Section: **Clinical Practices**	Procedure Name: **Applied Behavior Analysis (ABA)**	Procedure #: **P12.08.01**
Overarching Policy: **12.08 Autism Services**		
Owner: **Director of Quality Management and Clinical Outcomes**	Reviewed By: **Alena Lacey, MA, LPC** **Sarah Ameter**	Total Pages: **11**
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Application: ☒ **SWMBH Staff/Ops** ☒ **Participant CMHSPs** ☐ **SUD Providers** ☒ **MH/IDD Providers** ☐ **Other (please specify):** _____	Line of Business: ☒ **Medicaid** ☒ **Healthy Michigan** ☐ **SUD Block Grant** ☐ **SUD Medicaid** ☐ **MI Health Link** ☐ **Other (please specify):**	Effective Date: **6/9/14**

Purpose: To identify the required and necessary steps for authorization, utilization and quality management of the Medicaid Autism benefit.

Scope: Staff of participant Community Mental Health Service Providers (CMHSP) and provider agencies who are responsible for assessing, planning, coordinating and providing services for youth and families.

Definitions:

A. **Comprehensive Diagnostic Evaluation**- A neurodevelopmental review of cognitive, behavioral, emotional, adaptive, and social functioning, and should include validated evaluation tools. The comprehensive diagnostic evaluation must be performed before the child receives Behavioral Health Treatment (BHT) services. The diagnostic evaluations are performed by a qualified licensed practitioner working within their scope of practice and who is qualified and experienced in diagnosing ASD. Based on the evaluation, the practitioner determines the child's diagnosis, recommends general ASD treatment interventions, and refers the child for a behavior assessment which is provided or supervised by a board certified and licensed behavior analyst (BCBA/LBA) to recommend more specific ASD treatment interventions.

B. **Behavioral Assessment –** A developmentally appropriate applied behavior analysis (ABA) assessment process must identify strengths and weaknesses across domains and potential barriers to progress. The information from this process is the basis for developing the individualized behavioral plan of care

with the individual, family, and treatment planning team. Behavioral assessments can include direct observational assessment, record review, rating scales, data collection, functional or adaptive assessments, structured interviews, and analysis by a board certified and licensed behavior analyst (BCBA/LBA). Behavioral assessment tools must describe specific levels of behavior at baseline to inform the individual's response to treatment through ongoing collection, quantification, and analysis of the individual's data on all goals as monitored by a BCBA/LBA.

Procedure:

A. **Screening and Referral**: Referrals for ABA services may be made directly by a customer's parent/guardian, an adult customer, or a Primary Care Physician. If received from a Primary Care, the CMHSP will document the original request and follow up with the parent/guardian or adult customer to schedule screening and intake. CMHSP staff will document all attempts to reach the parent/guardian or adult customer (minimum of 3 contact attempts). If the parent/guardian or adult customer is unable to be reached, the CMHSP will document all attempts to reach them and close out the referral if there is no response from the parent/guardian within 14 calendar days. If the CMHSP reaches the parent/guardian or adult customer and they decline to schedule screening, the CMHSP will document that they are choosing not to follow up with the referral.

Referrals may also be sent by other offices such as Child Protective Services, Foster Care workers, etc. If referrals are made by these external sources, the request for service is considered received once the CMHSP confirms that the parent/guardian or adult customer wishes to make a service request. The CMHSP will ask the external source to have the parent/guardian or adult customer call the CMHSP to confirm that they are making a request for services. The call or contact will be documented in the CMHSP record. If the parent/guardian or adult customer does not contact the CMHSP within 14 calendar days, the referral will be closed out. If the parent/guardian or adult customer declines to schedule screening and intake, the CMHSP will document that they are choosing not to follow up with the referral.

If a request is made after business hours by Primary Care Physician, parent/guardian, or adult customer by voicemail, fax, mail, or email, the request for service will be considered received once the CMHSP receives the request (the next business day). For customers already open to services, the request will be considered received on the date that the parent/guardian or adult customer makes the request of the primary case holder. This request will be documented in the CMHSP record.

