LAPEER COUNTY COMMUNITY MENTAL HEALTH (LCCMH) **Date Issued:** 1/08/2016
Date Revised: 05/13/2016; 12/12/2017; 03/17/20; 10/12/21;1/9/24; 04/15/25; 10/01/25; 10/20/26

CHAPTER	**CHAPTER**	**SECTION**	**SUBJECT**
Service Delivery	02	004	150
SECTION	**DESCRIPTION**		
Clinical and Support Services	Autism Benefit		
WRITTEN BY	**REVISED BY**	**AUTHORIZED BY**	
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APPLICATION:

☒CMH Staff	☐Board Members	☐Provider Network	☒Employment Services Providers
☒Employment Services Provider Agencies	☒Independent Contractors	☒Students	☒Interns
☒Volunteers	☒Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) provides Behavioral Health Treatment (BHT) services for Applied Behavior Analysis (ABA), to children under 21 years of age with autism spectrum disorders (ASD).

STANDARDS:

A. Medical necessity and recommendation for BHT services is determined by a physician or other licensed practitioner working within their scope of practice under Michigan state law utilizing valid evaluation tools.

B. Direct patient care services treating or addressing ASD under the state plan are available to children under 21 years of age, as required by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit.

C. Eligibility determination and recommendation for BHT must be performed by a qualified licensed practitioner through direct observation, utilizing the Autism Diagnostic Observation Schedule-Second Edition (ADOS-2), a comprehensive clinical interview such as the Autism Diagnostic Interview-Revised (ADI-R), and symptom rating using the Developmental Disabilities Children's Global Assessment Scale (DD-CGAS) within 30 calendar days of the assessment.

D. The Michigan Department of Health and Human Services (MDHHS) Behavioral and Developmental Disabilities Administration (BHDDA) makes the final eligibility determinations for ABA services. The Medicaid Provider Manual is used as the reference point for guidance in diagnosis criteria.

E. BHT services do not include special education and related services defined in the Individuals with Educations Improvement Act of 2004 (IDEA), which are available to the beneficiary through the local education agency.

F. Screenings for ASD may occur during an EPSDT well-child visit, an LCCMH clinician, or other contracted provider through community partners.

    1. Approved screening tools are:

        a. Modified Checklist for Autism in Toddlers (M-CHAT), validated for toddlers 16 through 30 months of age.

        b. Social Communication Questionnaire (SCQ) validated for individuals older than four years of age with a mental age greater than two years of age.

G. Other MDHHS approved tools may be utilized to determine diagnosis and medical necessity service recommendations, such as cognitive/developmental tests, adaptive behavior tests, and/or symptom monitoring.

H. LCCMH submits required reports to Region 10 Prepaid Inpatient Health Plan (PIHP).

I. ABA services are administered under the direction of a state-licensed and Board-Certified Behavior Analyst (BCBA) or Board-Certified Assistant Behavior Analyst (BCaBA) with at least one year of experience in diagnosing and treating ASD.

J. With prior authorization obtained by MDHHS, behavioral observation and direction can be provided using tele-practice services.

K. Treatment methodology utilizes an ethical, positive approach to behaviors based on a comprehensive bio-psychosocial assessment.

L. Services are provided in the home, community, or clinical setting, as appropriate for the person served and family.

M. Individualized ABA behavior plans with youth and family based strengths is part of the IPOS and identifies measurable, achievable, and realistic goals targeting specific behaviors to increase functioning skills and independence.

PROCEDURES:

A. Referrals

1. Individuals request services through the intake process, see LCCMH Policy 02.003.30 Intake Procedures.

2. If an individual is identified as a potential candidate for Autism services, the primary case holder sends the Lapeer ADOS Testing Letter to the primary care physician (PCP).

3. Once received back from the PCP, the primary case holder forwards the completed Lapeer ADOS Testing Letter and internal referral to the Autism Supervisor.

