

# Medicaid Autism Services – Workgroup Recommendations Report

(FY2020 Appropriation Act - Public Act 67 of 2019)

**March 1, 2020**

**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) 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.*

*(d) Comparison of the state's Medicaid autism benefit to current best practices in autism treatment.*

*(e) Comparison of the state's autism applied behavior analysis (ABA) outcomes with other states. Outcomes to be compared must include, but are not limited to, the following:*

*(i) Number of children enrolled in ABA therapy.*

*(ii) Number of children enrolled in non-ABA interventions.*

*(iii) ABA benefit utilization and cost per child.*

*(iv) Average length of time children enrolled in ABA therapy receive ABA therapy.*

*(v) Short- and long-term outcomes for children enrolled in both ABA therapy and non-ABA interventions.*

*(f) Evaluation of the diagnostic and outcome factors cited by the autism diagnostic and therapy recommendation pilot project described in section 458 of 2018 PA 618.*

**(2) By March 1 of the current fiscal year, the department shall provide an update on 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.**



2020

# Medicaid Autism Services

2020 LEGISLATIVE WORKGROUP REPORT

MDHHS: BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES ADMINISTRATION

**Summary:**

As required under Section 959 of Public Act 67 of 2019, 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 and the 2019 Medicaid Autism Services Report 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 Thursday, January 9, 2020 and facilitated the discussion on recommendations for the legislative report. The Workgroup came to consensus the data does not support an ASD overdiagnosis in Medicaid. It confirmed the ASD Medicaid services rates were comparable to Tricare and Commercial insurance rates. The Workgroup concluded it is not possible to have a valid comparison of multiple states' ASD Services including Applied Behavior Analysis (ABA) due to the variance in policies and structure of payments. Workgroup recommendations focus on increasing fidelity of diagnostic evaluations, diagnosis treatment recommendations and services; aligning Medicaid ASD policy with best practices in autism treatment; and recommending the re-evaluation and treatment recommendations become like the process of commercial insurance companies.

This Report includes the ASD Legislative Workgroup's Discussion Points and Data Analysis, Progress on 2019 Report Recommendations, Recommendations, Membership, and an Appendix with additional information. The Recommendations are unique in the 2020 Report, and there are similarities in responses of data to the 2019 Report due to the short time frame between reports.

**Boilerplate Requirement:**

**Sec. 959 of PA 67 – (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 provisions, 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.
- (d) Comparison of the state's Medicaid autism benefit to current best practices in autism treatment.
- (e) Comparison of the state's autism applied behavior analysis (ABA) outcomes with other states.

Outcomes to be compared must include, but are not limited to, the following:

- Number of children enrolled in ABA therapy.
- Number of children enrolled in non-ABA interventions.
- ABA benefit utilization and cost per child.
- Average length of time children enrolled in ABA therapy receive ABA therapy.
- Short- and long-term outcomes for children enrolled in both ABA therapy and non-ABA interventions.

- (f) Evaluation of the diagnostic and outcome factors cited by the autism diagnostic and therapy recommendation pilot project described in section 458 of 2018 PA 618.

**(2) By March 1 or the current fiscal year, the department shall provide an update on 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 from 2019 and 2020**

**(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.
- The Michigan Board of Psychology has acted on complaints of Psychologists not providing supervision of Limited Licensed Psychologists and Temporary Limited Licensed Psychologists and not being present with the child being evaluated for Autism Spectrum Disorder in 2019.

Overdiagnosis

- 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 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. The 2019 data shows a slight decrease in the Medicaid prevalence.
- 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 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.

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	4,383	*27.01%
*BCBS/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.		

*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 (BCBA)/Master’s Degree, Board Certified Assistant Behavior Analyst (BCaBA)/Bachelor’s Degree, Behavior Technician (BT)/No degree required]

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

- 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.

**(d) Comparison of the state’s Medicaid autism benefit to current best practices in autism treatment.**

- 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.

**(e) Comparison of the state’s Autism Applied Behavior Analysis (ABA) outcomes with other states.**

- The Centers for Medicare and Medicaid Services does not have a standard policy or fee schedule for Applied Behavior Analysis Services and allows each state to determine the policy and rates. The Medicaid population rates and policies vary drastically throughout the country which does not allow a valid comparison of the number of children with ASD receiving Applied Behavior Analysis and the cost associated with this service. Michigan Medicaid 2019 data shows:
  1. Number of children enrolled in ABA therapy and ASD evaluations: 10,823
  2. Number of children enrolled in non-ABA interventions: 2,156
  3. ABA benefit utilization is in Appendix C and cost per child in ASD services (evaluation, assessment and ABA therapy) was \$17,694.
  4. Average length of time children enrolled in ABA therapy receive ABA therapy: Table 3
  5. Short-and long-term outcomes for children enrolled in both ABA therapy and non-ABA interventions: This information is not available without a research level evaluation.

