SCOPE OF SERVICES

AUTISM SPECTRUM DISORDER

EVIDENCE-BASED APPLIED BEHAVIOR ANALYSIS SERVICES

Comprehensive Diagnostic Evaluation, Home &/or Clinic-Based Applied Behavior Analysis Services – Assessment, Supervision/Direction/Observation, ABA Direct Delivery, and ABA Parent/Guardian Training
I. SCOPE OF WORK:

The provider should expect to provide services to a consumer as long as the following apply:
- The consumer’s parent/guardian chooses the organization as his/her preferred provider for that service;
- Services are required (medically necessary) to address the consumer’s needs;
- Services are authorized;
- The parent/guardian is agreeable with requirements and intensity of the program;
- Parent/Guardian and DWMHA are satisfied with the quality of the services being provided (including outcomes/effectiveness of treatment and contract compliance); and
- The consumer meets eligibility requirements, including:
  - Consumer is under 21 years of age.
  - Consumer resides in Wayne County or has Wayne County as identified County of Financial Responsibility (COFR).
  - Consumer has active Medicaid.
  - Consumer received a diagnosis of ASD from a qualified licensed practitioner utilizing valid evaluation tools.
  - Consumer is medically able to benefit from the BHT treatment.
  - Treatment outcomes are expected to result in a generalization of adaptive behaviors across different settings to maintain the BHT interventions and that they can be demonstrated beyond the treatment sessions. Measurable variables may include increased social-communication, increased interactive play/age-appropriate leisure skills, increased reciprocal communication, etc.
  - Coordination with the school and/or early intervention program is critical. Collaboration between school and community providers is needed to coordinate treatment and to prevent duplication of services. This collaboration may take the form of phone calls, written communication logs, participation in team meetings (I.E.P., I.E.P., I.F.S.P., I.P.O.S., etc.).
  - Services are able to be provided in the consumer’s home and community, including centers and clinics.
  - Symptoms are present in the early developmental period (symptoms may not fully manifest until social demands exceed limited capacities, or may be masked by learned strategies later in life).
  - Symptoms cause clinically significant impairment in social, occupational, and/or other important areas of current functioning that are fundamental to maintain health, social inclusion, and increased independence.
  - A qualified licensed practitioner recommends BHT services and the services are medically necessary for the consumer.
SCOPE OF SERVICES

Autism Spectrum Disorder Benefit Services
Revised: July 25, 2017

- Services must be based on the individual consumer and the parent’s/guardian's needs and must consider the consumer’s age, school attendance requirements, and other daily activities as documented in the IPOS. Families of minor consumers are expected to provide a minimum of eight hours of care per day on average throughout the month.

Transition planning should occur at the time of intake into ASD Services. Discharge should occur if consumer is no longer eligible for benefit and/or any of the following apply:

- The consumer has achieved treatment goals and less intensive modes of services are medically necessary and appropriate.
- The consumer is either no longer eligible for Medicaid or is no longer a State of Michigan resident.
- The consumer has not demonstrated measurable improvement and progress toward goals, and the predicted outcomes as evidenced by a lack of generalization of adaptive behaviors across different settings where the benefits of the BHT interventions are not able to be maintained or they are not replicable beyond the BHT treatment sessions through a period of six months.
- Targeted behaviors and symptoms are becoming persistently worse with BHT treatment over time or with successive authorizations.
- The consumer no longer meets the eligibility criteria as evidenced by use of valid evaluation tools administered by a qualified licensed practitioner.
- The consumer and/or parent/guardian is not able to meaningfully participate in the BHT services, and does not follow through with treatment recommendations to a degree that compromises the potential effectiveness and outcome of the BHT service.

The provider should demonstrate thorough knowledge of eligibility criteria detailed within the Medicaid Provider Manual and MDHHS Autism Policy, and ensure that staff maintains appropriate training and credentialing relevant to the provision of services. Provider must verify age and active Medicaid coverage prior to service delivery. CRSP and ABA Provider is responsible for coordination of benefits if multiple insurance policies are present.

DWMHA will provide authorization review for all ASD Benefit services. ABA Benefit services are required to be pre-authorized. The ASD Provider assigned to the case is expected to deal promptly with DWMHA for pre-authorizations for services recommended, on behalf of the consumer pursuant to the consumer’s Person-Centered Plan (IPOS). Service provider is expected to work promptly with the Care Manager/Support Coordinator for Person-Centered Planning processes and ensure that all ASD Benefit requirements are completed within required timelines. Service authorizations cannot exceed IPOS Dates, age-out date, or MDHHS Annual approval date, whichever comes first.