4. The Autism Supervisor schedules the ADOS-2.

B. Initial Evaluations/Re-evaluations

1. An independent evaluator completes a comprehensive diagnostic evaluation using the ADOS-2, prepares report findings, and submits results to LCCMH.

2. Results of all evaluations are delivered to the individual and parent(s)/guardian(s).

3. The independent evaluator conducts the ADOS-2 every three years or when requested by parent/caregiver or qualified behavioral health professional to assess for continued ABA benefit services.

4. Behavioral assessments are completed minimally every six months and can include but are not limited to direct observation, record review, data collection, and analysis by a qualified provider. Assessments must include the current level of functioning using validated data collection and documented with ongoing measurement of improvement including the application of behavioral outcome tools. Approved behavioral outcome tools include:

- Verbal Behavior-Milestones Assessment and Placement Program (VB-MAPP)
- Assessment of Basic Language and Learning Skills-Revised (ABLLS-R)
- Assessment of Functional Living Skills (AFLS)
- Promoting Emergence of Advanced Knowledge (PEAK)/PEAK LIFE
- Social Skills Checklist
- Essentials for Living (EFLs)
- Socially Savvy

5. LCCMH ensures medically necessary assessments for other functional domains are provided. Qualified professionals perform these to determine service needs leading to the development of the Individual Plan of Service (IPOS).

C. LCCMH Service Level ABA Assignments

1. Children's supervisor identifies a primary case holder to monitor, link, advocate, support and coordinate ABA services and other services identified through the IPOS.

2. Autism supervisor assigns case to a Board Certified Behavior Analyst (BCBA) or Board Certified Assistant Behavior Analyst (BCaBA) who conducts a behavioral assessment and develops a behavioral plan. The BCBA or BCaBA coordinates with the primary case holder to incorporate the behavior plan in the IPOS.

3. Primary case holder reviews behavioral plan of care and IPOS for content and criteria and ensures authorizations entered for ABA services are congruent with recommendations from ABA qualified provider. The IPOS is reviewed by the planning team, including BCBA or other qualified provider, and parent(s)/guardian(s) minimally every three months. Changes to specific service level, interventions, and hours to be provided to the individual weekly are documented.

4. Families are provided and participate in family training as dictated by MDHHS and as medically necessary.

5. BCBA provides strategies for reasonable accommodations and the use of assistive equipment in communications, environmental control, activities of daily

living, employment, recreation, sensory needs, transportation, mobility, and destination training.

6. Assistive technology planning is individualized to:

    - Interest of person served, and
    - Family input, and
    - Includes evaluation of home and other common environments. Training is provided as needed for family, person served, and staff.

7. Primary case holder documents plan of care re-evaluation dates and documents completion dates congruent with recommendations from ABA qualified provider.

8. Primary case holder continues to monitor all service recommendations in the IPOS and updates as necessary to match the behavior plan.

D. Service Inactivity

1. Persons served who fall below 75% utilization over a 6 month treatment plan period may be discharged.

    a. Inactivity includes cancellations not related to illness (with doctor's note) and pre-communicated vacations.

    b. Tardiness for session impacts utilization. If the person served is unable to make it to session within 30 minutes of the start time, it results in cancellation of the session for that day.

2. Primary case holders review utilization and ensure the reason for inactivity is not related to provider service capacity.

3. Primary case holders send out a letter monthly if the person served falls below the 75% utilization.

E. Discharge/Disenrollment

1. Discharge/disenrollment from ABA services is determined by a qualified ABA professional.

2. BCBA submits discharge report to primary case holder, detailing date, and plan for discharge, as well as any further recommendations for the person served.

DEFINITIONS:

Autism Diagnostic Observation Schedule (ADOS): a semi-structured assessment of communication, social interaction, and play (or imaginative use of materials) for individuals suspected of having Autism or other Pervasive Developmental Disorders

Autism Diagnostic Observation Schedule-Second Edition (ADOS-2): an instrument used to assess and diagnose Autism Spectrum Disorders, which provides several modules for use across various age, developmental, and language skill levels.