<b>Table 3. Autism ABA Average Months of Service By the Year ABA Service Initiated</b>				
Recipients Age Range	FY2014	FY2015	FY2016	FY2017
0 – 5	28	28	25	20
6 – 18	16	16	22	16
19 – 20	---	---	10	9

- (f)** Evaluation of the diagnostic and outcome factors cited by the autism diagnostic and therapy recommendation pilot project described in section 458 of 2018 PA 618. Report was utilized for discussion and recommendations.

**2019 Medicaid Autism Services Legislative Report Recommendation Progress to Date**

The 2019 Medicaid Autism Services Legislative Report included six recommendations, and the progress on each of them is included to show the commitment to this service.

Develop Michigan Medicaid ASD standard clinical practice guidelines for screening, diagnosis and treatment.

- Michigan Medicaid ASD Screening, Evaluation and Treatment Recommendation Best Practice Guidelines were developed with a diverse workgroup membership and released October 2019.
- Guidelines are located at: <https://www.michigan.gov/autism/0,4848,7-294-73929---,00.html> (Michigan.gov/autism under Resources).

Provide trainings on the ASD standard clinical practice guidelines for Medicaid service providers. Trainings completed:

- Community Mental Health Association of Michigan Annual Conference, October 21, 2019.
- MDHHS Autism Webinar, November 6, 2019.
- MDHHS Waiver Conference, November 19, 2019.

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.

- Discussed with Prepaid Inpatient Health Plan Autism Coordinators, November 6, 2019.
- Prepaid Inpatient Health Plan Autism Coordinators updated their provider network in July 2019 and January 2020.



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.

- MDHHS developed a training plan for FY20 with both webinars and trainings. Training topics:
  - Managing Unclear Cases: When to Assess, How to Assess, & Recommendation Management
  - Not ASD: Management of Diagnosis and Recommendations for Children Who Do Not Meet ASD Criteria
  - Making ASD Re-evaluations Helpful for The Family
  - When The ADOS-2 Cannot Be Scored: ASD Evaluation with Sensory and Motoric Impairment
  - Common Errors in ASD Evaluation: Lessons Learned from Second Opinion Evaluations
  - ASD Comorbid and Differential Diagnosis (2 locations)
  - ASD Differential Diagnosis in Young Children-ASD, DD, ADHD, Trauma, Language Disorder (2 locations)
  - Tools Usage and Data Integration in ASD Evaluations (2 locations)
  - ADOS-2 Boosters (5 locations)

Develop written guidance on standardization of Medicaid PIHP/CMHs ASD administration services, including and not limited to reporting requirements, coding, and reciprocity of credentialing and training between Prepaid Inpatient Health Plans (PIHP) and CMHs, to reduce administrative duplication at the PIHP, CMH and service provider levels. This would assist agencies in being more cost efficient and increase the fidelity of services.

- No action to date.

Discuss with Michigan Department of Insurance and Financial Services its oversight of compliance with the Federal Mental Health Parity and Addiction Equity Act as it relates to ASD services.

- No action to date.

### **ASD Workgroup Recommendations**

- 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.
- 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.
- Provide trainings on the ASD standard clinical practice guidelines for Medicaid service providers.
- Disseminate and support the Michigan Medicaid ASD Screening, Evaluation and Treatment Recommendation Best Practice Guidelines.
- Provide ongoing statewide training for Medicaid ASD evaluators.
- 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.

**Workgroup Membership**

<b>Name</b>	<b>Agency</b>	<b>Representation</b>
Colleen Allen, PhD	Autism Alliance of Michigan, President and Chief Executive Officer	Medicaid Autism Services Client/Family Members
Krista Boe	Autism Centers of Michigan	Autism Services Clinical Staff
Kara Brooklier, PhD Pediatric Neuropsychologist	The Children’s Center, Senior Director of Developmental Disabilities Services	Autism Services Clinical Staff
Mike Dow	Autism Centers of Michigan, Chief Executive Officer	Autism Services Provider Administrative Staff
Stefani Hines, MD 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
Julie Kornack	Centers for Autism and Related Disorders, Director of Public Policy	Autism Services Provider Administrative Staff
Dana Lasenby Limited License Psychologist	Detroit Wayne Mental Integrated Health Network, Chief Clinical Officer	Prepaid Inpatient Health Plans
Chris Pinter	Bay-Arenac Behavioral Health, Chief Executive Officer	Community Mental Health Agencies
Christina Vestevich Board Certified Behavior Analyst	Gateway Pediatric Therapy, Chief Clinical Officer	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
<b>MDHHS Staff</b>		
Farah Hanley	Senior Deputy Director, Financial Operations Administration	Workgroup Co-Chair
George Mellos, MD	Senior Executive Psychiatric Director, Behavioral Health and Developmental Disabilities	Workgroup Co-Chair
Lisa Grost	State Assistant Administrator, Behavioral Health and Developmental Disabilities	Workgroup Co-Chair
Kristen Jordan	Behavioral Health Administration Budget Section Manager, Financial Operations Administration	Workgroup Support
Mary Luchies, LP	Behavioral Specialist, Behavioral Health and Developmental Disabilities	Workgroup Support
Emily Schwarzkopf	Legislative Services Division Director	Workgroup Support
Matthew Schneider	Analytics Long Term Care Finance Section Manager, Medical Services Administration	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 Services](#) 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. [Medicaid Mental Health & Substance Use Disorders Reporting Requirements](#) 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
        - 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.
      - vi. Michigan [Fidelity Assistance Support Team \(MIFAST\)](#)
      - vii. 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](#)

