

# **Medicaid Autism Services – Workgroup Recommendations Report**

(FY2021 Appropriation Act - Public Act 166 of 2020)

**April 15, 2021**

**Sec. 959.** (1) *The department shall continue to convene 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) Evaluation and reduction of the variability in diagnostic rates across different regions of the state.*

*(b) Evaluation of the factors resulting in the voluntary disenrollment from, or declination of, therapeutic services by eligible families.*

**(2) By April 15 of the current fiscal year, the department shall provide an update on the workgroup’s recommendations and findings to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, and the state budget office.**





SECTION 959  
PUBLIC ACT  
166 OF 2020

# MEDICAID AUTISM SERVICES WORKGROUP

## 2021 RECOMMENDATIONS AND FINDINGS

## SECTION 959 PUBLIC ACT 166 OF 2020

Section 959. (1) The department shall continue to convene a workgroup in collaboration with the chairs of the house and senate appropriations subcommittees on the department budget or their designees, Community Mental Health Services Program (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) Evaluation and reduction of the variability in diagnostic rates across different regions of the state.
- (b) Evaluation of the factors resulting in the voluntary disenrollment from, or declination of, therapeutic services by eligible families.

(2) By April 15 of the current fiscal year, the department shall provide an update on the workgroup’s recommendations and findings to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, and the state budget office.

## 2021 MEDICAID AUTISM SERVICE DATA UPDATE

As commissioned by Section 959.(1) please see the Medicaid Actuarial summary tables below related to regional diagnostic information, autism service rates and disenrollment/declination data from the autism Applied Behavior Analysis (ABA) services benefit.

### FY20 AUTISM SERVICES RATE DATA SUMMARY

As required, MDHHS through the Behavioral Health and Developmental Disabilities Administration (BHDDA) and the Medical Services Administration (MSA) continued to cover all Medicaid autism services to Medicaid enrollees eligible for services that were covered on January 1, 2019. The below tables summarize the number of beneficiaries diagnosed with Autism Spectrum Disorder (ASD) that received autism related services out of the total eligible Medicaid population, broken down by Prepaid Inpatient Health Plan (PIHP) region (Table 1), as well as updates on the diagnostic evaluation and eligibility determinations conducted within the Medicaid system statewide by fiscal year (Table 2).

TABLE 1 ASD Diagnostic and Service Rate by PIHP Region <sup>1</sup>	
PIHP Region	ASD Services Rate Per Capita
1	1.7 per 1,000
2	2.4 per 1,000
3	4.5 per 1,000
4	3.9 per 1,000

<sup>1</sup> FY20 Medicaid Actuarial 2/22/2021

5	5.2 per 1,000
6	3.7 per 1,000
7	4.7 per 1,000
8	2.6 per 1,000
9	3.4 per 1,000
10	1.1 per 1,000
<b>PIHP Total</b>	<b>3.9 per 1,000</b>

FY20 DIAGNOSTIC RATE DATA SUMMARY

<b>TABLE 2 ASD Diagnostic Evaluation Rates</b>		
Fiscal Year	Evaluated for ASD	Not diagnosed with ASD
2016	3,715	*24.01%
2017	4,278	*28.42%
2018	4,034	*28.51%
2019	4,383	*27.01%
2020	3,024	*29.16%
2021 <sup>2</sup>	1,373	*26.87%
<b>2020 and 2021<sup>3</sup></b>	<b>4,397</b>	<b>*28.56%</b>
* Blue Cross Blue Shield of Michigan (BCBS)/Blue Care Network (BCN) reported a range of <b>20%-25%</b> of total individuals evaluated by an Approved Autism Evaluation Centers (AAEC) for ASD were not diagnosed with ASD.		

MEDICAID DISENROLLMENT OR DECLINATION DATA SUMMARY<sup>4</sup>

The pie graph below illustrates the total number of beneficiaries that were evaluated and determined eligible for the autism Behavioral Health Treatment (BHT)/Applied Behavior Analysis (ABA) benefit covered under the state plan from January 1, 2016 through March 5, 2021. Additional details for a small sub-sample of the eligible Medicaid ABA service population were evaluated in 2018 by the Autism Alliance of Michigan (AAoM). The common factors impacting a beneficiary’s or family’s choice resulting in declining or disenrolling in autism ABA services are included in this report and available through AAoM.