CMHSP staff will educate the parent/guardian or adult customer about the process for accessing ABA services. The parent/guardian or adult customer will be informed that the first step is to request a Comprehensive Diagnostic Evaluation.

When a participant CMHSP receives a request for ABA services for an individual who is 21-years-old or younger, a trained screener (per Medicaid Provider Manual requirements) will have 14 calendar days to use a validated and standardized screening tool (e.g., Modified Checklist for Autism in Toddlers (M-CHAT), Social Communication Questionnaire (SCQ), Childhood Autism Rating Scale

(CARS), based on relevance to the customer), to assess the likelihood of an autism or autism spectrum disorder (ASD) diagnosis.

If a pediatrician or other qualifying provider has completed an ASD screening for the individual within the past 3 months, this screening may be used for Comprehensive Diagnostic Evaluation referral purposes.

If the standardized screening tool is not completed within 14 days, the CMHSP may determine the need for a timeframe extension. A timeframe extension may give up to 14 additional days to make a decision (total of 28 days from the original date of request). The CMHSP must be able to show that the extension is in the customer's best interest and the need for additional information. CMHSP staff will make reasonable efforts to provide the parent/guardian or adult customer with prompt oral notice of the delay and will mail a letter within 2 days, giving the reason for the extension and the right to file a grievance if they disagree with the extension. If extended, a decision must be made and issued no later than 28 calendar days from the original request date.

If an extension is not warranted and the standard screening tool is not completed, the CMHSP must issue an Adverse Benefit Determination (ABD) notice no later than 14 days from the original request for service date. This ABD is to notify the customer of the denial of their request for a Comprehensive Diagnostic Evaluation and to inform them of appeal rights.

If the screening tool does not support the need for a Comprehensive Diagnostic Evaluation, then an Adverse Benefit Determination (ABD) will be provided by the CMHSP, denying the Comprehensive Diagnostic Evaluation. The CMHSP will provide referrals to other services that may benefit the family, which may include an intake for other CMHSP services. If the screening tool supports the need for a Comprehensive Diagnostic Evaluation, a referral will be made and authorizations entered for a full Comprehensive Diagnostic Evaluation, to confirm or rule out diagnosis.

Families presenting to Southwest Michigan Behavioral Health (SWMBH) will be referred to the Participant CMHSP for the county in which they reside for screening.

B. **Intake**: Participant CMHSP will complete an intake and case opening process, including full primary assessment of needs and initial Individualized Plan of Service (IPOS), which will include the referral for the completion of the Comprehensive Diagnostic Evaluation and any other relevant needs.

C. **Comprehensive Diagnostic Evaluation:** Participant CMHSP or other appropriately credentialed and contracted Qualified Licensed Practitioner with prior authorization will perform a Comprehensive Diagnostic Evaluation to assess for suspected Autism Spectrum Disorder (ASD). The Comprehensive Diagnostic Evaluation will be completed within 14 calendar days from the date the authorization is entered in the CMHSP record.

If the Comprehensive Diagnostic Evaluation is not completed within 14 days, the CMHSP may determine the need for a timeframe extension. A timeframe extension may give up to 14 additional

days (total of 28 days from the entry of the authorization for a Comprehensive Diagnostic Evaluation). The CMHSP must be able to show that the extension is in the customer's best interest and the need for additional information. CMHSP staff will make reasonable efforts to provide the parent/guardian or adult customer with prompt oral notice of the delay and will mail a letter within 2 days, giving the reason for the extension and the right to file a grievance if they disagree with the extension. If extended, a decision must be made and issued no later than 28 calendar days from the date the authorization was entered in the CMHSP record.

If an extension is not warranted and the Comprehensive Diagnostic Evaluation is not completed, the CMHSP must issue an Adverse Benefit Determination (ABD) notice no later than 14 days from the date the authorization was entered in the CMHSP record. This ABD is to notify the customer of the denial of their request for Applied Behavioral Analysis (ABA) services and to inform them of appeal rights.

