Detroit Wayne County Mental Health Authority

*Autism Benefit Instructional Guide*

I. **ABA PROVIDER**

1. Enters ADOS/ADIR Intake Appointments into the MH-WIN Centralized Calendar. *(Appointments should only be entered if ABA clinic anticipates having an opening for ABA ABLLS/VBMAPP/AFLS Assessment within 45-days and ABA direct services with Behavior Technician within 90-days of the intake appointment; This is used as a tool for DWMHA to assess provider capacity)*

II. **INTAKE / SUPPORTS COORDINATION / CASE MANAGEMENT PROVIDER**

1. Enters I/DD Intake Appointments into the MH-WIN Centralized Calendar.

III. **PIONEER/Access Center**

1. **Parent/Guardian Calls Pioneer Access Center at (800)241-4949 Requesting Autism Waiver Services or is identified in screening as potential ASD referral and is New Autism Consumer Referral:**
   
a. Pioneer verifies ASD eligibility criteria is met:
      i. Active Medicaid insurance assigned to Wayne County
      ii. Individual is younger than 21 years of age
      iii. Residence within Wayne County
      iv. Pioneer screens for SED/SMI or DD Eligibility
   
b. If three components of eligibility are met, Pioneer completes applicable autism screening:
      i. **M-CHAT-R** (Modified Checklist for Autism in Toddlers – Revised) – Children ages 18 months through 47 months (developmental capacity of 2 or younger)
      ii. **SCQ (Social Communication Questionnaire)** – Children 48 months and older (developmental capacity of 2 or older).
   
c. Screening Results:
      i. If M-CHAT-R or SCQ are screened negative, Pioneer to refer to MCPN and sends due process depending on results of screening.
      ii. If M-CHAT-R or SCQ are screened positive:
         1. Pioneer provides brief overview of Autism Benefit Services and identifies that Supports Coordination/Case Management and Autism Services are important requirements for the benefit. In-Home- vs. Clinic based discussed.
         2. Pioneer secures Autism Provider Intake Appointment within 14-Days in MH-WIN Autism Centralized Calendar based upon consumer choice (reviews home vs. clinic providers, provider location, etc.)
         3. Pioneer assigns case to MCPN based upon parent/guardian choice or assigns as random,

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*Existing consumers that are already in services with IPOS Case Holder that are identified as potentially eligible for ASD Benefit are to contact Pioneer to secure Autism Intake Appt. These consumers can stay with current IPOS Case Holder. Case Holder and add in Autism Benefit to existing IPOS. NO Program Change or Provider Change is required.

*Authorization should be early terminated as of the date of the new IPOS Addendum and re-requested starting on date of new IPOS addendum if there is a service change

*PPO must be modified to reflect change in needed within 14 days of identified change need

Revised – 11/10/16
4. MH-WIN provides one unit for H0031-U5 Authorization & (5) units for 96101-U5 Authorization for ABA Clinic where ABA Intake Appointment was secured to complete the Comprehensive Diagnosis Evaluation.

5. MH-WIN identifies case as an ASD Benefit Case via the Program Assignment Label “Autism Spectrum Disorder Benefit Waiver Program.” & identifies the IPOS Case Holder in a different Program Assignment.

d. Pioneer notifies DWMHA Autism Specialist via Monthly Autism Database

e. Autism Provider is notified of scheduled appointment by looking in MH-WIN Scheduler

f. MH-WIN sends Daily Assignment Report with ASD Benefit Cases identified to assigned MCPN.

2. Parent/Guardian Calls Pioneer Access Center at (800)241-4949 Requesting Autism Waiver Services or is identified in screening as potential ASD referral and is Existing DWMHA Consumer Referral:

   a. Pioneer verifies ASD eligibility criteria is met:

      i. Active Medicaid insurance assigned to Wayne County

      ii. Consumer is younger than 21 years of age

      iii. Residence within Wayne County

      iv. Pioneer screens for SED/SMI or DD Eligibility

   b. If three components of eligibility are met, Pioneer completes applicable autism screening:

      i. M-CHAT-R (Modified Checklist for Autism in Toddlers – Revised) – Children ages 18 months through 47 months (developmental capacity of 2 or younger)

      ii. SCQ (Social Communication Questionnaire) – Children 48 months and older (developmental capacity of 2 or older).

   c. Screening Results:

      i. If M-CHAT-R or SCQ are screened negative, Pioneer to refer to MCPN and sends due process depending on results of screening.

      ii. If M-CHAT-R or SCQ are screened positive:

         1. Pioneer provides brief overview of Autism Benefit Services and identifies that Supports Coordination/Case Management and Autism Services are important requirements for the benefit. In-home vs. Clinic based discussed.

         2. Pioneer secures Autism Provider Intake Appointment within 14-Days in MH-WIN Autism Centralized Calendar based upon consumer choice (reviews home vs. clinic providers, provider location, etc.)

         3. MH-WIN provides one 30-day unit for H0031-U5 Authorization & (5) 30-day units for 96101-U5 Authorization for ABA Clinic where ABA Intake Appointment was secured to complete the Comprehensive Diagnosis Evaluation.