*Pie Graph Legend Definitions*

- Voluntarily Disenrolled means a beneficiary received at least one ABA service encounter, but then decided to terminate services.

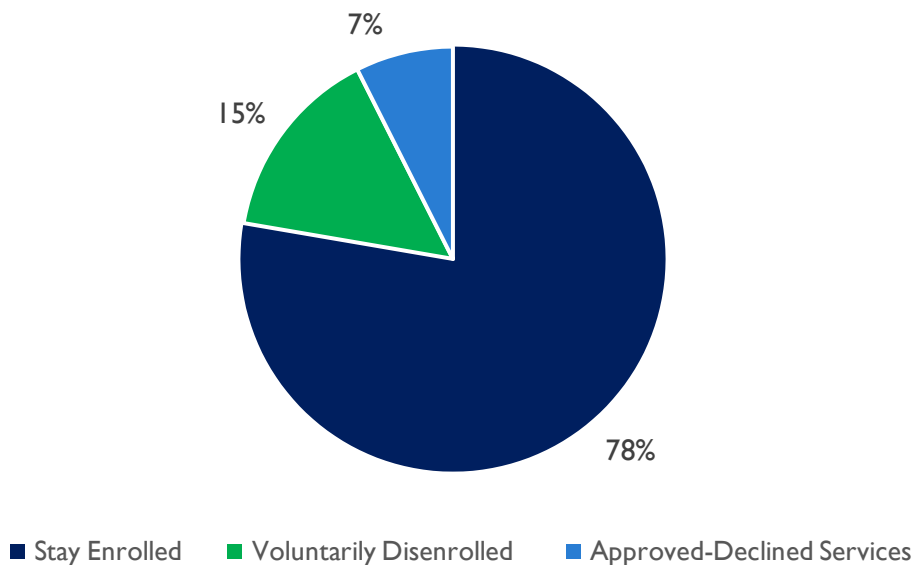
<sup>2</sup> FY21 data available was pulled for the time period of October 1, 2020 to March 5, 2021

<sup>3</sup> FY20 and available FY21 data combined for October 1, 2019 to March 5, 2021

<sup>4</sup> MDHHS Data Totals from 1-1-2016 to 3-5-2021 pulled from WSA Report

- Approved-Declined indicates a beneficiary was determined eligible for ABA services, but declined to start services (i.e. no ABA service encounter was reported)
- Stayed Enrolled indicates a beneficiary was determined eligible for ABA services and received services for the duration of their eligibility.

Total BHT/ABA Benefit Disenrollment/Declinations



## AUTISM LEGISLATIVE REPORT SUMMARY AND REVIEW

As previously reported in FY19 and FY20, as required under Section 959 of [PA 207 of 2018](#) and by Section 959 of [PA 67 of 2019](#), the ASD Workgroup concluded the following when comparing the Medicaid diagnostic process across other payors and best practices in autism services and supports;

- Michigan Medicaid policy standards for diagnosing ASD are consistent with other payors with evaluation tools, eligibility of services, and six-month reassessments for ABA treatment plans.
- Medicaid autism services includes an initial diagnostic evaluation and treatment recommendations and annual diagnostic evaluations for the continuation of ABA services. Commercial insurance requires an initial diagnostic evaluation and treatment recommendations and further evaluations as recommended by a treating clinician or minimally every three years.

The ASD Workgroup Discussion Points from 2019 and 2020 also indicated the following in its report related specifically to diagnostic evaluations of children enrolled in Medicaid.<sup>5</sup>

- The ASD workgroup continues consensus that there is not data to support ASD overdiagnosis as a valid concern for Michigan Medicaid ASD services after reviewing updated comparable data between the Michigan Medicaid system and BCBS of Michigan/BCN.
- It was confirmed there are several new diagnostic evaluators over the last six years who

<sup>5</sup> MDHHS Legislative Reports FY 2019. Retrieved from [https://www.michigan.gov/mdhhs/0,5885,7-339-73970\\_5080\\_24356\\_87937---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-73970_5080_24356_87937---,00.html)

have varying levels of ASD diagnostic professional development and clinical supervision from a highly qualified autism evaluator.

- It was noted that 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 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 continues to be 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.

