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1.0 General Report Overview

The Financial Status Report (FSR) – Autism EPSDT Benefit is a report of all activity for the Prepaid Inpatient Health Plan (PIHP) for the provision of Applied Behavioral Analysis (ABA) services covered in the State Plan under the Autism EPSDT Benefit. The FSR – Autism EPSDT Benefit summarizes the revenues and expenditures of the PIHP related to the provision of ABA services.


The Michigan Department of Health and Human Services (MDHHS) received federal approval to provide coverage for ABA services for Medicaid children ages 18 months through age 21 with autism spectrum disorders (ASD), Asperger’s disorder or pervasive developmental disorder-not otherwise specified. ABA is an evidence-based treatment that research has shown can make a difference for children with ASD in improving behavior, communication and social skills, particularly if this intensive intervention is provided in early childhood years. Please refer to the Medicaid Provider Manual for further details on the Autism EPSDT benefit.

The PIHP will receive retrospective monthly interim payments for ABA services. The payments will be paid only on the behalf of Medicaid children that have active Autism eligibility in the Waiver Support Application (WSA), that have an Individual Plan of Service in the WSA, and where at least one valid encounter has been accepted in the MDHHS data warehouse (H2019-U5 or S5108-U5). The amount of the retrospective interim payment will be based on the intensity of the services to be provided (as indicated in the Plan of Service / WSA). The two intensity levels of payment are 1) Comprehensive Behavioral Intervention (CBI) representing the higher intensity service and 2) Focused Behavioral Intervention (FBI) representing the lower intensity service. The encounter verification will occur at the end of the third month following the service month. If an encounter has been accepted in the data warehouse, the payment will be generated in the fourth or fifth month following the service month. Please refer to the PIHP/CMHSP Encounter Reporting HCPCS and Revenue Code chart for identification of the codes and modifiers that will be utilized for reporting ABA services.

The FSR – Autism EPSDT Benefit will be utilized by the MDHHS as a tool to monitor the fiscal operations of the PIHP.

The PIHP/CMHSP shall comply with Generally Accepted Accounting Principles, along with any other federal and state regulations as defined in the PIHP Contract. All revenue and expenditures are required to be reported on an accrual basis of accounting. As such, the revenue and expenditure amounts reported must include all earned reimbursements and/or obligations regardless of whether they have been billed or collected. Additionally, any adjustments for uncollectible amounts or write-offs should be included. The FSR – Autism EPSDT Benefit must reconcile to the PIHP’s general ledger.

NOTE: The amount reported on line AE 101 - Autism Benefit revenue of the FSR – Autism EPSDT Benefit will represent the funding available from MDHHS for the Autism EPSDT Benefit cost settlement. The amount reflected here is based on the Autism Fee Schedule Expenditures, as calculated on the FSR Supplemental – Autism EPSDT Benefit. The Autism Fee Schedule Expenditures will be inclusive of:

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- 1) Autism ABA Service Utilization Costs; based on actual utilization and the fixed fee schedule,
- 2) Administrative Cost; 100% reimbursed
- 3) Diagnostic and Eligibility Determination Assessments; 100% reimbursed
- 4) ABA Training Costs; 100% reimbursed, and
- 5) PIHP Health Insurance Claims Assessment (HICA) / Use Tax expense.

The PIHPs, with affiliate CMHSP contracts for the provision of the Autism EPSDT Benefit, will report summary level revenue and expenditure information in separate columns for each contract. The amounts reported by the PIHP should reconcile to the FSR – All Non-Medicaid – Section IB – PIHP to Affiliate Autism Benefit Services Contracts for each affiliate CMHSP. The MDHHS may request, for select PIHPs, the reporting of prime sub-contractors in the separate columns.

2.0 Report - Due Dates

Refer to the reporting grid incorporated in Attachment P.7.7.1.1 of the Contract for identification of report due dates. The reporting grid can be found on the MDHHS website: http://www.michigan.gov/mdhhs/0,4612,7-132-2941_38765---,00.html

3.0 Report Submission

3.1 Report Submitted via US Mail

This is no longer applicable. Electronic report submission required.