The Comprehensive Diagnostic Evaluation must be completed by a Qualified Licensed Practitioner as described in the Medicaid Provider Manual. The differential diagnosis of ASD and related conditions requires multimodal assessment and integration of clinical information. This is a complex assessment procedure in which clinicians must integrate data from caregiver reports, records, collateral reports, data gathered from utilization of standardized psychological tools (e.g., developmental, cognitive, adaptive assessment), and the observational assessment to determine diagnostic and clinical impressions. The utilization of multiple data modes and sources improves the reliability of ASD diagnosis. No one piece of data determines the ASD diagnosis, and evaluators should consider the accuracy of data and confounding factors that may impact data obtained (e.g., parent who seems to be overly negative about the child, child who was intensely shy during observational assessment).

If a customer seeking ABA services provides a complete Comprehensive Diagnostic Evaluation from a qualified provider that took place within the past year, and no significant changes have occurred or diagnostic questions remain, the CMSHP will accept this report as the Comprehensive Diagnostic Evaluation rather than complete another full assessment/evaluation battery. A new Comprehensive Diagnostic Assessment will be required every 3 years from the date the accepted evaluation was completed.

To qualify for the benefit, the customer must meet medical necessity criteria for ABA services, as defined in section 18.4 of the Medicaid Provider Manual, and the service requirements listed in section 18.5. of the Medicaid Provider Manual. A diagnosis for Autism or ASD alone is not sufficient to demonstrate medical necessity for ABA services. Eligibility determination and recommendation for BHT must be performed by a qualified licensed practitioner.

Following the Comprehensive Diagnostic Evaluation, the CMHSP completes the ABA Services Referral Form indicating the customer's eligibility or ineligibility for services per the qualified licensed practitioner's evaluation and recommendations. This form is submitted only via secure email to SWMBH's Clinical Quality Specialist. A faxed referral form may only be sent in special circumstances discussed in advance with SWMBH's Clinical Quality Specialist. The clinical quality specialist will then

use the data from the evaluation to update the customer's record within SWMBH's saved database for that CMHSP.

A new Comprehensive Diagnostic Evaluation must be completed every 3 years and forwarded to SWMBH's Clinical Quality Specialist via secure email to verify continuing eligibility for services. This is referred to as a renewal of the benefit later in this policy. Re-evaluations must be completed before the 3-year expiration date of the last evaluation. If the renewal Comprehensive Diagnostic Evaluation is not completed timely, the CMHSP must issue an Adverse Benefit Determination (ABD) notifying the customer that they are no longer eligible (see section E. Ineligibility below).

D. **Enrollment:** When a complete SWMBH ABA Services Referral form is received indicating eligibility, the SWMBH Clinical Quality Specialist will verify the customer's eligibility for ABA services and will enter him/her into the SWMBH database for that CMHSP to record that consumers enrollment into the ABA program.

E. **Ineligibility**: If an individual is determined to be ineligible for ABA services *by the CMHSP* at any time, the CMHSP will issue the proper Adverse Benefit Notification to the customer (for adult customers with no guardian) or to the parent/guardian of the customer and informing them of their appeal rights. The SWMBH Clinical Quality Specialist must be notified so dis-enrollment can be recorded in SWMBH's database for that CMHSP.

If an individual is determined to be ineligible for ABA services *by SWMBH* at any time, SWMBH will issue the proper Adverse Benefit Notification to the customer and will inform the CMHSP.

F. **Requests to Postpone:** During the initial screening process (standardized screening tools, Comprehensive Diagnostic Evaluation), if the guardian/parent or adult customer requests an appointment date/time that is past the allowed timeframe for decision making, the CMHSP will document the request for an appointment outside of the (14 day) timeframe and the reason for the request in the CMHSP record.

If the request can be accommodated within 28 days of the original service/authorization request date, the CMHSP will extend the timeframe to the 28 days allowed and provide oral and written notification to the parent/guardian or adult customer per the authorization extension process. It will be documented that the extension was at the request of the parent/guardian or adult customer.

