Primary Case Holder: Date of referral for ADOS-2/ADI-R: \_\_\_\_\_

MCOID: Age: \_\_\_\_\_\_\_\_\_ADOS-2/ADI-R Clinician and Credentials: \_\_\_\_\_\_\_

\_\_\_\_\_Individual has Medicaid only \_\_\_\_\_has Medicaid and (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *If there is a co-insurance parent must call to clarify if ABA is a covered service and the requirements of this primary insurance. CM should notify Supervisor and Billing department, so insurance requirements of 1st payor are followed correctly.*

**Autism Checklist**

**I. Referral for autism services and follow up required:**

**A. Intake:** NorthCare Network Central Access department accepts referrals from physicians in the community who have performed an autism screen, Ages and Stages Questionnaire for ages 1 month to 5.5 years, Modified Checklist for Autism in Toddlers (MCHAT) for 16-30 month or the Social Communication Questionnaire (SCQ) for ages 4+. Access may provide the appropriate screening to Medicaid children for the ABA services. A positive screening results in an assignment to the responsible Member CMHSP for assessment which may include formal testing and diagnosis.

**Intake worker:**

Completes intake to determine level of care and medical necessity of services.

Completes a Preliminary Individual Plan of Services-adds the goal/objective as appropriate

(a preliminary goal could be to continue the assessment process, to obtain diagnostic clarification, etc. Objectives could include; complete MCHAT/SCQ [if not already complete], review BHT/ABA Services Treatment Guidelines with CM; complete Autism Diagnostic Assessment, etc.) and authorizes ongoing supports coordination/case management services and an Autism Diagnostic Assessment

Completes a Specialty Discipline Referral requesting an autism evaluation which includes the Autism Diagnostic Assessment (ADI-R/ADOS-2). (If already tested elsewhere for autism, previous testing ADOS-2 must be within the last year and completed by a qualified licensed practitioner. Consent should be obtained to get the results of this testing.)

Arranges transfer of the case to the appropriate Primary Case Holder who will work with the Autism Coordinator\* and the family to schedule the Autism Diagnostic Assessment & related appointments.

**B. Current open individual (Family is requesting autism services):** a positiveMCHAT, SCQ or other age-appropriate assessment is completed by doctor, teacher, mental health professional, etc., and case is either transferred to Autism Primary Case Holder or managed by existing Case Holder. A positive screening may result in formal testing and diagnosis.

**II. Management by Primary Case Holder:**

**A. Determining eligibility for the Autism Benefit**

Reviews BHT/ABA Services Treatment Guidelines with parent/guardian, confirms parent commitment and completes an IPOS Amendment that adds a goal/objective(s) relating to obtaining diagnostic clarification & ongoing treatment recommendations, etc. & submits a Specialty Discipline Referral requesting an Autism Diagnostic Assessment (ADI-R/ADOS-2)

Works with the Autism Coordinator\* and the family to schedule the Autism Diagnostic Assessment & related appointments.

1. **Clinician completing comprehensive Autism evaluation including ADOS-2:**

Completes & reviews the comprehensive evaluation with family.

Completes Northcare Network Autism Initial Enrollment Form & sends via encrypted e-mail to [lrevord@northcarenetwork.org](mailto:lrevord@northcarenetwork.org) (back up bpietsch@northcarenetwork.org). Send even if **not** qualified to track overall clinical activity and for reimbursement of costs.

If the Qualified Provider administering the comprehensive autism evaluation including the ADOS -2 denies eligibility for the Autism Benefit – The Primary Case Holder will issue a Notice of Action for the denial of Autism Benefit services.

1. **Autism Coordinator\*:** Informs Primary Case Holder of ENROLLMENT reviewed by MDHHS

**III. Functional Behavioral Assessment and behavior treatment planning:**

**1. Primary Case Holder:**

Reviews BHT/ABA Services Treatment Guidelines with parent/guardian & confirms parent commitment (if not completed previously).

Completes a Specialty Discipline Referral requesting a Functional Behavioral Assessment (i.e. VB-MAPP, EFL, ABLLS-R)

Completes an IPOS Amendment that authorizes Behavior Identification Assessments & Treatment Plan Development **or** Functional Behavioral Assessment for challenging cases and treatment plan development

* Include Family Training

Works with the qualified provider and the family to schedule the Behavior Identification/Functional Behavioral Assessment & related appointments.

**2. BCBA:**

Completes the Behavior Identification Assessment/Functional Behavioral Assessment & develops a Behavior Support Plan.

Forwards the Behavior Identification Assessment/Functional Behavioral Assessment & Behavior Support Plan documents which include recommendations and authorization requests to the Primary Case Holder who will work with BCBA to schedule an appointment to review the assessment & plan with the parent/guardian.

Reviews the results from the Behavior Identification Assessment/Functional Behavioral Assessment & the Behavior Support Plan with parent(s), Primary Case Holder & BT(s), provides training on the Behavior Support Plan and ***determines an agreed upon*** level of intensity. (This may occur face-to-face or via telepractice [telepractice **MUST** be prior authorized by MDHHS prior to using]).

Documents training of BT(s) on the IPOS Training Documentation Form & turns in to Medical Records.

**IV. Determination of level of Autism service**

**1. Primary Case Holder**

Amends the Individual Plan of Services to add ABA Goals/Objectives and necessary authorizations based on Behavior Support Plan & *agreed upon* level of intensity. (Reminder—Quarterly Periodic Reviews completed by the Primary Case Holder are required for the ABA Benefit as well).

***Authorization Information:***

* *Focused Behavioral Intervention*—is provided an average of **5-15 hours per week**.
* *Comprehensive Behavioral Intervention* –is provided an average of **16-25 hours per week**.

Authorized under BCBA (GT modifier is for Telepractice)

* Clinical Observation & Direction
* Family Training
* Behavior Identification / Functional Behavioral Assessment & Plan

Sends Notice of Action to the Consumer if there is an adverse action

Notifies Autism Coordinator\* that an IPOS is ready to be entered in the WSA.

\*\*It is important to note that the Autism Coordinator\* must be notified whenever there is an IPOS amendment related to ABA services as that should be entered in the WSA also.

**2. Autism Coordinator\***

Completes required documentation within the WSA (uploads/attaches IPOS, etc.).

The start date in the WSA is the date of the IPOS or IPOS amendment effective date. The end date will calculate 364 days.

The ABA Service Start date is the expected date authorized autism services are expected to begin (at each plan/ amendment). *See WSA AUT\_User Training Manual in the WSA for more information.*

**V. Repeat II through IV if medically necessary**

* The ADOS is completed annually and an authorization and referral are needed.

\*Autism Coordinator may mean administrative or clinical staff- whomever will enter into the WSA (Waiver Support Application -state database)

**The codes and descriptions for ABA services are listed on the coding chart:** [**https://www.michigan.gov/documents/mdhhs/MHCodeChart\_554443\_7.pdf**](https://www.michigan.gov/documents/mdhhs/MHCodeChart_554443_7.pdf)