3.2 Report Submission – Electronic

The report should be submitted electronically to the department by the due date identified in 2.0 above at MDHHS-BHDDA-Contracts-MGMT@michigan.gov.

The report's file name must identify the reporting fiscal year, period covered (submission type), agency name, report title and date of submission. Example: For the FY XX Year End Interim submitted from network180 for the Autism EPSDT Benefit, the file name should read **FYXX Year End Interim network180 FSR Bundle MM-DD-YYYY**.

Note: The FSR – Autism EPSDT Benefit is included in the FSR Bundle. It is not a stand-alone report.

Refer to the Electronic Report Submission Guidelines for report submission specifications.

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4.0 Report Specific Navigation or Terminology

Within this document the terms used in these instructions shall be construed and interpreted as defined below:

ABA – Applied Behavior Analysis

ABA Training: The activity related to the cost of clinical trainings for board certified behavior analysts, masters prepared and psychologist level providers, as well as training applied behavior analysis behavior technicians implementing applied behavior analysis (ABA) services for children receiving ABA services under the Autism benefit. Training of providers implementing the Autism ABA benefit.


- Examples (not exhaustive):
 - Sending your LP or LLP to a t-3 day ADOS-s or ADI-R Workshop / Booster Session
 - Sending your BCBA's to VB-MAPP or ABLLS-R training
 - Purchasing a license for Autism / ABA initial training modules for your behavior technician workforce

Administrative Costs: Include assessment tools (i.e. ABLLS/VBMAPP manuals and protocol books, Mullens, ADOS-2, VABS-2, etc.), materials for ABA implementation, time of autism coordinators/administrative staff overseeing: ABA services, WSA administration, attending autism trainings and webinars, working with ABA providers on implementation of state plan ABA services. The administrative costs should include the costs mentioned above and include all costs that meet the definition used in the administrative cost report form instructions and guidance titled “Establishing Administrative Costs Within and Across the CMSHP System – December 2011.”

ASD – Autism Spectrum Disorders

Assessment Costs: The cost of assessments, whether the results indicate the need for ABA services or indicate that ABA services are not needed, SHOULD BE reported on the FSR - Autism EPSDT Benefit. Please refer to Section 4.2 – Comprehensive ASD Diagnostic Evaluation & Annual ASD ABA Eligibility Re-Evaluation – 100% Reimbursed Assessments for a chart defining the assessments that are 100% reimbursed. Additionally, refer to Section 4.3 – Behavior Health Applied Behavior Analysis Reporting – Fixed Fee Schedule for a chart defining the ABA services that are included in the fixed fee schedule.

Autism Cash Settlement: The cash settlement will be based on the Autism Fee Schedule Expenditures, calculated in Section 2 of the FSR Supplemental – Autism EPSDT Benefit report, compared to the interim payments (accrued basis). When the Autism Fee Schedule expenditures exceed the interim payments, a cash settlement payment will be processed to the PIHP.

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When the interim payments exceed the Autism Fee Schedule expenditures, the overpayment will be recouped from the PIHP.

Autism Cost Settlement: The cost settlement compares the available funding (Autism Interim Payments, Autism Cash Settlement, and 1st & 3rd party) to the actual Autism expenditures, reported by the PIHP. The cost settlement is calculated on the FSR – Autism EPSDT Benefit. The amount of the interim payments and the cash settlement are based on the Autism Fee Schedule expenditures calculated in Section 2 of the FSR Supplemental – Autism EPSDT Benefit. Savings and risk are determined by the amounts entered or auto-populated on the FSR – Autism EPSDT Benefit.

Autism Fee Schedule Expenditures - Section 2 of the FSR Supplemental – Autism EPSDT Benefit summarizes the “Autism Fee Schedule Expenditures” that will be utilized in the cash settlement and determines the amount of Autism funding available from MDHHS for the cost settlement. The Autism Fee Schedule Expenditures will be inclusive of

- 1) Autism ABA Service Utilization Costs; based on actual utilization and the fixed fee schedule,
- 2) Administrative Costs; 100% reimbursed,
- 3) Diagnostic and Eligibility Determination Assessments; 100% reimbursed
- 4) ABA Training Costs; 100% reimbursed, and
- 5) PIHP Health Insurance Claims Assessment (HICA) / Use Tax expense.