## AUTISM SERVICES 2021 WORKGROUP FINDINGS AND DISCUSSION

Under Section 959 of Public Act 166 of 2020, the MDHHS continued to convene an Autism Services Workgroup to ensure appropriate cost and service provision as required. There were two meetings held in March in order for MDHHS to provide updates on previous recommendations, review related data, and provide an opportunity for the workgroup members to discuss their impressions and ideas for consideration for this year's workgroup report. Please reference the key themes and notes captured during the meetings held March 12<sup>th</sup> and 24<sup>th</sup>, 2021 below.

### **a) Evaluation and reduction of the variability in diagnostic rates across different regions of the state.**

It is important to note that MDHHS and the workgroup would not have access to all the individualized beneficiary information in order to determine a causal relationship related to their diagnostic outcomes or make definitive statements related to the accuracy of diagnosis; however, the workgroup suggested factors which may be impacting the differences of general prevalence or variance in those pursuing ASD diagnostic evaluations or related services. The workgroup noted the rates of individuals diagnosed with ASD and autism service eligibility could be impacted by several factors, including but not limited to the screening/referral and access systems established locally and across community service partners. Questions were raised as to whether there may be more physician's offices, primary care physicians, or other childcaring or educational systems (i.e. Early On, licensed childcare settings, etc.) conducting screenings and therefore higher rates of referrals or families contacting their local community mental health services programs to inquire about diagnostic evaluations and services. It was also noted by some members differences in availability of educational and outreach information or materials regionally are common and may also be contributing to the differences

in rates. The PIHPs/CMHSPs may also have different organizational structures that are charged with intake, education/outreach, and customer services activities. It was shared that the individual staff at the various organizational levels (i.e. intake, case manager, etc.) providing families information may have varying degrees of knowledge, competencies, or training on the autism ABA service benefit, as well as other home and community-based services and supports available for children and families through Medicaid. Another consideration raised by one workgroup member illustrated that current established instruments may not adequately measure the systemizing abilities of children, particularly those that are non-verbal and may be underrepresented in assessment research studies and autism related literature. This might also be a factor related to some of the diagnostic variances between regions and/or between the public and commercial systems. Also noted in member feedback is the fact the rate of ASD has doubled nationally in a decade, per CDC data. The rates of diagnosed ASD continue to increase, so the trend is likely at least partially due to the known increasing rates of ASD and other neurodevelopmental conditions.<sup>6</sup>

**b) Evaluation of the factors resulting in the voluntary disenrollment from, or declination of, therapeutic services by eligible families.**

The Autism Service Workgroup discussed the potential factors resulting in a beneficiary or family to not want to engage in services and general consensus indicated each family’s situation is different and must be looked at individually while considering their service preferences and need to accept and respect differences in cultural backgrounds. Members echoed the need for continuous engagement in ongoing development of cultural knowledge and resources and flexibility within autism service models to work toward meeting the needs of minority populations. Discussion among workgroup members included the differences in autism services messaging that could also contribute to whether a family receives adequate information and resources to make an informed decision about their child’s care plan and ABA services. Members also wondered whether other autism therapeutic services were being pursued (e.g. speech, occupational therapy, respite, family support and training, etc.) if ABA was declined initially or after being enrolled in ABA, since the data provided only reflected disenrollment or declination of autism ABA services. Further exploration would be required to gain insight into other service data reported through the PIHP’s or Medicaid Health Plans. Several members supported the department looking into utilization of ancillary services as well as standardizing ABA benefit educational outreach materials for all PIHPs/CMHSPs to reference and use. It was noted that some PIHPs/CMHSPs and their contracted agencies may not have the resources to develop their own awareness campaigns and may be relying on community partners available information and family friendly materials, such as the AAoM, the Centers for Disease Control and Prevention (CDC), National Autism Center, Michigan Alliance for Families and Autism Society.

## 2021 AUTISM SERVICES WORKGROUP RECOMMENDATIONS

The Autism Services Workgroup’s recommendations based on their review and findings are listed below. There was collective agreement the Michigan Autism Council be the venue in which Medicaid autism services updates and department progress related to these recommendations be shared and discussed. The rationale was given based on the Autism Council’s charge to

<sup>6</sup> The Centers for Disease Control and Prevention, retrieved from <https://www.cdc.gov/ncbddd/autism/data.html>

review and implementation of the ASD State Plan and as the advisory body suited to identify priorities that address the needs of individuals with ASD.