The provider will be expected to utilize the DWMHA system known as MH-WIN. The provider will also be expected to submit all claims, upload and/or complete service documentation through the internet-based DWMHA MH-WIN system. All claims are to be submitted promptly within 30 days of service delivery.
SCOPE OF SERVICES

Autism Spectrum Disorder Benefit Services
Revised: July 25, 2017

DWMHA reserves the right to revise scope components in the event of significant changes to Medicaid Policy (MSA 15-59) and MDHHS Michigan Medicaid Provider Manual which may be expected with the roll-out of a new program. Provider will remain up-to-date and compliant with all DWMHA Policies, Bulletin’s, Memorandums, and Guidelines.

The provider must be equipped to provide all required ASD Benefit services to consumers (age birth through 20 years) covered by Medicaid, who have an Autism, have the developmental capacity to benefit from treatment, reside in Wayne County, show continued progress in treatment, and are interested in evidence-based applied behavior analysis services:

1. COMPREHENSIVE DIAGNOSTIC EVALUATION:

Accurate and early diagnosis of ASD is critical in ensuring appropriate intervention and positive outcomes. The target group criteria for ASD is operationalized using the criteria in the DSM V.

1.) EVALUATOR RESPONSIBILITIES:

   i. The following are the specifications for the evaluator of a consumer referred with a suspected diagnosis of autism:

      1.) The Diagnostic Evaluation is more than a decision for entry into the Medicaid ABA Benefit. The evaluation should determine diagnosis, including autism and/or other differential diagnosis that may be present. The evaluation should also include treatment recommendations for best fit medically necessary services to treat the child’s symptomology and diagnosis. Coordination with the Clinically Responsible Service Provider (CRSP) is required to assist in linkage to medically necessary services both inside and outside of the Medicaid ABA Benefit.

      2.) Ensuring that evaluation is completed accurately, reliably, and efficiently.

      3.) Ensuring that diagnostic appointments are available and entered into MH-WIN. Provider is responsible to serve all cases referred to provider in calendar. Provider must update MH-WIN Appointment status (No Show, Appt. Kept., Reschedule, etc.) within seven (7) days of appointment.

      4.) Ensuring that consumer has active Medicaid coverage and is between the current target population age group of the benefit (birth through 20 years).

      5.) Completing diagnostic evaluations on consumers prior to entering ABA services and annually for redeterminations.

      6.) The evaluator must obtain consent to obtain and release information to Primary Care Physician from parent/guardian, and if consent is provided the evaluator to:

         i. Consult with Primary Care Doctor and parent/guardian to identify whether the consumer has been assessed for several conditions whose symptoms may be associated with ASD, such as Fragile X Syndrome, tuberous sclerosis, lead toxicity, Fetal Alcohol Effect (FAE), Fetal Alcohol Syndrome (FAS), Attention Deficit Hyperactivity Disorder
SCOPE OF SERVICES

Autism Spectrum Disorder Benefit Services
Revised: July 25, 2017

- ADHD), Traumatic Brain Injury (TBI), genetic syndromes, and neurological syndromes.

  ii. Send the results of the diagnostic evaluation to consumer’s Primary Care Physician if consent is obtained.

7.) Administration of the Autism Diagnostic Observation Scale Second Edition (ADOS-2):

   a) The module specific to the consumer’s age and speech level is required. *(Toddler Module, Module 1, Module 2, Module 3, or Module 4 for ABA treatment population)*

   b) A parent/guardian must be present at the time of administration.

   c) Food/beverage included in administration must be approved by parent/guardian.

   d) Compliance with the administration requirements outlined in the ADOS-2 Manual is required, which includes:

      (i.) The tool is required to be scored directly after administration.

      (ii.) The tool is required to be administered in an environment as free from distractions as possible to ensure validity and standardization in accordance with ADOS-2 manual recommendations.

      (iii.) Evaluator must be trained in the delivery of the tool, including on-going refresher trainings.

8.) Administration of the Autism Diagnostic Interview - Revised (ADI-R), which includes a comprehensive developmental family history interview that addresses all domains relevant to ASD that are outlined in the ASD operationalized diagnostic criteria indicated above *(social affective/communications skills, restricted repertoire)*.

   i. Compliance with the administration requirements outlined in the ADI-R Manual

   ii. All initial diagnosis evaluations MUST include the ADI-R. Unless specific case exception is made, the use of other Developmental Interviews are only permitted to be used by Doctoral Level Psychologists who are directly administering the interview.

9.) Administration of the Developmental Disabilities - Clinical Global Impression Severity Scale (DD-CGAS) to rate symptom severity.