CBI – Comprehensive Behavioral Intervention

CMHSP: Community Mental Health Services Program that holds the Managed Mental Health Supports and Services Contract (GF Contract) with MDHHS.

EPSDT: Early Periodic Screening, Diagnosis and Treatment. The elements of the program include:

- | | |
|------------|---|
| Early: | Identify problems early, starting at birth |
| Periodic: | Check children’s health at periodic, age-appropriate intervals |
| Screening: | Provide physical, mental, developmental, hearing, vision, and other screening tests to detect potential problems. |
| Diagnosis: | Perform diagnostic tests to follow up when a risk is identified |
| Treatment: | Treat any problems that are found |

FBI – Focused Behavioral Intervention

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HICA: Health Insurance Claims Assessment Act. Public Act 142 of 2011 created the Health Insurance Claims Assessment Act. The legislation mandates that effective January 1, 2012, certain third party administrators, carriers and self-insured entities are required to pay an assessment on certain paid health care claims.

Medicaid Contract: The Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program Contract with selected PIHPs to manage the Concurrent 1915(b)/(c) and the Healthy Michigan Plan Programs in a designated service area and to provide a comprehensive array of specialty mental health and substance abuse services and supports.


PIHP: A CMHSP or Regional Authority that holds the Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program with MDHHS and acts as the Prepaid Inpatient Health Plan.

Regional Authority: An entity, jointly governed by the sponsoring CHMSPs, that has met the MDHHS requirements for selection to be certified to the Center for Medicare and Medicaid Services as a PIHP.

Submission Type: The term “Submission Type” on the worksheet refers to the reporting period, i.e., Interim, Final, and Projection.

Worksheet Formatting / Shading: The FSR – Autism EPSDT Benefit includes cell shading to assist the end user with completion of the form.

- Report headers are shaded in light green.
- Cells requiring data entry are shaded in yellow.
- Cells that are formula driven and should not have data entered are shaded peach or light turquoise. The cells shaded in light turquoise represent sub-totals or totals.
- Select cells have conditional formatting applied so that if an erroneous entry is made the cell will turn orange.
- Worksheet protection has been enabled.
- Precision as displayed functionality has been enabled. As such, Excel will utilize the displayed value instead of the stored value when it recalculates formulas.

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The following numbering / sequencing have been utilized in the FSR – Autism EPSDT Benefit:

- 100 Title row for revenue
- 101-189 Detail rows for reporting revenue. This range of rows may include sub-totals.
- 190 Total row for revenue
- 200 Title row for expenditures
- 201-289 Detail rows for reporting expenditures. This range of rows may include sub-totals.
- 290 Total row for expenditures
- 295 Sub-total row identifying net surplus (deficit)
- 300 Title row for redirection of fund (TO) and FROM
- 301-389 Detail rows for reporting redirection. This range of rows may include sub-totals.
- 390 Total row for redirection of funds (TO) and FROM
- 400 Total row identifying the variance between revenues and expenditures. The Autism Benefit will be cost settled.


Column A: Column A is to be used by the reporting Regional Authority or PIHP for the revenues, expenditures, redirection of funds, sub-totals and totals.

Column B through H – Page 1: Column B through H – Page 1 will be used by the PIHP to report summary level information of their contracts with affiliate CMHSPs for the provision of the Autism Benefit. The amounts reported by the PIHP should reconcile to the revenues, expenditures, sub-totals and totals of the affiliate CMHSPs.

Column I: Column I is formula driven and represents the total revenues, expenditures and redirections entered in columns B through H – Page 1 and columns J through R – Page 2.

Columns J through R – Page 2: With the formation of Regional Authorities the number of affiliate CHMSPs contracts has increased. To facilitate reporting, a second page has been added to the FSR – Autism EPSDT Benefit. Columns J through R, found on the second page of the FSR – Autism EPSDT Benefit, will be used by the PIHP to report summary level information of their contracts with affiliate CMHSPs for the provision of Autism services. The amounts reported by the PIHP should reconcile to the revenues, expenditures, redirections, sub-totals and totals of the affiliate CMHSPs.