1. Focus the Medicaid Autism Services legislative recommendations and progress updates through the collaborative relationship between MDHHS-BHDDA and the Michigan Autism Council instead of having it done through a separate Autism Service Legislative Workgroup, that may or may not be in annual budget boilerplate.
2. Standardize and require Medicaid autism services specific training for case managers, supports coordinators, and other CMHSP access/intake/service staff (initially and ongoing) to make sure consistent information is provided and families understand the benefits of ABA services and that home or community-based service options are available and will be culturally and linguistically appropriate in a person-centered/family-centered youth guided framework.
3. Collect additional post-evaluation service and re-engagement in ABA service information from families who initially decline ABA services in order to evaluate current models or considerations to establish a standardize post-ASD evaluation follow up processes across PIHP regions for families that initially decline ABA services.
4. Support a statewide Medicaid autism ABA awareness, education, and outreach campaign (e.g. website/videos/print), with standardized informational resources and family guides to assure consistent PIHP/CMHSP messaging of covered benefits/services and supports as well as for points of access for any family or beneficiary looking to navigate ASD evaluations and services through Michigan Medicaid.
5. Further evaluate screening, referral, capacity, and intake system related data trends to further identify variables contributing to the variation of diagnosis or ABA eligibility determinations by region/county. Then determine the conceivability of an evaluation and comparison of screening, ABA access, and outcomes across the public and commercial/private payors in Michigan.
6. Provide ongoing ASD Diagnostic Evaluation Training, Consultation, and Best Practice Resources to support Medicaid PIHP/CMHSP providers to build capacity and competency of Qualified Licensed Practitioners (QLP).
  - Continue promotion, enhancements, and dissemination of the Medicaid Best Practice ASD Guidelines.
7. Explore the feasibility of developing a Fidelity Assessment Models/Evaluation Team (i.e. MIFAST, wraparound fidelity, etc.) or an MDHHS ASD diagnostic evaluation program pre-enrollment process to promote implementation of best practice and assure Medicaid/Contract requirements are being met across all ten PIHPs.
  - Consider a MDHHS process to pre-enroll or certify autism evaluator's/Medicaid QLP's credentials, or autism QLP service sites to assure adherence and qualifications are met.
8. Examine with key stakeholders and the Department of Licensing and Regulatory Affairs the resource and milestones necessary to pursue amending the Temporary Limited Licensed Psychologist/Limited Licensed Psychologies/Licensed Master Social Worker licensing rules for professionals providing ASD diagnostic services that requires assessments conducted by these types of professionals be either:
  - Directly supervised or reviewed by a Licensed Psychologist (LP)/Physician or they possess an additional ASD diagnostic designation on their license identifying they have the appropriate education, training, and experience necessary to assess/diagnose ASD.



## 2020 AUTISM WORKGROUP RECOMMENDATION UPDATE

The 2020 Medicaid Autism Services Legislative Report included six recommendations. The information included in the table below outline the status and department progress to date.