10.) Other tools may be used if medical necessity is identified to determine a diagnosis and medical necessity service recommendations. Other tools may include, but are not limited to: cognitive/developmental tests such as the Mullen Scales of Early Learning, Wechsler Preschool and Primary Scale of Intelligence-IV (WPPSI-IV), Wechsler Intelligence Scale for Children-IV (WISC-IV), Wechsler Intelligence Scale for Children-V (WISC-V), or Differential Ability Scales-II (DAS-II); adaptive behavior tests such as Vineland Adaptive Behavior Scale-II (VABS-II), Adaptive Behavior Assessment System-III (ABAS-III), or Diagnostic Adaptive Behavior Scale (DABS), and/or; symptom monitoring such as Social
SCOPE OF SERVICES

Autism Spectrum Disorder Benefit Services
Revised: July 25, 2017

Responsiveness Scale-II (SRS-II), Aberrant Behavior Checklist, or Social Communication Questionnaire (SCQ).

2.) REPORTING REQUIREMENTS:

Team is responsible for completing and submitting accurate reports within seven (7) days of evaluation and interpretation to the family completion that includes:

i. Diagnostic evaluation tool results with separate area for specific item sub-scores.

ii. Completion of specific evaluation DWMHA ASD Benefit Comprehensive Diagnosis Evaluation and Re-evaluation Form that includes:

1.) ADOS-2 classification, module, and score, which may include Autism, Autism Spectrum Disorder, a differential diagnosis outside of one covered under this benefit, or not autism. DD-CGAS Score.

2.) If Autism, Autism Spectrum Disorder is identified:

   a. Identification of specific medical necessity criteria is met.

   b. Documentation of all eligibility criteria components identified.

The Diagnostic Evaluation is more than a decision for entry into the Medicaid ABA Benefit. The evaluation should determine diagnosis, including autism and/or other differential diagnosis that may be present. The evaluation should also include treatment recommendations for best fit medically necessary services to treat the child’s symptomology and diagnosis. Coordination with the Clinically Responsible Service Provider (CRSP) is required to assist in linkage to medically necessary services both inside and outside of the Medicaid ABA Benefit.

2. ANNUAL RE-EVALUATION:

An annual re-evaluation is completed on all cases within 365 days of previous MDHHS ASD Benefit Approval. The re-evaluation assesses eligibility criteria through direct observation utilizing the ADOS-2 and symptoms rated using the DD-CGAS. The ADI-R is NOT required for re-evaluations.

1.) EVALUATOR RESPONSIBILITIES:

ii. The following are the specifications for the evaluator of a consumer referred with a suspected diagnosis of autism:

   1.) Ensuring that evaluation is completed accurately, reliably, and efficiently.

   2.) Ensuring that re-evaluation is scheduled completed within 365-days of previous MDHHS approval. Services cannot be authorized without current MDHHS Medicaid ABA Benefit Approval. DWMHA will pre-authorize re-evaluations up to 60 days early to prevent gaps in Medicaid ABA Benefit Eligibility.
SCOPE OF SERVICES

Autism Spectrum Disorder Benefit Services
Revised: July 25, 2017

3.) Ensuring that consumer has active Medicaid coverage and is between the current target population age group.

4.) The evaluator must obtain consent to obtain and release information to Primary Care Physician from parent/guardian, and if consent is provided the evaluator to:

   i. Send the results of the re-evaluation to consumer’s Primary Care Physician if consent is obtained.

5.) The ABA provider must inform CRSP of the results to coordinate care.


   e) The module specific to the consumer’s age and speech level is required. (Toddler Module, Module 1, Module 2, Module 3, or Module 4 for ABA treatment population)

   f) A parent/guardian must be present at the time of administration.

   g) Food/beverage included in administration must be approved by parent/guardian.

   h) Compliance with the administration requirements outlined in the ADOS-2 Manual is required, which includes:

      (i.) The tool is required to be scored directly after administration.

      (ii.) The tool is required to be administered in an environment as free from distractions as possible to ensure validity and standardization in accordance with ADOS-2 manual recommendations.

      (iii.) Evaluator must be trained in the delivery of the tool, including on-going refresher trainings as needed.

7.) Administration of the Developmental Disabilities - Clinical Global Impression Severity Scale (DD-CGAS) to rate symptom severity.

2.) REPORTING REQUIREMENTS:

Team is responsible for completing and submitting accurate reports within seven (7) days of evaluation and interpretation to the family completion that includes:

i. Diagnostic evaluation tool results with separate area for specific item sub-scores.

ii. Completion of specific evaluation DWMHA ASD Benefit Comprehensive Diagnosis Evaluation and Re-evaluation Form that includes:

   1.) ADOS-2 classification, module and score, which may include Autism, Autism Spectrum Disorder, a differential diagnosis outside of one covered under this benefit, or not autism. DD-CGAS Score.
SCOPE OF SERVICES

Autism Spectrum Disorder Benefit Services
Revised: July 25, 2017

2.) If Autism, Autism Spectrum Disorder is identified:

   a. Identification of specific medical necessity criteria is met.
   
   b. Documentation of all eligibility criteria components identified.