Row Layout: For the most part, all rows contain an alpha reference, a numeric reference, a description and then the amount associated to the listed elements. The alpha reference refers to the Autism EPSDT Benefit. The number reference refers to the character of the line (revenue, expenditures, redirections, etc.).

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The description could be a label (revenue, expenditure, redirections, etc.) or a more detailed description of the item. The redirection rows include, at the end of the description, a reference to the partner row.

Redirected Funds (To) From: Each PIHP is expected to maintain a balanced budget. However, it is acknowledged that funding and expenditures, by category may not always be equal. The “Redirected Funds (To) From” sections will be the mechanism in which the PIHP will identify how any funding surplus or deficit was resolved by category. The “redirects” will identify how surplus funds are used by other programs or how deficits were covered by other funding sources. In either case, the funding source must be a legitimate source of funding for the program the funding is being redirected to cover.


4.1 REPORTING - FSR - AUTISM VERSUS FSR - MEDICAID

FSR – Medicaid:

- Any medically necessary services authorized by the Managed Specialty Supports & Services Plan (1915(b)(c)) to children enrolled in the Autism Benefit.
- Treatment planning, OT, SLP, PT, and family training.

FSR – AUTISM:

- Assessment of a child to diagnose and determine eligibility for ABA services. Include the cost of assessments, whether the results indicated the need for ABA services or indicated that ABA services were not needed.
- Provision of ABA services.
- Supervision of ABA services.
- The cost of the required intermittent re-assessment of skills related to the ABA service.
- Administrative Costs: Include assessment tools (i.e. ABLLS/VBMAPP books, Mullens, ADOS-2, VABS-2, etc), materials for ABA implementation, time of autism coordinators/administrative staff overseeing: ABA services, WSA administration, attending autism trainings and webinars, working with ABA providers.
- ABA Training: The activity related to the cost of clinical trainings for board certified behavior analysts, masters prepared and psychologist level providers, as well as training applied behavior analysis behavior technicians implementing applied behavior analysis (ABA) services for children receiving ABA services under the Autism benefit. Training of providers implementing the Autism ABA benefit.
 - Examples (not exhaustive):
 - Sending your LP or LLP to a t-3 day ADOS-s or ADI-R Workshop / Booster Session
 - Sending your BCBA’s to VB-MAPP or ABLLS-R training

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- Purchasing a license for Autism / ABA initial training modules for your behavior technician workforce
- Indirect Costs: Include Individual Plan of Service (IPOS) training facilitated by Board Certified Behavior Analysts (BCBA) or ABA Supervisor to ABA aides on IPOS and comprehensive ABA treatment plans without the child or parent present.

Questions concerning clarification of what training costs should be included in the Autism Cost Settlement (FSR – Autism EPSDT) should be directed to your PIHP Autism Coordinator or Morgan VanDenBerg (vandenbergm@michigan.gov).

4.2 Comprehensive ASD Diagnostic Evaluation & Annual ASD ABA Eligibility Re-Evaluation – 100% Reimbursed Assessments

Assessments for diagnostic and eligibility determination, whether the results indicate the need for ABA services or indicate that ABA services are not needed, are reimbursed 100%. The following chart documents the MDHHS expectations relative to 100% reimbursable diagnostic and eligibility assessments. The cost of these assessments should be included in the expenditure amount reported on AE 202 – Autism Benefit Services on the FSR – Autism Benefit. Additionally, these costs will be reported on the FSR Supplemental – Autism EPSDT Benefit, Section 2.c – Total Assessment costs.

Comprehensive ASD Diagnostic Evaluation & Annual ASD ABA Eligibility Procedure Codes			
ASD Service Description	Current Code	Current Reporting Units/DT	Reimbursement Methodology
Diagnostic/Eligibility Determination	90791, 90792, 90785	Encounter 2/day	No fee screen applied for these assessments/tools. These initial and annual assessments will be 100% funded. Assessments and evaluations to determine diagnosis of ASD and eligibility for ABA. Common tools include ADOS-2, ADIR, DD-CGAS, Cognitive Evaluations, DD-CGAS, Vineland, etc.
	96101, 96102, 96118, and 96119	60 minutes	
	H0031	Encounter 3/day	

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4.3 Behavioral Health Applied Behavior Analysis Reporting – Fixed Fee Schedule

The PIHP should report ABA direct services utilizing the codes indicated within the following chart. MDHHS will settle Autism based on actual utilization and the fixed fees indicated in the following chart.