	Recommendation	Progress Review and Status
1	Modify the Michigan Medicaid Autism Services policy to require re- evaluations based on the clinical recommendation of the evaluator within a range of one to three years.	The timeframe of re-evaluation is still being evaluated by MDHHS and cannot take effect, without the proper federal Medicaid and policy authority. Any amendments to our Medicaid state plan for Early and Periodic Screening, Diagnosis and Treatment-BHT/ABA services require Centers for Medicare & Medicaid Services approval, advance/tribal notices prior to being revised in state policy. Proposed policy BHDDA-2063 contained revisions to the BHT/ABA Medicaid Provider Manual was initially promulgated, which included the removal of the annual re-evaluation Autism Diagnostic Observation Schedule, Second Edition requirement. Any state Medicaid proposed policy must undergo a public comment period before becoming final and it is MDHHS's process to inform interested parties and stakeholders of proposed changes.
2	Modify the Michigan Medicaid Autism Services policy to add telepractice as an option for evaluation supervision of Limited Licensed Psychologists and Temporary Limited Licensed Psychologists by a Licensed Psychologist.	Effective March 1, 2020 MDHHS expanded telemedicine and telepsychiatry under the available Medicaid federal authorities to assure access to diagnostic evaluation services covered by Medicaid in response to the outbreak of the Novel Coronavirus Disease 2019 (COVID-19) public health emergency (PHE). <sup>7</sup> Michigan Medicaid Programs with telemedicine expansion policies are effective throughout the COVID-19 PHE, including those overseen by BHDDA. MDHHS has prioritized the planning and long-term actions needed to continue the availability, coverage, and reimbursement of telemedicine and telepsychiatry modalities for Medicaid services post PHE. The PIHP and CMHSP reporting and post COVID-19 PHE telemedicine database information is publicly available on BHDDA's website, <a href="#">here</a> . Additional information on Medicaid telemedicine policy and issued COVID-19 Response polices are posted by MSA <a href="#">here</a> .
3	Provide trainings on the ASD standard clinical practice guidelines for Medicaid service providers.	Trainings, consultation support, webinars, and conference presentations were done virtually the first two quarters of the fiscal year, at which time the project was cancelled and no further boosters or training in person was conducted. Topics covered: Telehealth and Evaluations during COVID-19.
4	Disseminate and support the Michigan Medicaid ASD Screening, Evaluation and Treatment Recommendation Best Practice Guidelines	ASD Guideline roll out consultation call completed by MDHHS-BHDDA staff on 12/9/2019 with the Autism Alliance of Michigan. The guidelines were shared with legislative work group and presented at pre-identified conferences if held virtually. The Michigan Medicaid ASD Guidelines continue to be available on MDHHS's website, <a href="#">here</a> in order to provide in-depth guidance for health care providers, administrators, families and service agencies.
5	Provide ongoing statewide training for Medicaid ASD evaluators.	The MDHHS-BHDDA through a master training contract agreement in partnership with the Autism Alliance of Michigan and other state recognized ASD clinical experts will maintain regular statewide provider trainings on ASD standard clinical best practice guidelines for treatment and diagnostic services in 2021.
6	Conduct 2020 audits of ASD services including the review of evaluation reports for documentation of thorough evaluations, treatment recommendations, qualified evaluators including appropriate supervision, and treatment plans aligning with the evaluation, supports coordinator documentation, family input and outside services documentation	In accordance with 42 CFR §438.358, the MDHHS requires all PIHPs to undergo a comprehensive review at least once every three years to determine compliance with federal standards, MDHHS utilized an external quality review organization. The State of Michigan requires that each PIHP have a Quality Assessment and Performance Improvement Program (QAPIP) as outlined in contract. Performance improvement projects may be directed at the State or the PIHP established aspects of care. Future State-directed projects will be selected by the MDHHS with consultation from the Quality Improvement Council (QIC) to address performance issues identified through the Medicaid site reviews, or the performance indicator system. Additionally, the MDHHS/PIHP Contract requires each PIHP have a QAPIP, with an effectiveness review conducted annually. The Mental Health Code requires CMHSP certification, see latest report <a href="#">here</a> .

<sup>7</sup> U.S. Department of Health & Human Services Office of the Assistant Secretary for Preparedness and Response. Retrieved from <https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx>

## 2021 AUTISM SERVICES WORKGROUP MEMBERSHIP

Name	Agency	Representation
George Mellos, MD	Senior Deputy Director, State Hospital Administration	Workgroup Co-Chair
Belinda Hawks	Division Director, Behavioral Health and Developmental Disabilities Administration	Workgroup Co-Chair
Chris Pinter	Chief Executive Officer, Bay-Arenac Behavioral Health	Community Mental Health Agencies
Dana Lasenby, LLP	Chief Executive Officer, Oakland Community Health Network	Prepaid Inpatient Health Plans
Kara Brooklier, PhD	Pediatric Neuropsychologist, Senior Director of Developmental Disabilities Services, The Children's Center	Autism Services Clinical Staff
Neelkamal Soares, MD	Developmental-Behavioral Pediatrics Western Michigan University Homer Stryker M.D. School of Medicine	Autism Services Clinical Staff
Christina Vestevich, BCBA, LBA	Chief Clinical Officer, Gateway Pediatric Therapy	Autism Services Clinical Staff
Julie Kornack	Vice President, Government Relations, Centers for Autism and Related Disorders	Autism Services Provider Administrative Staff
Colleen Allen, PhD	Chief Executive Officer, President, Autism Alliance of Michigan	Autism Services Advocacy Individual and Family Members
Zach Duggar, BCBA, LBA	MiBAP and owner of Braintrust	Autism Services Providers
Krista Boe, BCBA, LBA	Chief Clinical Officer/Chief Operating Officer, Acorn Health	Autism Services Providers
Melissa Moody, LLP	Chief Clinical Officer, Detroit Wayne Integrated Health Network	Prepaid Inpatient Health Plans Autism Services Clinical Staff
David Fosdick	State Budget Office	Executive Office
Kevin Koorstra	House Fiscal Agency	House of Representatives
Steve Angelotti	Senate Fiscal Agency	Senate