   The re-evaluation is more than a decision for entry into the Medicaid ABA Benefit. The evaluation should determine diagnosis, including autism and/or other differential diagnosis that may be present. The evaluation should also include treatment recommendations for best fit medically necessary services to treat the child’s symptomology and diagnosis. Coordination with the Clinically Responsible Service Provider (CRSP) is required to assist in linkage to medically necessary services both inside and outside of the Medicaid ABA Benefit.

3. APPLIED BEHAVIOR ANALYSIS:

Applied Behavior Analysis (ABA) intervention for autism is to be customized to each consumer’s skills, needs, interests, preferences, and family situation. ABA services are to be provided to consumers with ASD when medically necessary, in the least restrictive environment where the ultimate goal of treatment is to focus on improving core deficits in communication, social interaction, or restricted behaviors; all of which will impact fundamental deficits and help consumer develop greater functional skills and independence. The behavioral intervention should be provided at an appropriate level of intensity in an appropriate setting(s) for an appropriate period of time, depending on the needs of the consumer and their family within their community. Clinical determinations of service intensity, setting(s), and duration are to be designed to facilitate the consumer’s goal attainment.

These supports may serve to reinforce skills or lessons taught in school, therapy or other settings, but are not intended to supplant services provided in school or other settings or to be provided when the consumer would typically be in school but for the parent’s choice to home-school the consumer or parent’s choice to decline school supports. ABA service providers are required to establish a system that ensures that services can be provided with no disruption to the consumer’s scheduled school day. ABA providers must coordinate with schools to ensure collaborative care is provided that will result in the best outcomes for the child, this may include attendance in school meetings and including school staff in provider meetings, etc.

The provider should be skilled in implementing person-centered planning processes, which will include coordinating with other service provider entities, as well as coordinating with available community and natural supports. Provider should be in contact with Case Manager / Supports Coordinator on a minimum of monthly basis to ensure service plan is accurate to meet current needs of family and collaborative treatment team is established. ABA Direct Services and Supervision must be provided at a rate of at least 75%, but not more than 125% of amount, scope, duration, and frequency identified and agreed-upon in IPOS per fiscal year quarter. ABA Plan updates on goals, objectives, progress and changes to amount/scope/duration/frequency must be communicated to the IPOS case holder prior to the completion of the required 90-Day IPOS Review by the CRSP.
A. **Applied Behavior Analysis Assessment and ABA Plan:**

i. An ABA Assessment is completed by a BCBA, LLP, or QBHP Staff that:

1.) Are required to be completed twice per year (every 180 days) while enrolled in the DWMHA Medicaid ABA Benefit

2.) Specifies service needs, including duration, setting, and skill levels;

3.) Utilizes parent/guardian feedback; Providers are required to have families in leadership roles in the identification, planning, and implementation of services for their consumers with ASD.

4.) Outlines behaviors and skills to be addressed and ABA interventions to be utilized to improve consumer’s skills and functioning (ABA goals may address a range from one specific targeted behavior (i.e., self-injurious behavior, yelling, etc.) to several complex behaviors (i.e., feeding, hygiene, communication));

5.) Identifies at least one “National Standards Project (NSP) Established Treatment” per goal and objective within the treatment plan; and meets requirements identified in the DWMHA ABA Benefit Clinical Practice Standards Guidelines.

6.) Includes targeted behavior goals and specific steps for staff to take when responding to behaviors that support ABA treatment

7.) Utilizes a validated instrument and can include direct observational assessment, observation, record review, data collection, and analysis by a qualified provider. Examples of behavior assessments include function analysis and functional behavior assessments. The behavioral assessment must include the current level of functioning of the child using a validated data collection method. The following are options of some assessment tool choices that can be used based on the needs of the specific case: 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), Essentials for Living, PEAK Assessment, SKILLS Assessment if administered by BCBA, LLP, QBHP Staff level staff, etc.

ii. Treatment methodology will use an ethical, positive approach to any serious behaviors (e.g., self-injury, aggression). ABA Providers must deliver services in accordance with MDHHS and DWMHA Behavior Treatment Plan Policy.

iii. Revisions are made to the ABA Plan frequently as identified by BCBA/LLP/QBHP.

iv. All ABA employees must know and understand the individual’s Person-Centered Plan and ABA Plan for each consumer on their caseload. Training documentation must be maintained to identify staff training. Training must occur for each staff following a revision to the document, which occur at minimum of a quarterly basis.

v. The ABA Treatment team will work collectively with CRSP – IPOS Case Holder and other treatment providers to identify integrated treatment plan goals and objectives so that the
appropriate intensity of intervention is identified, outlined, coordinated and provided through treatment.

vi. The ABA Treatment Team will assist and collaborate with the care manager/supports coordinator on transitional planning for consumers who no longer meet eligibility requirements or are no longer interested in receiving ABA treatment. Transition Planning should occur from the beginning of treatment.