NOTE: Actual cost should be reported on the FSR – Autism EPSDT Benefit. This chart is included only for reference to the ABA services and codes being utilized.

State of Michigan, Department of Health and Human Services
October 1, 2016 to September 30, 2017 Autism Program Capitation Rates
Autism Program Reimbursement Rates by Provider Type


Prior ISPA Code	New Code	Service Description	Reporting Units	Provider Type	BCBA	BCaBA	QBHP	LP/LLP	BT
H0031	0359T	Behavior identification assessment includes interpretation of results and development of the behavioral plan of care. Untimed typically 4 hours and no more than twice a year.	Encounter	BCBA, BCaBA or QBHP, LP/LLP	\$ 480.00	\$ 340.00	\$ 480.00	\$ 480.00	
H0031	0362T	Exposure behavioral follow-up assessment (Functional Behavior Analysis/FBA)	First 30 minutes	BCBA, BCaBA or QBHP, LP/LLP	\$ 60.00	\$ 42.50	\$ 60.00	\$ 60.00	
	+0363T	Exposure behavioral follow-up assessment (FBA) each additional 30 minutes	Each additional 30		\$ 60.00	\$ 42.50	\$ 60.00	\$ 60.00	
H2019	0364T	Adaptive behavior treatment by protocol administered by technician first 30 minutes	First 30 minutes	BCBA, BCaBA or QBHP, LP/LLP, BT	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 27.50
	+0365T	Adaptive behavior treatment by protocol administered by technician each additional 30 minutes	Each additional 30		\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 27.50
H2019TT	0366T	Group adaptive behavior treatment by protocol administered by technician first 30 minutes	First 30 minutes	BCBA, BCaBA or QBHP, LP/LLP, BT	\$ 8.57	\$ 8.57	\$ 8.57	\$ 8.57	\$ 7.86
	+0367T	Group adaptive behavior treatment by protocol administered by technician additional 30 minutes	Each additional 30		\$ 8.57	\$ 8.57	\$ 8.57	\$ 8.57	\$ 7.86
S5108	0368T	Adaptive behavior treatment with protocol modification and clinical observation & direction administered by qualified professional first 30 minutes	First 30 minutes	BCBA, BCaBA or QBHP, LP/LLP	\$ 60.00	\$ 42.50	\$ 60.00	\$ 60.00	
	+0369T	Adaptive behavior treatment with protocol modification and clinical observation & direction administered qualified professional each additional 30 minutes	Each additional 30	BCBA, BCaBA or QBHP, LP/LLP	\$ 60.00	\$ 42.50	\$ 60.00	\$ 60.00	
S5111	0370T	Family behavior treatment guidance administered by qualified professional. Untimed typically 60 - 75 min	Encounter	BCBA, BCaBA or QBHP, LP/LLP	\$ 120.00	\$ 85.00	\$ 120.00	\$ 120.00	
S5111TT	0371T	Multiple Family behavior treatment guidance administered by qualified professional. Untimed typically 90-105	Encounter	BCBA, BCaBA or QBHP, LP/LLP	\$ 72.00	\$ 51.00	\$ 72.00	\$ 72.00	
H2019TT	0372T	Adaptive behavior treatment social skills group. Untimed typically 90-105	Encounter	BCBA, BCaBA or QBHP, LP/LLP	\$ 51.43	\$ 36.43	\$ 51.43	\$ 51.43	
N/A	0373T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior (s); first 60 minutes of technician's time, face to face with child.	First 60 minutes	BCBA, BCaBA or QBHP, LP/LLP, BT	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 110.00
	0374T		Each additional 30		\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 55.00

5.0 Instructions for Completion of the Report

The PIHP name, Fiscal Year, Submission Type and Submission Date have been brought forward from the FSR – Medicaid.