Autism Diagnostic Interview-Revised (ADI-R): a structured interview conducted with the parents of individuals who have been referred for the evaluation of possible Autism or Autism Spectrum Disorders.

Autism Spectrum Disorders (ASD): a developmental disability that can cause substantial impairments in a person's behaviors, social, and communication skills. Signs of these impairments usually occur before a child turns three years old, although children are often diagnosed between ages three and five.

Applied Behavioral Analysis (ABA) Services: the science of analyzing socially significant behavior and producing behavior change by modifying related environmental variables. ABA services may be used to address issues relevant to those with Autism Spectrum Disorder including, but not limited to, language acquisition, peer interactions and social skills, following routines, self-help, and daily living skills, and reducing challenging behaviors. There are two service levels within the Behavioral Health Treatment Applied Behavioral Analysis model:

- **Comprehensive Behavioral Intervention (CBI**): the level of ABA service intensity applying to individuals with an ADOS-2 score, which falls within the classification range of Autism. This level of intensity has a recommended average number of service hours ranging from 16-25 per week.

- **Focused Behavioral Intervention (FBI)**: the level of ABA service intensity applying to individuals with an ADOS-2 score, which falls within the classification range of Autism. This level of intensity has a recommended average number of service hours ranging from 5-15 per week.

Assessment of Basic Language and Learning Skills-Revised (ABLLS-R): a tool for assessing skills in children with language and learning deficits and is most commonly used in the process of the development of a behavioral program for children in the autism spectrum.

Assessment of Functional Living Skills (AFLS): assessment tool used to evaluate and track the development of practical, essential skills for daily living

Behavioral Health Treatment (BHT): Medicaid covered services under the umbrella of evidence-based practices related to behavioral health services for Early and Periodic Screening, Diagnosis and Treatment benefit. Currently the only evidence-based treatment modality within this policy as part of BHT is Applied Behavioral Analysis.

Board Certified Behavior Analyst (BCBA): an LP, LLP, or professional with at least a Master's degree in a human service area approved by the Behavior Analyst Certification Board who has completed training and certification in Applied Behavior Analysis.

Board Certified Assistant Behavior Analyst (BCaBA): a professional with at least a Bachelor's degree in a human service area approved by the Behavior Analyst Certification Board who has completed training and certification in Applied Behavior Analysis.

Developmental Disabilities Children's Global Assessment Scale (DD-CGAS): a tool providing clinician assessment of the individual's overall adaptive behavior and is anchored to domains often weak for children with ASD.

Essentials for Living (EFL): a comprehensive tool for assessing functional skills and needs, particularly for individuals with moderate-to-severe disabilities.

Promoting Emergency of Advanced Knowledge (PEAK/PEAK LIFE): a behavior-analytic system used in ABA therapy that focuses on teaching language and cognitive skills, particularly relational responding, which is the ability to make connections between concepts.

Modified Checklist for Autism in Toddlers (M-CHAT): a brief, initial screening tool, validated for toddlers 16 through 30 months of age.

Social Communication Questionnaire (SCQ): a brief, initial screening tool for children older than four years of age with a mental age greater than two years of age.

Social Skills Checklist: a tool used to assess and track an individual's ability to interact with others in socially appropriate ways.

Socially Savvy: an evaluation that examines an individual's skills and behaviors related to social interaction and understanding, focusing on their ability to navigate social situations appropriately and effectively.

Verbal Behavior Milestones Assessment Placement Program (VB-MAPP): an assessment, skills-tracking system, and curriculum guide to assess the language, learning, and social skills of children with autism or other developmental disabilities.

REFERENCES/EXHIBITS:

Michigan Department of Health and Human Services, Medicaid Provider Manual, Section 18-Applied Behavior Analysis
Region 10 Policy: 05.03.10 Autism Waiver Benefit
LCCMH Policy 02.001.15 Person Centered Planning

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