michigan.gov/documents/mdhhs/Section_2172_PA_107_of_2017_614853_7.pdf

Appendix B: Federal Medicaid Requirements

Michigan is required to ensure access to [Early and Periodic Screening, Diagnostic and Treatment \(EPSDT\) services](#) for all eligible individuals through age 20. This includes individuals with ASD. Medicaid covers ABA which is recognized as the most effective treatment for children and adults with ASD, in accordance with the State’s obligation to provide EPSDT benefits under Federal authority. All states share Michigan’s obligation to ensure Medicaid-eligible children and their families are aware of EPSDT benefits and have access to necessary screening and treatment to address health problems before they become advanced and treatments are more difficult and costlier to manage. Forty-two states (see highlighted states below) have approved state plans or adopted Center for Medicare and Medicaid Services (CMS) guidance of providing ABA services for beneficiaries through age 20.

If the State of Michigan denies medically necessary treatment or timely services due to costs or insufficient network adequacy, we will be in jeopardy of additional litigation and in violation of the CMS EPSDT mandate requiring coverage of all medically necessary services to result in better care and healthier children. See [EPSDT - A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents](#)

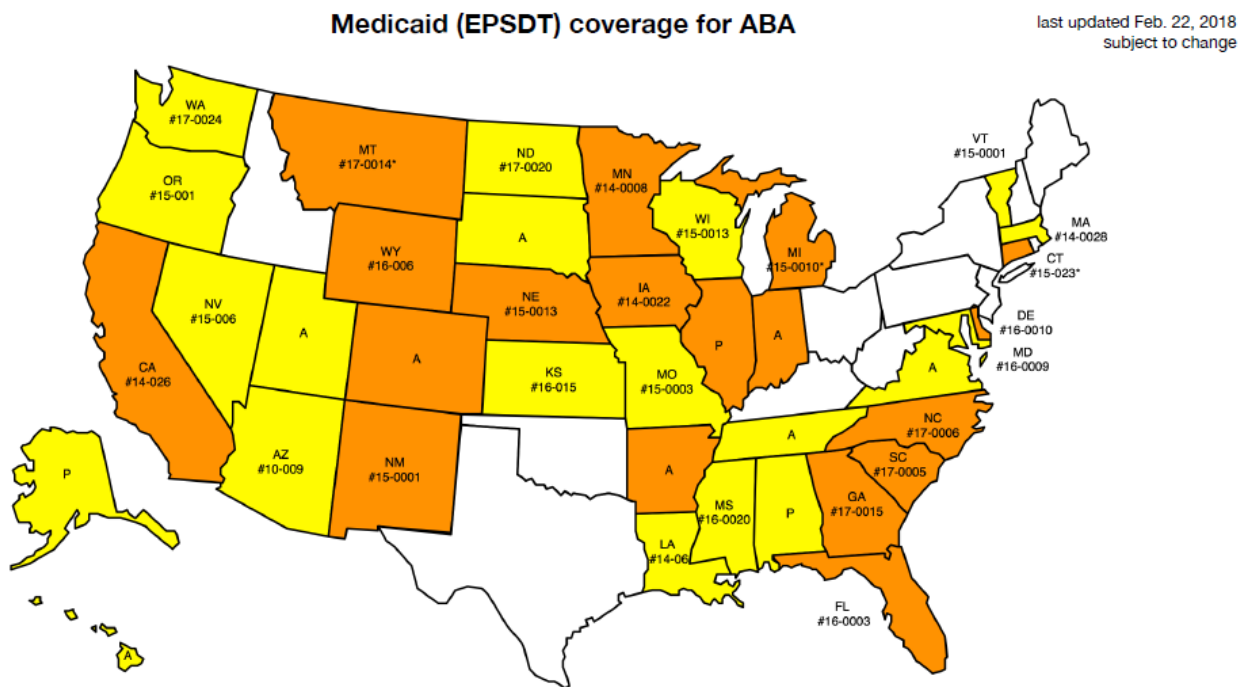


Table 3 Autism Speaks® EPSDT Toolkit (2018), EPSDT/Medicaid Coverage of ABA in the States.

KEY

- Orange: CMS approved state plan for ABA services/allow non-licensed professionals.
- Yellow: CMS approved state plan amendments for ABA services/include licensed behavior analysts.
- White: Not approved by CMS for ABA or status is unclear.