5.1 SECTION 1 – FINANCIAL STATUS REPORT - AUTISM EPSDT BENEFIT

This section is the Financial Status Report for the Autism Benefit.

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Row 1.1 – PIHP or CMHSP

The name of the Regional Authority / Reporting Board (column A) and the name of any affiliate CMHSP or CA (columns B through J) will auto populate based on what is entered on the FSR - Medicaid. As previously mentioned, the MDHHS may request, for select PIHPs, the reporting of prime sub-contractors.

Row AE – Autism Benefit Services – PIHP Use Only

This row is a title row for informational purposes only. The rows immediately following will represent the revenues, expenditures and redirection of funding related to the Autism Benefit.

Row AE 100 – Revenue

This is a title row for informational purposes only. The form will not allow any numbers in this row.

Row AE 101 – Revenue - Autism Benefit revenue – Column A

This cell represents the funding available from MDHHS for the Autism EPSDT Benefit cost settlement. The amount reflected here is based on the Autism Fee Schedule Expenditures, as calculated on the FSR Supplemental – Autism EPSDT Benefit. The Autism Fee Schedule Expenditures will be inclusive of:

- 1) Autism ABA Service Utilization Costs; based on actual utilization and the fixed fee schedule,
- 2) Administrative Cost; 100% reimbursed
- 3) Diagnostic and Eligibility Determination Assessments; 100% reimbursed
- 4) ABA Training Costs; 100% reimbursed, and
- 5) PIHP Health Insurance Claims Assessment (HICA) / Use Tax expense.


The revenue reported here will include the interim payments and the Autism cash settlement. This cell is formula driven. The formula is *plus Medicaid Contract Settlement Worksheet – Total Medicaid Revenue – Current Year Settlement (1.i) – Column – Autism.*

Row AE 115 – Revenue - Autism Benefit - Affiliate Contracts- COLUMN A

This cell is formula driven and will offset the revenue distributed to each of the affiliates recognized in columns B through H – Page 1 and columns J through R – Page 2. The formula is *less the amounts reported in columns B through H – Page 1 and columns J through R – Page 2.*

Row AE 115 – Revenue - Autism Benefit – Affiliate Contracts-COLUMNS B THROUGH H – PAGE 1 AND COLUMNS J THROUGH R – PAGE 2

Enter the amount of Autism Benefit funding distributed to each of the affiliate CMHSPs of the PIHP.

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Row AE 120 – Subtotal Revenue – Autism Benefit

These cells represent the total of Autism Benefit revenue and/or distribution of revenue to the affiliate CMHSPs for the provision of ABA services. The cells are formula driven. The formula is *the sum of Autism Benefit (AE 102) and Autism Benefit Affiliate Contracts (AE 115)*.

Row AE 121 – 1st & 3rd Party Collections – Autism Benefit Consumers – Reporting Board

The PIHP/CMHSP is the payer of last resort and has the responsibility to identify and seek recovery from all other parties for services provided to recipients. Enter, in Colum A, the funding available to the Reporting Board from 1st and 3rd party collections that are not included/eligible in the Special Fund Account authorized in Section 226a (PA423) of the Mental Health Code (MHC). The amount entered in this cell is for 1st and 3rd party collections associated to the cost of a person’s 100% funded daily care of services.


Row AE 122 – 1st & 3rd Party Collections – Autism Benefit Consumers – Affiliate

The PIHP/CMHSP is the payer of last resort and has the responsibility to identify and seek recovery from all other parties for services provided to recipients. Enter, in columns B through H – Page 1 and columns J through R – Page 2, the funding available to the Affiliate CMHSP from 1st and 3rd party collections that are not included/eligible in the Special Fund Account authorized in Section 226a (PA423) of the Mental Health Code (MHC). The amount entered in this cell is for 1st and 3rd party collections associated to the cost of a person’s 100% funded daily care of services.

Note: The amounts reported for Affiliate 1st and 3rd party are for reporting purposes only and will not be included in the general ledger of the PIHP. These amounts will not be taken into consideration of the contract reconciliation and cash settlement of the PIHP.