B. ABA Case Direction and Observation:

i. Behavioral observation and direction is the clinical direction and oversight provided by a qualified provider to a lower level provider based on the required provider standards and qualifications regarding the provision of services to a child. The qualified provider delivers face-to-face observation and direction to a lower level provider regarding developmental and behavioral techniques, progress measurement, data collection, function of behaviors, and generalization of acquired skills for each child. This service is for the direct benefit of the child and provides a real time response to the intervention to maximize the benefit for the child. It also informs of any modifications needed to the methods to be implemented to support the accomplishment of outcomes in the behavioral plan of care.

ii. One hour of direction/observation from BCBA/LLP/QBHP per every ten (10) hours of direct ABA service delivered to the consumer required for Behavior Technicians. This 10% requirement is measured by fiscal year quarters and must be provided in small amounts.

iii. All staff must be trained properly in the specific interventions included in the ABA Plan of the consumer that they are working with.

iv. BCBA/LLP/QBHP to schedule regular visits with parents-guardian or caregivers identified in the PCP and behavior technicians to review program effectiveness, make observations, etc.

v. BCBA/LLP/QBHP reviews data and reports submitted by Behavior Technician team.

vi. BCBA/LLP/QBHP must be able to provide immediate feedback and training to the Behavior Technician staff to directly impact services on the case. BCBA/LLP/QBHP must be in a role that allows appropriate direction/observation to be delivered.

C. Applied Behavior Analysis Direct Service:

i. ABA Direct services can be provided in different modalities (individual, groups, etc.) and in different locations (home, community, clinic, etc.). It is recommended that multiple modalities be provided when appropriate to ensure generalization.

ii. Behavior Technician Staff provide specific in-home and/or clinic-based intervention activities for consumers diagnosed on the autism spectrum as identified in the ABA Treatment Plan.

iii. If appropriate and identified in the plan of service, providers should deliver ABA services in a variety of settings to maximize generalization, maintenance, independence, and flexibility in the consumer’s behaviors and skills.
iv. ABA services are to be provided to increase developmentally-appropriate skills to facilitate a consumer’s independence. These services must be provided directly to, or on behalf of, the consumer by training their parents/caregivers, Behavior Techs, and/or a BCaBA to deliver the ABA services. The ABA services must be provided under the supervision of a BCBA, other appropriately qualified licensed or limited licensed psychologist (LP, LLP), or master’s prepared QBHP working within their scope of practice as identified in the staffing qualification section below.

v. Behavior Technicians complete behavior tracking sheets and reports. ABA must include ongoing behavioral observation, assessment, data collection, and ongoing adjustments (as indicated by BCBA/LLP/QBHP).

vii. Parent/Guardian & Natural Supports Involvement:

1.) Providers are required to have families in leadership roles in the identification, planning, and implementation of services for their consumers with ASD. Living with a young person with ASD is likely to cause significant changes in lives of family members and, in most cases, the consumer will require assistance beyond services offered by professionals and direct staff. Services must be delivered in a manner that maximizes the benefit of treatment time and the time outside of treatment. Also, treatment should be provided that helps families maximize their own lives and the lives of their consumer with ASD.

2.) A parent/guardian or caregiver must engage in treatment with their consumer to learn treatments and techniques that will assist the consumer in the generalization of behaviors outside of treatment hours.

3.) Parents/guardian or caregivers should complete specific behavior tracking sheets outside of treatment hours as identified by BCBA or exception.

viii. BHT services include a variety of behavioral interventions, which have been identified as evidence-based by nationally recognized research reviews and/or other nationally recognized scientific and clinical evidence. BHT services are designed to be delivered primarily in the home and in other community settings. Behavioral treatment intervention services include, but are not limited to, the following categories of evidence-based interventions:

1.) Collecting information systematically regarding behaviors, environments, and task demands (e.g., shaping, demand fading, task analysis);

2.) Adapting environments to promote positive behaviors and learning while discouraging negative behaviors (e.g., naturalistic intervention, antecedent based intervention, visual supports, stimulus fading);

3.) Applying reinforcement to change behaviors and promote learning (e.g., reinforcement, differential reinforcement of alternative behaviors, extinction);

4.) Teaching techniques to promote positive behaviors, build motivation, and develop social, communication, and adaptive skills (e.g., discrete trial teaching, modeling, social skills
instruction, picture exchange communication systems, pivotal response training, social narratives, self-management, prompting, chaining, imitation);