### 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 Centers 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](#)

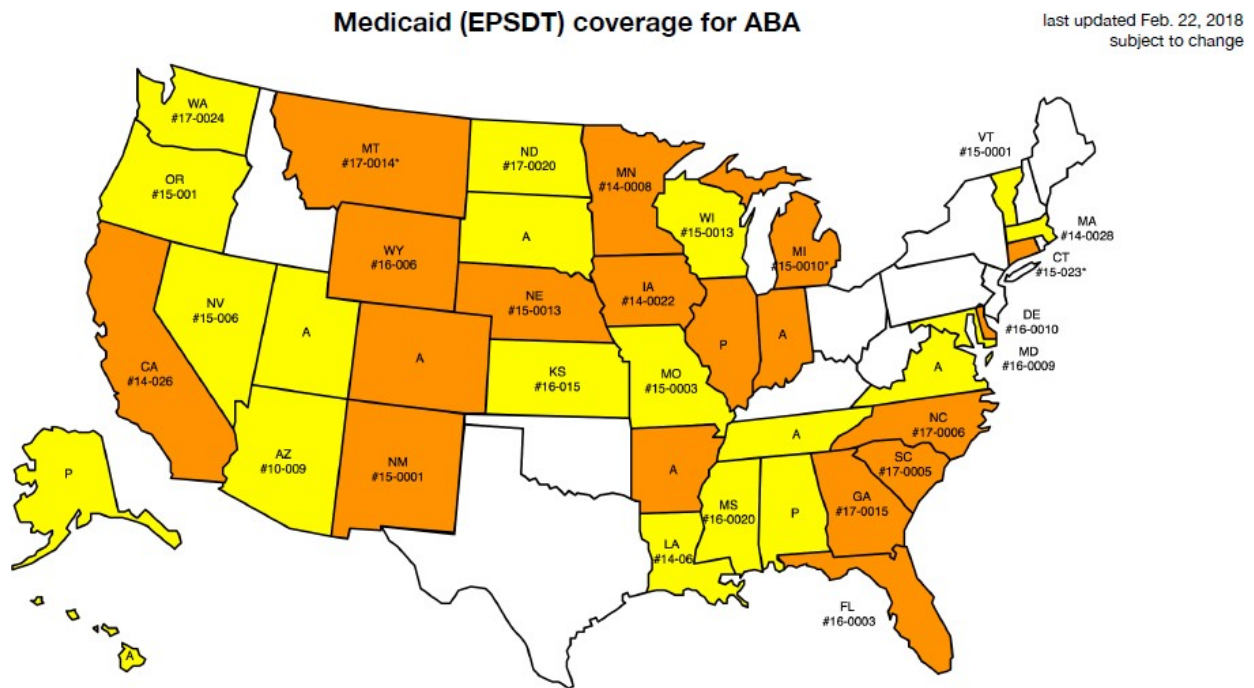


Table 3 Autism Speaks® EPSDT Toolkit (2018), EPSDT/Medicaid Coverage of ABA in the States.