**MDHHS Support Staff**

Lisa Grost	State Assistant Administrator, Behavioral Health and Developmental Disabilities Administration	Workgroup Support
Kristen Jordan	Budget Manager, MDHHS Bureau of Budget	Workgroup Support
Mary Luchies, PhD, LP, BCBA, LBA	Central Behavioral Specialist, State Hospital Administration	Workgroup Support
Audrey Dick	Financial Analyst, MDHHS Bureau of Budget	Workgroup Support
Morgan VanDenBerg, BCBA, LBA	Section Manager, Behavioral Health and Developmental Disabilities Administration	Workgroup Support
Emily Schwarzkopf	Legislative Services Division Director	Workgroup Support
Matthew Schneider	Section Manager, Analytics Long Term Care Finance, Medical Services Administration	Workgroup Support

**ADDITIONAL INFORMATION AND REFERENCES**

- BHDDA’s website: [www.Michigan.gov/bhdda](http://www.Michigan.gov/bhdda)
- PIHP/CMHSP Telemedicine Reporting Requirements
  - [MDHHS - COVID-19 Encounter Code Chart \(michigan.gov\)](http://michigan.gov)
  - [BHDDA Telemedicine Database 702728 7.pdf \(michigan.gov\)](http://michigan.gov)
  - [Link to Core HIPAA-Related Health Plan Materials](#)
  - [PIHP/CMHSP Provider Qualifications Chart \(Updated 1/11/2021\)](#) 
- MDHHS-PIHP Contract, Legislative Reports, and Quality Reviews
  - PIHP [Access Standards](#)
  - PIHP Credentialing and Re-credentialing-[Behavioral Health and Developmental Disabilities Administration, Provider Credentialing \(michigan.gov\)](#)
  - PIHP Reciprocity-[Behavioral Health and Developmental Disabilities Administration, Reciprocity Standards \(michigan.gov\)](#)
  - PIHP Procurement Requirements, [https://www.michigan.gov/documents/mdhhs/Procurement-Technical-Requirement\\_704457\\_7.pdf](https://www.michigan.gov/documents/mdhhs/Procurement-Technical-Requirement_704457_7.pdf)

- PIHP External Quality Review, [https://www.michigan.gov/documents/mdhhs/MI2018-19\\_PIHP\\_EQR-TR\\_F1\\_688769\\_7.pdf](https://www.michigan.gov/documents/mdhhs/MI2018-19_PIHP_EQR-TR_F1_688769_7.pdf)
  - PIHP Quality Assessment and Performance Improvement Programs, [https://www.michigan.gov/documents/mdhhs/QA\\_and\\_PIP\\_for\\_Specialty\\_Prepaid\\_Inpatient\\_Health\\_Plans\\_702782\\_7.pdf](https://www.michigan.gov/documents/mdhhs/QA_and_PIP_for_Specialty_Prepaid_Inpatient_Health_Plans_702782_7.pdf)
  - CMHSP/PIHP Provider Agency Compliance Report, [https://www.michigan.gov/documents/mdhhs/Section9942-PA67of2019\\_702563\\_7.pdf](https://www.michigan.gov/documents/mdhhs/Section9942-PA67of2019_702563_7.pdf)
  - Consolidated Audits for Behavioral Health Service Providers, [https://www.michigan.gov/documents/mdhhs/Section\\_927\\_684208\\_7.pdf](https://www.michigan.gov/documents/mdhhs/Section_927_684208_7.pdf)
  - Compliance Examination Guidelines, [https://www.michigan.gov/documents/mdhhs/Compliance\\_Examination\\_Guidelines\\_702762\\_7.pdf](https://www.michigan.gov/documents/mdhhs/Compliance_Examination_Guidelines_702762_7.pdf)
- Medicaid services verification – [technical requirements](#)
  - Medicaid Autism ABA Fee Schedule:
    - [2019 Autism Fee Schedule](#)
  - Medicaid Policy and Guidance
    - [MDHHS - Medicaid Provider Manual \(michigan.gov\)](#)
    - Medicaid ASD [Best Practice Guidelines](#)