5.) Teaching parents/guardians to provide individualized interventions for their child, for the benefit of the child (e.g., parent/guardian implemented/mediated intervention);

6.) Using typically developing peers (e.g., individuals who do not have ASD) to teach and interact with children with ASD (e.g., peer mediated instruction, structured play groups, peer social interaction training); and

7.) Applying technological tools to change behaviors and teach skills (e.g., video modeling, tablet-based learning software).

ix. ABA services provided must adhere to best practice standards and established interventions for ASD. Interventions that are identified as “Established Treatments” through the National Standards Project (NSP) or other ABA “established treatments” that focus on teaching specific adaptive skills. The NSP clinical trials can be found at: http://www.nationalautismcenter.org/about/national.php and include:

1.) Antecedent Package – is often used in combination with other strategies and includes: choice, behavior chain interruption, priming, non-contingent reinforcement, errorless learning, incorporating echolalia and obsessive behaviors, prompting, antecedent based intervention, time delay, contriving motivational operations, environmental modifications of tasks, etc. Antecedent Package may be used to address both interfering and on-task behaviors.

2.) Behavioral Package – is designed to decrease problem behaviors and teach functional alternative behaviors. Changing consequences is utilized. This includes: discrete trial training, differential reinforcement, functional communication training, contingency contracting, shaping, task analysis, token economy, instructional fading, generalization training, reinforcement, functional behavior analysis, response interruption/redirection, etc.

3.) Joint Attention Intervention – Joint attention involves the interaction between individuals and is considered a pivotal skill for communication. Examples include: looking back and forth between a toy and the person who presented the toy, pointing to or showing objects of interest, or following someone else’s line of gaze.

4.) Modeling – Often combined with reinforcement and prompting. Examples include: live modeling, video modeling, self-modeling.

5.) Naturalistic Teaching Strategies – Naturalistic or incidental teaching strategies tend to have substantial generalization advantages. The environment is arranged to create interest on the part of the learner. The teaching interaction may begin with the learner initiating a request about a particular item/topic. Worker prompts an elaboration of that initiation, with greater elaboration resulting in gaining access to the desired item. These strategies increase initiation, build spontaneity, and shape complex and sophisticated communication responses.
6.) **Pivotal Response Treatment** – Pivotal responses are those that, when trained, generally produce large collateral improvements in non-trained areas. Pivotal Responses include: reducing stimulus over selectivity, promoting motivation, promoting self-management, promoting self-initiation, and promoting empathy. PRT aims to increase a consumer’s motivation to learn, monitor his own behavior, and initiate communication with others. Positive changes in these behaviors should have widespread effects on other behaviors.

7.) **Schedules** – Task lists of series of activities or steps to complete. Often supplemented with reinforcement. Helps improve self-regulation and assists with transitions. May involve visual supports or structured work systems.

8.) **Self-management** – Promotes independence by teaching behavior regulation through recording occurrence/nonoccurrence of target behavior and receiving reinforcement for doing so. Examples include: checklists, wrist counters, visual prompts, tokens.

9.) **Story-based Intervention Package** – Social Story describes a situation, skill, or concept in terms of relevant social cues, perspectives, and common responses in a specifically defined style and format. It explains what is happening and why it is occurring. It is primarily used for social behaviors and routines you want to increase and those situations that are new and anxiety-provoking. Stories are always personal, positive and short. Within an ABA program, Social Stories are used to help with transitions, school routines, appointments, and any other social behavior you want increased.

10.) **Discrete Trial Training** (DTT) - DTT is a style of teaching that uses a series of trials to teach each step of a desired behavior or response. Lessons are broken down into their simplest parts and positive reinforcement is used to reward correct answers and behaviors. Incorrect answers are ignored.

11.) **Verbal Behavior Intervention** (VBI) - VBI is a type of ABA that focuses on teaching verbal skills.

x. The following are not included in this benefit:

1.) **Emerging practices** identified by the NSP that have not been identified as being established as evidenced-based practices and are not included in the treatment.

2.) **Unestablished treatments** or ineffective/harmful treatments identified by the NSP are not included in this benefit.

3.) The provider must also be knowledgeable about modalities which either have been shown to lack positive effects or may endanger the person with ASD. It is expected that providers will not agree to participate in modalities which either are dangerous or have not been shown to have positive benefit for a consumer with ASD. It will be essential to discuss the risks and possible benefits of treatment modalities, including those recommended by the agency and those proposed by families.