If the request to postpone cannot be accommodated within 28 days of the initial service request/authorization entry the CMHSP will document the request to postpone in the CMHSP record. If a treatment plan has not yet been completed, the CMHSP will note the Comprehensive Diagnostic Evaluation in the "deferred needs" section of the treatment plan and indicate the agreed upon start date for the Evaluation authorization per customer/family request. If the treatment plan has already been completed or authorizations approved, CMHSP will issue an Adverse Benefit Determination no

later than 28 days denying the immediate request and stating that the family can re-request services in the future when they are ready to engage in the eligibility process.

G. **Dual Insurance:** If a family has both a third party/private insurance in addition to Medicaid, the CMHSP must adhere to the Medicaid coordination of benefits rules. If deemed eligible by the third party, the CMHSP must use the third party's assessment to complete the ABA Referral Sheet, denoting both insurances. SWMBH's Clinical Quality Specialist will upload the customer to the WSA and inactivate them as having "dual insurance." If a customer has both a third-party insurance and Medicaid but with no third-party coverage for ABA services, the CMHSP must secure a denial from the private insurance carrier before proceeding with the standard Medicaid process for enrolling a customer into the benefit.

H. **Behavioral Assessment:** After initial eligibility has been verified, participant CMHSP staff will arrange a Behavioral Assessment by an appropriately credentialed clinician, which will determine recommendations for the intensity of the ABA Service. A developmentally appropriate applied behavior analysis (ABA) assessment process must identify strengths and weaknesses across domains and potential barriers to progress. The information from this process is the basis for developing the individualized behavioral plan of care with the individual, family, and treatment planning team. Behavioral assessments can include direct observational assessment, record review, rating scales, data collection, functional or adaptive assessments, structured interviews, and analysis by a board certified and licensed behavior analyst (BCBA/LBA). Behavioral assessment tools must describe specific levels of behavior at baseline to inform the individual's response to treatment through ongoing collection, quantification, and analysis of the individual's data on all goals as monitored by a BCBA/LBA. These providers are responsible for effectively evaluating the child's response to treatment and skill acquisition. Ongoing determination of the level of service (minimally every six months) requires evidence of measurable and ongoing improvement in targeted behaviors that are demonstrated with the use of reliable and valid assessment instruments and other appropriate documentation of analysis (i.e., graphs, assessment reports, records of service, progress reports, etc.).

I. **Individual Plan of Service (IPOS)**: Through a person-centered planning process, the participant CMHSP primary clinician, along with the planning team, will create an IPOS or addendum to the initial IPOS based on recommendations from the Behavioral Assessment and the clinical treatment plan developed by the identified ABA provider, to facilitate the child's goal attainment. IPOS goals and supports may serve to reinforce skills or lessons taught in school, therapy, or other non-CMHSP provider settings, but are not intended to supplant services provided in school or other settings, or to be provided when the child would typically be in school but for the parent's/guardian's choice to home-school their child. Each child's IPOS must document that these services do not include special education and related services defined in the Individuals with Disabilities Education Act (IDEA) that are available to the child through a local education agency.

The IPOS shall address the identified needs of the customer, including risk factors and parent training needs (which should be done at minimum quarterly). The IPOS will clearly identify the amount, scope,

and duration of ABA services that are being requested for authorization, along with overarching goals that are being addressed through ABA services. The IPOS shall include specific targeted domains of behaviors for improvement as laid out in the ABA provider IPOS and can include references to clinical treatment plans developed by the ABA provider for specific individual objectives being targeted. The most up to date ABA provider treatment plan is to be kept in the CMHSP clinical record of the individual in order to be referenced by the IPOS, otherwise the specific measurable ABA objectives must also be present within the CMHSP IPOS. The IPOS shall also address other identified needs of the customer, including risk factors. The recommended service level and setting(s) will be included in the child's IPOS, with the planning team and the parent(s)/guardian(s) reviewing the IPOS at regular intervals (minimally every three months) and, if indicated, adjusting the service level and setting(s) to meet the child's changing needs. ABA Service Levels are defined below.