**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.

**Appendix C: Applied Behavior Analysis Benefit Utilization by Milliman**

State of Michigan, Department of Health and Human Services															
SFY 2020 Capitation Rate Setting															
ABA Adaptive Therapy Average Monthly Recipients by Average Hours of Service Per Week															
	SFY 2017					SFY 2018					SFY 2019				
	Q1	Q2	Q3	Q4	Composite	Q1	Q2	Q3	Q4	Composite	Q1	Q2	Q3	Q4	Composite
<b>Age 0-5 Recipients</b>															
0-5 hours	231	209	172	183	<b>199</b>	202	184	151	184	<b>180</b>	206	217	156	231	<b>202</b>
6-10 hours	337	309	312	307	<b>316</b>	339	339	318	304	<b>325</b>	341	359	299	228	<b>307</b>
11-15 hours	288	317	321	335	<b>315</b>	335	357	370	347	<b>353</b>	353	396	391	227	<b>342</b>
16-20 hours	167	185	215	209	<b>194</b>	235	242	289	267	<b>258</b>	258	260	323	195	<b>259</b>
21-25 hours	74	87	111	131	<b>101</b>	131	160	176	182	<b>162</b>	163	180	223	140	<b>176</b>
26-40 hours	52	68	87	114	<b>80</b>	104	119	187	201	<b>153</b>	178	151	253	178	<b>190</b>
40+ hours	<u>1</u>	<u>1</u>	<u>1</u>	<u>2</u>	<u>1</u>	<u>1</u>	<u>2</u>	<u>4</u>	<u>4</u>	<u>3</u>	<u>4</u>	<u>4</u>	<u>6</u>	<u>4</u>	<u>5</u>
<b>Total Age 0-5 Recipients</b>	<b>1,150</b>	<b>1,176</b>	<b>1,220</b>	<b>1,280</b>	<b>1,206</b>	<b>1,347</b>	<b>1,404</b>	<b>1,494</b>	<b>1,490</b>	<b>1,434</b>	<b>1,502</b>	<b>1,567</b>	<b>1,651</b>	<b>1,203</b>	<b>1,481</b>
<b>Age 6-18 Recipients</b>															
0-5 hours	268	321	362	391	<b>336</b>	479	528	483	508	<b>499</b>	571	628	558	486	<b>561</b>
6-10 hours	315	404	467	476	<b>416</b>	562	634	690	669	<b>639</b>	758	821	819	476	<b>718</b>
11-15 hours	163	213	260	332	<b>242</b>	334	368	447	462	<b>403</b>	478	508	584	350	<b>480</b>
16-20 hours	60	92	117	171	<b>110</b>	142	157	220	275	<b>198</b>	216	238	296	222	<b>243</b>
21-25 hours	20	31	40	70	<b>40</b>	50	64	82	127	<b>81</b>	88	100	132	120	<b>110</b>
26-40 hours	9	16	35	53	<b>28</b>	38	56	74	109	<b>69</b>	69	60	115	109	<b>88</b>
40+ hours	<u>1</u>	<u>1</u>	<u>1</u>	<u>2</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>2</u>	<u>1</u>	<u>3</u>	<u>2</u>	<u>3</u>	<u>6</u>	<u>3</u>
<b>Total Age 6-18 Recipients</b>	<b>834</b>	<b>1,078</b>	<b>1,282</b>	<b>1,495</b>	<b>1,172</b>	<b>1,606</b>	<b>1,808</b>	<b>1,997</b>	<b>2,152</b>	<b>1,891</b>	<b>2,182</b>	<b>2,357</b>	<b>2,507</b>	<b>1,768</b>	<b>2,204</b>
<b>Age 19-20 Recipients</b>															
0-5 hours	10	10	13	21	<b>14</b>	24	21	21	21	<b>22</b>	18	25	26	20	<b>22</b>
6-10 hours	4	9	9	16	<b>10</b>	20	21	24	25	<b>23</b>	30	30	27	17	<b>26</b>
11-15 hours	3	5	8	10	<b>7</b>	13	13	14	15	<b>14</b>	18	16	21	10	<b>16</b>
16-20 hours	2	3	4	5	<b>4</b>	7	7	7	8	<b>7</b>	9	11	11	8	<b>10</b>
21-25 hours	1	1	2	3	<b>2</b>	3	2	3	3	<b>3</b>	3	6	8	5	<b>5</b>
26-40 hours	0	-	-	1	<b>0</b>	1	1	4	4	<b>3</b>	4	5	6	3	<b>5</b>
40+ hours	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>0</u>	<u>-</u>	<u>0</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<b>Total Age 19-20 Recipients</b>	<b>20</b>	<b>29</b>	<b>37</b>	<b>56</b>	<b>35</b>	<b>68</b>	<b>65</b>	<b>74</b>	<b>76</b>	<b>71</b>	<b>83</b>	<b>93</b>	<b>99</b>	<b>62</b>	<b>84</b>
<b>Composite</b>	<b>2,004</b>	<b>2,283</b>	<b>2,538</b>	<b>2,831</b>	<b>2,414</b>	<b>3,020</b>	<b>3,277</b>	<b>3,565</b>	<b>3,719</b>	<b>3,395</b>	<b>3,767</b>	<b>4,018</b>	<b>4,257</b>	<b>3,034</b>	<b>3,769</b>

Notes:

- 1.) Autism ABA Adaptive Therapy codes were defined as 0364TU5, 0365TU5, 0366TU5, 0367TU5, 97153U5, and 97154U5.
- 2.) Values reflect encounter data submitted by the PIHPs to the MDHHS data warehouse as of September 2019.