4. **Applied Behavior Analysis Treatment Packages:**
SCOPe OF SERVICES

Autism Spectrum Disorder Benefit Services
Revised: July 25, 2017

Treatment packages are designed based on MDHHS Policy and Behavior Analyst Certification Board Guidelines.

i. Focused Behavioral Intervention - Focused behavioral intervention is provided an average of 5-15 hours per week

ii. Comprehensive Behavioral Intervention - Comprehensive behavioral intervention is provided an average of 16-25 hours per week

II. STAFFING REQUIREMENTS:

The following are the specifications and requirements identified:

1. COMPREHENSIVE DIAGNOSTIC EVALUATOR:

A. A qualified licensed practitioner working within their scope of practice and who is qualified and experienced in diagnosing ASD.

B. A qualified licensed practitioner includes:

   1. a physician with a specialty in psychiatry or neurology;
   2. a physician with a sub-specialty in developmental pediatrics, developmental-behavioral pediatrics or a related discipline;
   3. a physician with a specialty in pediatrics or other appropriate specialty with training, experience or expertise in ASD and/or behavioral health;
   4. a psychologist;
   5. an advanced practice registered nurse with training, experience, or expertise in ASD and/or behavioral health;
   6. a physician assistant with training, experience, or expertise in ASD and/or behavioral health;
   7. or a clinical social worker, working within their scope of practice, and is qualified and experienced in diagnosing ASD.

2. BEHAVIOR ANALYST:

1. Board Certified Behavior Analyst-Doctorate (BCBA-D) or BCBA:

   a. Services Provided: Behavioral assessment, behavioral treatment, and behavioral observation and direction.

   b. License/Certification: Current certification as a BCBA through the BACB. The BACB is the national entity accredited by the National Commission for Certifying Agencies (NCCA).
c. Education and Training: Minimum of a master's degree from an accredited institution conferred in a degree program in which the candidate completed a BACB approved course sequence.

2. Licensed Psychologist (LP): Must be certified as a BCBA by September 30, 2020:
   a. Services Provided: Behavioral assessment, behavioral intervention, and behavioral observation and direction.
   b. License/Certification: LP means a doctoral level psychologist licensed by the State of Michigan. Must complete all coursework and experience requirements.
   c. Education and Training: Minimum doctorate degree from an accredited institution. Works within their scope of practice and has extensive knowledge and training in behavior analysis. Extensive knowledge is defined as having received documented coursework at the graduate level from an accredited university in at least three of the six following areas:
      i. Ethical considerations.
      ii. Definitions & characteristics and principles, processes & concepts of behavior.
      iii. Behavioral assessment and selecting interventions outcomes and strategies.
     iv. Experimental evaluation of interventions.
      v. Measurement of behavior and developing and interpreting behavioral data.
     vi. Behavioral change procedures and systems supports.
   d. A minimum of one year experience in treating children with ASD based on the principles of behavior analysis. Works in consultation with the BCBA to discuss the caseload, progress, and treatment of the child with ASD.

3. LLP: Must be certified as a BCBA by September 30, 2020
   a. Services Provided: Behavioral assessment, behavioral intervention, and behavioral observation and direction.
   b. License/Certification: LLP means a doctoral or master level psychologist licensed by the State of Michigan. Limited psychologist master's limited license is good for one two-year period. Must complete all coursework and experience requirements.
   c. Education and Training: Minimum of a master's or doctorate degree from an accredited institution. Works within their scope of practice and has extensive knowledge and training in behavior analysis. Extensive knowledge is defined as having received documented coursework at the graduate level from an accredited university in at least three of the six following areas:
      i. Ethical considerations.
ii. Definitions & characteristics and principles, processes & concepts of behavior.

iii. Behavioral assessment and selecting interventions outcomes and strategies.

iv. Experimental evaluation of interventions.

v. Measurement of behavior and developing and interpreting behavioral data.

vi. Behavioral change procedures and systems supports.

d. A minimum of one year experience in treating children with ASD based on the principles of behavior analysis. Works in consultation with the BCBA to discuss the progress and treatment of the child with ASD.

4. BCaBA

a. Services Provided: Behavioral assessment, behavioral intervention, and behavioral observation and direction.

b. License/Certification: Current certification as a BCaBA through the BACB. The BACB is the national entity accredited by the NCCA.

c. Education and Training: Minimum of a bachelor’s degree from an accredited institution conferred in a degree program in which the candidate completed a BACB approved course sequence.

d. Other Standard: Works under the supervision of the BCBA.

