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**MEMORANDUM**

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To: DWMHA Autism Benefit Providers  
From: Maha Sulaiman, MFCC, LMFT, Director of Utilization Management  
Subject: ASD Benefit Utilization Management Authorizations  
Date: 6/13/2017

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The Medicaid Autism Applied Behavior Analysis Benefit (ABA) is a **pre-authorized benefit**. The following is an overview of the Authorization Process Requirements. Provider Agencies request authorizations for services based on the Individual Plan of Service (IPOS) developed through the Person Centered Planning process. All authorization requests must be accompanied by the appropriate assessment(s) and based on medical necessity criteria.

Providers are asked to review any 'Returned to Requestor' or 'Pending' authorizations from 10/1/16 to current. Please re-submit to the authority by **June 20th, 2017** if the authorization is still required. Old 'Returned to Requestor' or 'Pending' authorizations will be cleared from the system soon after that date.

**The following requirements will be effective July 6<sup>th</sup>, 2017**

**This document outlines the Authorization Request Timelines.**

1. Upon receipt of a request for re-authorization from an Autism provider, the DWMHA reviewers will at a minimum review the following:
  - a. Service Requested and Associated CPT Code
  - b. Effective Date of Authorization and the Requested Date
  - c. Assessment(s)
  - d. UM Authorization Guidelines
  - e. Individual Plan of Service or Treatment Plan
  - f. Behavior Plans & Behavior Treatment Committee Approval (if applicable)
  - g. Progress towards treatment
  - h. Provider Notes & Care Coordination Notes
  - i. Transition/Discharge Plan/Criteria (if applicable)

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2. All services require prior authorization. Provider staff must adhere to the following time frames for submission of authorizations:
  - a. Authorization Requests for urgent services must be submitted within 24 hours of admission to the organization.
  - b. The effective date of an authorization cannot precede the authorization request date as these would be considered backdated authorizations and administratively denied.  
Example: Effective date of authorization is 5/24, request needs to be submitted on or before 5/24.
  - c. Providers must make all efforts to ensure that reauthorizations are submitted at least 5 days prior to the previous authorization expiring.
  - d. When authorizations are pended back to obtain additional or incomplete information, those authorizations must be resubmitted within 2 business days with the requested information. An authorization request can be pended back to the provider only once. If the provider does not respond within the 2 business days, the UM reviewer will render a disposition on the authorization with the available information.
  - e. An authorization request does not guarantee approval.
3. UM staff must adhere to the timeliness of UM decision making based on NCQA's Guidelines:
  - a. Urgent Concurrent Decisions - Within 24 hours of receipt
  - b. Urgent Pre Service Decisions - Within 72 hours of receipt
  - c. Non-urgent Pre Service Decisions - Within 14 Calendar Days of Receipt
  - d. Post-Service Decisions - Within 30 days of receipt

If you have any questions, please feel free to e-mail me at: [PIHPAuthorizations@dwmha.com](mailto:PIHPAuthorizations@dwmha.com) or Nicole Dwyer at: [ndwyer@dwmha.com](mailto:ndwyer@dwmha.com) or call us at the number above.