1. **Focused Behavioral Intervention**: Focused behavioral intervention is provided an average of 5-15 hours per week (actual hours needed are determined by the behavioral plan of care and interventions required).
2. **Comprehensive Behavioral Intervention**: Comprehensive behavioral intervention is provided an average of 16-25 hours per week (actual hours needed are determined by the behavioral plan of care and interventions required).

Only Adaptive Behavioral Treatment, Group Adaptive Behavioral Treatment and Exposure Adaptive Behavioral Treatment are counted towards the ABA service Levels. Family Training, Social Skills Group and Behavioral Identification Assessment are not. Information regarding the consumer's provider, number of hours per week along with supervision per week and parent training should be provided to the SWMBH clinical quality specialist via the WSA data reporting form.

All Behavior Technicians working with a child shall be trained in his/her IPOS and any addendums prior to the delivery of direct ABA services. The attached IPOS Training Verification form may be used as proof of this training. Monitoring of this training will occur during site reviews.

J. **Authorizations:** ABA is prior authorized for a time period not to exceed 365 days via an IPOS. The total number of direct ABA hours being authorized will need to be based on both 1) medical necessity and 2) customer/families' availability. An IPOS is reviewed for customers receiving ABA at least quarterly (every three months); but can be reviewed as often as a customer/family chooses.
When prior-authorizing, Utilization Management (UM) staff will independently assess the medical necessity of the ABA services being requested (including amount, type, scope and duration).
If the services requested align with the individual's identified needs, treatment plan goals, and ability to benefit, then the medical necessity of the plan may be approved. Attachment L. ABA Authorization Review Form may be used to guide this process but is not required by SWMBH.

If medical necessity cannot be established, then the relevant services cannot be approved. Utilization Management reviewers who are not credentialed as BCBAs may not deny ABA service amount, scope, and duration. If there is a potential need for a denial, then complete the BCBA consultation (see section J).

K. **BCBA Consultation for Denials:** Denials or partial denials of ABA service amount, scope, or duration shall be made by a BCBA. SWMBH has a BCBA available to CMHs for consultation for possible medical necessity denials or other ABA medical necessity consultation requests. If a CMHSP has a BCBA on staff within their organization, who is not involved with the case being reviewed, that person may complete the consultation/authorization decision process internally.

The Following Steps will be used for all medical necessity consultation with SWMBH BCBA:

1. CMHSP Utilization Management Staff will complete BCBA Consultation Form and send it alongside all gathered reports and plans to the SWMBH Clinical Quality Specialist within 7 calendar days of initial authorization request.
2. SWMBH will then provide contact information of Utilization Management staff and all relevant documents to contracted BCBA consultant for review, consultation, and medical necessity determinations.
3. BCBA consultant will review the information and make a final decision within 5 calendar days of request for consultation. Decisions of the BCBA consultant could include, but are not limited to:
    a. Authorizing a 1-month authorization to allow for modification of treatment plan to better match the requested authorization
    b. Approval of the initial authorization request based on additionally gathered information
    c. Denial of authorization amount, scope, or duration based on medical necessity criteria.

If a partial approval/denial is the outcome of the medical necessity consultation, then SWMBH will be responsible for sending the Adverse Benefit Determination (ABD) to the consumer within the required timeframe. Upon receipt of the ABD, the customer will be allowed to appeal the authorization decision, at which time a second BCBA will be contacted to complete the review.

L. **MDHHS Requests:** MDHHS will issue a biannual Quality Performance Review to SWMBH to be disseminated to the individual CMHSPs. The CMHSP will provide timely responses and submit them to the Clinical Quality Specialist who will compile a regional report for MDHHS. SWMBH will identify due dates to meet the timeliness requirement.

M. **ABA Performance Metrics:** The Clinical Quality Specialist will send CMHSPs a detailed report each month on one or more of the metrics below. This report will include case-level data as it relates to the following performance metrics:

1. ABA services shall be provided within a plus or minus 25% variance of service hours authorized in the IPOS.
2. Face-to-face behavioral observation and direction will be performed by a BHT Supervisor at a minimum of 1 of every 10 hours of ABA services rendered to a customer.
3. Behavioral Assessments shall be completed minimally every six months.
4. An updated IPOS shall be created within 365 days of the previous IPOS.
5. Each family currently enrolled in ABA services is receiving at minimum one instance of Family Training per quarter.