5. QBHP: Must be certified as a BCBA by September 30, 2020

a. Services Provided: Behavioral assessment, behavioral treatment, and behavioral observation and direction.

b. License/Certification: A license or certification is not required, but is optional.

c. Education and Training: QBHP must meet one of the following state requirements:

i. Must be a physician or licensed practitioner with specialized training and one year of experience in the examination, evaluation, and treatment of children with ASD.

ii. Minimum of a master's degree in a mental health-related field from an accredited institution with specialized training and one year of experience in the examination, evaluation, and treatment of children with ASD. Works within their scope of practice, works under the supervision of the BCBA, and has extensive knowledge and training in behavior analysis. Extensive knowledge is defined as having received documented coursework at the graduate level from an accredited university in at least three of the six following areas:

1. Ethical considerations.
2. Definitions & characteristics and principles, processes & concepts of behavior.


4. Experimental evaluation of interventions.

5. Measurement of behavior and developing and interpreting behavioral data.

6. Behavioral change procedures and systems supports.

3. BEHAVIOR TECHNICIAN:

1. Services Provided: Behavioral intervention.

2. License/Certification: A license or certification is not required.

3. Education and Training: Will receive BACB Registered Behavior Technician (RBT) training conducted by a professional experienced in BHT services (BCBA, BCaBA, LP, LLP, and/or QBHP), but is not required to register with the BACB upon completion in order to furnish services.

4. Works under the supervision of the BCBA or other professional (BCaBA, LP, LLP or QBHP) overseeing the behavioral plan of care, with minimally one hour of clinical observation and direction for every 10 hours of direct treatment.

5. Must be:
   a. at least 18 years of age;
   b. able to practice universal precautions to protect against the transmission of communicable disease;
   c. able to communicate expressively and receptively in order to follow individual plan requirements and beneficiary-specific emergency procedure, and to report on activities performed;
   d. and be in good standing with the law (i.e., not a fugitive from justice, a convicted felon who is either under jurisdiction or whose felony relates to the kind of duty to be performed, or an illegal alien).
   e. Must be able to perform and be certified in basic first aid procedures
   f. and is trained in the IPOS/behavioral plan of care utilizing the person-centered planning process.
## III. PERFORMANCE MEASURES:

<table>
<thead>
<tr>
<th>Task</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 1st Comprehensive Evaluation Diagnosis Appointment -</td>
<td>Within 14 calendar days of Pioneer Phone Call</td>
</tr>
<tr>
<td>2 Initial Comprehensive Diagnosis Evaluation Report upload to MHWIN</td>
<td>Within 7 calendar days of Feedback to the Family</td>
</tr>
<tr>
<td>3 Feedback Session with family on Comprehensive Diagnosis Evaluation Session</td>
<td>Within 14 calendar days of Assessment Appointment Completion</td>
</tr>
<tr>
<td>4 ABA Assessment Completion</td>
<td>Within 14 calendar days of MDHHS Approval</td>
</tr>
<tr>
<td>5 ABA Treatment Plan</td>
<td>Within 14 calendar days of Assessment Completion</td>
</tr>
<tr>
<td>6 ABA Direct Service Start</td>
<td>Within 14 calendar days of IPOS Completion</td>
</tr>
<tr>
<td>7 Re-Assessments (ABLLS/ VBMAPP/AFLS/Etc.)</td>
<td>Within 180 days from date of previous ABA Assessment</td>
</tr>
<tr>
<td>8 Annual Re-evaluation</td>
<td>1st year - within 365 days of MDCH Approval; Year 2 and On - Before reaching 365 days of previous assessment; Can be completed up to 60 days before reaching due date</td>
</tr>
<tr>
<td>9 Authorization Requests</td>
<td>On or before the date of service delivery</td>
</tr>
<tr>
<td>10 Authorization Request Resubmissions (in the event that an authorization request is returned due to lack of needed information for decision)</td>
<td><strong>Within 2 Business Days</strong></td>
</tr>
<tr>
<td>11 Claims Submission</td>
<td>Within 30 days of service delivery</td>
</tr>
<tr>
<td>12 ABA Direct</td>
<td>Delivered at least 75% of amount indicated in IPOS and not more than 125%</td>
</tr>
<tr>
<td>13 Direction &amp; Observation</td>
<td>Delivered at least 10% of ABA Direct Delivery on monthly basis</td>
</tr>
<tr>
<td>14 Monthly Contact with IPOS Case Holder</td>
<td>Within 31 days of previous contact</td>
</tr>
<tr>
<td>15 Number &amp; percent of beneficiaries who’s IPOS addresses the needs. As part of the IPOS, there is a comprehensive individualized ABA behavioral treatment plan that includes specific targeted behaviors for improvement, along with measurable, achievable, and realistic goals for improvement.</td>
<td>100% of cases</td>
</tr>
<tr>
<td>16 Number and percent of beneficiaries whose providers of the ABA services meet credentialing standards.</td>
<td>100%</td>
</tr>
<tr>
<td>17 Percentage of cases that received AAN Letter when services were reduced, suspended or terminated.</td>
<td>100%</td>
</tr>
</tbody>
</table>