Row AE 140 – Subtotal – Other Autism Benefit Revenue

These cells represent the total Other Autism Benefit revenue available to fund current year expenditures. These cells are formula driven. The formula is *plus Sub-total – Revenue Autism Benefit (AE 120), plus 1st & 3rd Party Collections – Autism Benefit Consumers – Reporting Board (AE 121), and plus 1st & 3rd Party Collections – Autism Benefit Consumers – Affiliate (AE 122)*.

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Row AE 190 – Total Revenue

These cells represent the total Autism Benefit revenue available to fund current year expenditures. These cells are formula driven. The formula is *plus Sub-total – Revenue Autism Benefit (AE 120), plus Subtotal – Other Autism Benefit Revenue (AE 140)*.

Row AE 200 – Expenditure

This row is a title row for informational purposes only. The rows immediately following will represent the expenditures provided and authorized in the Contract as described in the Medicaid Provider Manual for consumers who are eligible for the Autism EPSDT Benefit.

Row AE 201 – Expenditure - PIHP HICA / USE Tax – Autism Benefit

Enter the amount of expenditures associated to Autism Benefit HICA Use Tax.

Row AE 202 – Expenditure - Autism Benefit Services

Enter the amount of expenditures, on an accrual basis, related to providing ABA services, as defined in the Medicaid Provider Manual. Refer to Section 4.1 for additional information on what costs should be included on the FSR - Autism and what administrative training costs need to be included on the FSR-Medicaid.

Row AE 290 - Total Expenditure

This row represents the total Autism Benefit accrued expenditures. The cells in this row are formula driven. The formula is *the sum of PIHP HICA / Use Tax – Autism Benefit (AE201) and Autism Benefit Services (AE 202)*.

Row AE 295 - Subtotal Net Autism Benefit Services Surplus (Deficit)

This cell represents the net Autism Benefit surplus or deficit. The cell is formula driven. The formula is *Total Revenue (AE 190) less Total Expenditure (AE 290)*.

NOTE: The amounts in columns B through H must equal zero. The surplus or deficit must be reported at the PIHP level.


Row AE 300 - Redirected Funds (To) From

This row is the label Redirected Funds (To) From.

ROW AE 301 – (TO) MEDICAID – A310

This cell is formula driven. The formula is an IF/THEN/ELSE Statement. The formula is *IF Subtotal Net Autism Benefit Services Surplus / Deficit (AE 295) is greater than or equal to zero, then less Subtotal Net Autism Benefit Services Surplus / Deficit (AE 295), else 0*.

When the amount reported on AE 295 is a positive number, indicating a surplus in funding, the amount will be redirected “TO” Medicaid and become part of the overall Medicaid settlement.

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Row AE 310 – FROM MEDICAID – A301A

This cell is formula driven. The formula is an IF/THEN/ELSE Statement. The formula is *IF Subtotal Net Autism Benefit Services Surplus / Deficit (AE 295) is less than or equal to zero, then less Subtotal Net Autism Benefit Services Surplus / Deficit (AE 295), else 0.*

When the amount reported on AE 295 is a negative number, indicating a deficit in funding, the amount will be redirected “FROM” Medicaid to cover the shortfall in Autism.

Row AE 390 - Total Redirected Funds

The cell represents the total of redirected funds. The cell is formula driven. The formula is sum of *(TO) Medicaid – A310 (AE 301) and FROM Medicaid – A301a (AE 310).*

Row AE 400 – Balance Autism Benefit Services (must = 0)

As the row title indicates, the amount in this cell must equal zero. Any deficit in Autism Benefit funding must be resolved (redirection from Medicaid). Any surplus in funding must be redirected to Medicaid and included in the overall Medicaid settlement. This cell is formula driven. The formula is *the sum of the Subtotal Net Autism Benefit Services Surplus (Deficit) (AE 295) and the Total Redirected Funds (AE 390).*

NOTE: The amounts in columns B through H must equal zero. The deficit must be reported at the PIHP level.

5.2 Row AF - REMARKS

This section has been provided for the PIHP to provide narrative description as necessary. Please enter remarks in this section in regards to any entry or activity on the report for which additional information may be useful. If this space is insufficient, please utilize the “Additional Narrative” tab within the FSR Bundle.