

**Bulletin Number:** MSA 13-24

**Distribution:** Practitioners, Local Health Departments, Federally Qualified Health Centers, Rural Health Clinics, Medicaid Health Plans, MICHild Health Plans, Tribal Health Centers, Pre-Paid Inpatient Health Plans, Community Mental Health

**Issued:** July 1, 2013

**Subject:** Clarification of Autism Services Benefit

**Effective:** As Indicated

**Programs Affected:** Medicaid, Adult Benefits Waiver, Children's Special Health Care Services, Children's Waiver, Maternity Outpatient Medical Services, MICHoice Waiver, *Plan First!*

This bulletin serves as clarification to the Coverage of Autism Services policy issued in bulletin MSA 13-09. The 1915(i) State Plan Amendment and 1915(b) Waiver Amendment were approved by the Centers for Medicare & Medicaid Services (CMS) on March 26, 2013. The clarifications are based on CMS' approval and are effective April 1, 2013. (MSA bulletins are accessible on the Michigan Department of Community Health (MDCH) website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy and Forms.)

The Independent Evaluation described in section IV of MSA 13-09 requires that the MDCH Behavioral Health Developmental Disabilities Administration (BHDDA) will apply the needs-based criteria (described in the Needs-Based Criteria subsection) to determine whether the child in the targeted group is eligible for the Applied Behavior Analysis (ABA) service. The Prepaid Inpatient Health Plan (PIHP) will provide evidence from diagnosis and assessments to MDCH/BHDDA related to the child's functional abilities in the areas of Social Interaction and Patterns of Behavior. Evidence regarding diagnosis will be based on the Autism Diagnostic Observation Schedule-2 (ADOS-2), which is an instrument for diagnosing and assessing autism.

The Independent Evaluation requires that a re-evaluation be performed annually. A formal review of the individual plan of service (IPOS) will occur no less than annually with the child and family. Neither the ADOS-2 nor the Autism Diagnostic Interview Revised (ADI-R) (or similar tool) are required for re-evaluation. The Vineland Adaptive Behavior Scales-Second Edition (VABS-2) is administered at intake, annually as part of the IPOS review, and whenever there is a level of change. In addition, a behavioral outcome measurement tool (Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP) or Assessment of Basic Language and Learning Skills Revised (ABLLS-R)) is to be administered every six months. MDCH/BHDDA will make the determination of continuing eligibility based on evidence provided by the PIHP that the child meets the needs-based criteria.

The IPOS must address the health and welfare of the child. This may include coordination and oversight of any identified medical care needs to ensure health and safety such as medication complications, changes in psychotropic medications, medical observation of unmanageable side effects of psychotropic medications, or comorbid medical conditions requiring care. The IPOS must address risk factors identified for the child and family, specify how the risk factor may be minimized, and describe the backup plan for each identified risk. For example, a risk factor might describe how to ensure consistent staffing in the event of staff absence. The backup plan is that the agency has staff that are trained in the child's IPOS and can provide required services in the absence of staff.

The ABA Intervention described in section VI of MSA 13-09 requires that the PIHP's Utilization Management will authorize the intensity of services prior to delivery of services. Early Intensive Behavioral Intervention (EIBI) is available to any eligible child who has an ADOS-2 score that falls within the Autism range and is provided an average of 10-20 hours a week (actual hours as determined by a behavior intervention plan and interventions required). EIBI is available for children 18 months through five years of age as defined by the child's ability to actively engage in the therapeutic treatment process. Applied Behavioral Intervention (ABI) is a level of intervention available for children 18 months through five years of age who have an ADOS-2 score that falls within the Autism or Autism Spectrum Disorder (ASD) range who are not receiving EIBI and are provided an average of 5-15 hours a week.

The ABA Intervention requires that EIBI is a comprehensive behavior package that can be administered in a child's home or clinic setting and consists of various evidence-based interventions. (Refer to the National Autism Center's National Standards Report, 2009, Chapter 4 located at <http://www.nationalautismcenter.org/pdf/NAC%20Standards%20Report.pdf>.) A comprehensive assessment is utilized to identify goals for intervention. Evidence based interventions include Discrete Trial Training (DTT) which includes the following Established Treatments: Behavioral Package, Antecedent Package, Comprehensive Behavioral Treatment for Young Children, Modeling, Joint Attention Intervention, Naturalistic Teaching Strategies, Peer Training Package, Pivotal Response Treatment, Schedules, Self-Management, and Story-based Intervention Package. DTT and other interventions from the National Autism Center's National Standards Report, 2009 are utilized over the course of treatment to teach imitation skills; establish play behaviors; integrate the family into treatment; develop early expressive and abstract language; increase peer interactions, social skills, and academic skills; and move toward integrating the family into the community and school system. The IPOS is updated as the child gains new skills and addresses maintenance of acquired skills in a clear progression over the course of the intervention.

The ABA Intervention requires that ABI includes behavioral interventions provided with a focal approach toward targeted goals. Like EIBI, interventions include those from the Established Treatment list from the National Autism Center's National Standards Report, 2009 and are directed toward developing functional communication, independent self-care tasks, receptive language, expressive language, play behaviors, social skills, imitation, and/or any additional behaviors that will enable the child to more readily integrate with typically developing peers. ABI may include an Antecedent Package, a Behavioral Package, Comprehensive Behavioral Treatment for Young Children, Modeling, Joint Attention Interventions, Naturalistic Teaching Strategies, Peer Training Package, Pivotal Response Treatment, Schedules, Self-Management, and Story-based Intervention Package that focus on teaching specific adaptive skills.

### **Manual Maintenance**

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

### **Questions**

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

### **Approved**



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Medical Services Administration