The purpose of the Monthly Performance Reports is to provide data to inform CMHSPs of areas of strength and to assist in improving areas of poor performance. By the end of the month of each report's distribution, the CMHSP will provide timely case level responses documenting remedial actions that have been taken to rectify areas of non-compliance. If the response is not acceptable, or SWMBH sees continued performance problems, SMWBH may follow up with a request for additional information. If non-compliance trends persist, a formal corrective action plan will be requested.

N. **ABA Provider Reviews:** SWMBH will conduct a clinical and administrative review annually of the contracted ABA service providers and CMHSPs delivering ABA services within the region. Providers will be notified at least 30 days prior to a scheduled site visit with the review date and time. SWMBH may additionally review cases via unscheduled focused review of clinical documentation. Review elements are listed below.

1. The SWMBH Primary and Clinical Providers Administrative Site Review Tool (see SWMBH Operational Policy 2.13) will be used to assess administrative functions.
2. The SWMBH ABA Provider Clinical Quality Review Tool (Attachment) will be used to review a random sample of clinical records of ABA providers and CMHSPs delivering ABA services. The clinical sample will be supplied to the provider 5 days prior to the review. A minimum of 5% or 8 customers per provider (whichever is more), or 5 cases per site, shall be reviewed. Additionally, the SWMBH Clinical Quality Review tool shall be utilized annually with each CMHSP to assess clinical records.
3. BCaBA, BCBA, BT, LLP/LP, QBHP, and QLP Provider Qualifications tools (Attachments) will be used to verify the credentials of ABA professionals and techs, minimally one of each professional type and three behavior techs, to be selected by SWMBH.

Once the review is completed, a corrective action plan (CAP) will be requested from the provider for follow up and corrections as necessary. This will be posted to the SWMBH Portal by the Clinical Quality Specialist for review by the CMHSPs in the SWMBH Network. Responses, in addition to corrections, shall be submitted to SWMBH for approval within 45 days after the provider receives their CAP.

References: Michigan Medicaid Manual: Section 18- Behavioral Health Treatment/Applied Behavior Analysis.
SWMBH Policy 6.4 Customer Grievance Systems & Second Opinions

Attachments:

A. P12.08.01A ABA Services Referral
B. P12.08.01B Ineligibility Notification – Autism Benefit Enrollee
C. P12.08.01C Training Verification Attachment to IPOS
D. P12.08.01D ABA Provider Clinical Quality Review Tool
E. P12.08.01E Child Clinical Quality Record Review
F. P12.08.01F BCABA Provider Qualifications
G. P12.08.01G BCBA or BCBA-D Provider Qualifications
H. P12.08.01H BT Provider Qualifications

I. P12.08.01I LP/LLP Provider Qualifications
J. P12.08.01J QBHP Provider Qualifications
K. P12.08.01K QLP Provider Qualifications
L. P12.08.01L ABA Authorization Review Instructions
M. P12.08.01M BCBA Consultation Form

Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
1	6/25/2020	Full policy, procedure: screening and referral, authorizations, BCBA consultation for denials, ABA provider reviews	Transferred procedure to new template, added additional details for screening and referral/authorization sections, added BCBA consultation for denials section, updated ABA provider review tools. Added all relevant/updated attachments	J. Franklin
2	1/25/2022	Procedure: A, C, E, F (added new section "F" and re-ordered the following procedure lettering). References.	Adding information regarding denials of ABA and untimely decision denials.	H. Woods
3	12/31/2023	Definitions and Procedure – throughout.	Clarifying information regarding denials of ABA and untimely decision denials.	H. Woods
4	8/23/2024	Definitions and Procedure – throughout.	Updating information regarding MPM updates and WSA requirements.	J. Franklin A. Lacey

P12.08.01 Applied Behavior Analysis (ABA)

Final Audit Report 2024-09-03

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