         4. MH-WIN identifies case as an ASD Benefit Case via the Program Assignment Label “Autism Spectrum Disorder Benefit Waiver Program.” & identifies the IPOS Case Holder in a different Program Assignment.

   d. Pioneer notifies DWMHA Autism Specialist via Monthly Autism Database

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Revised – 11/10/16
e. Autism Provider is notified of scheduled appointment by looking in the MH-WIN Scheduler on a daily basis.

f. MCPN can identify Existing Consumer Referrals through Pulling the Autism Enrollment Report or the Program Assignment Report

IV. DWMHA:

1. DWMHA enters child into the WSA System as a new ASD Benefit Referral.
2. DWMHA monitors process for quality assurance and performance improvement.
3. DWMHA enters ABA Provider and IPOS Case Holder Provider Program Assignment.
4. DWMHA receives, reviews, and makes authorization determinations for all ASD Benefit Services.
5. DWMHA receives, adjudicates, and pays claims based upon submitted and approved Fee-For-Service Claims.

V. MCPN:

1. Receives Daily Assignment notice from MH-WIN for new cases & runs the Autism Report for existing consumer referrals.
2. Monitors IPOS Case Holders for quality assurance and performance improvement and ensures Pre-Plan & IPOS have required documentation and that pre-plan is completed within 7-days and IPOS is complete within 45 days of initial referral. Monitors to ensure quarterly IPOS service reviews are complete. Monitors to ensure Pre-Plan and IPOS are uploaded into MH-WIN within 7 days of completion.

VI. IPOS CASE HOLDER PROVIDER:

1. Completes Intake
2. Completes all required intake functions Fee Determination, Welcoming Materials, Appeals, Grievances, etc.
3. IPOS Case Holder completes Intake & begins Person Centered Planning Processes, works to finalize the IPOS.
4. Begins pre-planning process within 7 days of service initiation.
5. Develop IPOS within 30 days of MDHHS Approval,
   a. Includes coordination with ABA Provider to integrate goals, and include initial Amount, Scope, Frequency and Duration of ABA Services.
   b. Include linking family to other services deemed medically necessary (Respite, OT, SPL, etc.) and document accordingly. Provide family with overview of services identified in IPOS. Ensures and documents that services do not overlap with each other, including educational supports.
6. Provide family and ABA Provider with copy of IPOS within 15 days of plan completion.
7. Coordinate and communicate on a minimum of a monthly basis with ABA provider to ensure case is appropriately coordinated. Any changes to the IPOS made as needed.
8. Review the IPOS on a minimum of quarterly basis (90 days from previous review) and annual plan revised every 365 days.

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*IPOS must be modified to reflect change in needed within 14 days of identified change need

Revised – 11/10/16
9. Upload all Preplanning, IPOS, Addendums, and Service Reviews to the MH-WIN System under Scanned Documents within 7 days of completion.

10. Completes Demographic Form and Non-Emergent E-Form in MH-WIN

VII. ABA PROVIDER:

1. Reviews for Intake Appointments in the MH-WIN Calendar and receives authorization notice in MH-WIN.

   a. If Cognitive Assessment (Mullen, WPPSI-IV, DAS) and/or Adaptive Behavior Assessment (VABS-2) are needed to make Diagnosis Determination for specific case, provider to ensure clinical medical necessity is documented for each case.

3. Completes Demographic Form and Non-Emergent E-Form in MH-WIN

4. Informs family of results through feedback session (strongly recommend inclusion of IPOS Case Holder in feedback session)

5. Based upon Target Group:
   a. Autism or ASD:
      i. Submits authorization request in MH-WIN for ABLLS/VB-MAPP/AFLS Assessment.
      ii. Uploads ‘COMPRENSIVE DIAGNOSTIC EVALUATION & REEVALUATION FORM’ and completed ‘Psychological Testing Report’ to Scanned Documents MH-WIN within seven (7) days of evaluation completion.
   b. Non-Applicable (non-ASD):
      i. Provide due process/AAN and inform IPOS Case Holder Provider of recommendations for alternate services.
      ii. Uploads ‘COMPRENSIVE DIAGNOSTIC EVALUATION & REEVALUATION FORM’ and completed ‘Psychological Testing Report’ to Scanned Documents MH-WIN within seven (7) days of evaluation completion.

6. Add all consumers referred with updated applicable information to the DWMHA ASD Benefit Monthly Log.

7. Maintains monthly contact with IPOS Case Holder Agency to coordinate case and upload communication to MH-Win Scanned documents within 7 days of completion.

VIII. DWMHA:

1. Reviews the ‘COMPRENSIVE DIAGNOSTIC EVALUATION & REEVALUATION FORM’ and completed ‘Psychological Testing Report’ to ensure document is complete.

2. Verify that Demographic Form & Non-emergent E-Form is complete & that all required documents are uploaded to MH-WIN.
   a. If information is incomplete, contact provider to gather additional information and log discrepancy for quality monitoring.

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Revised – 11/10/16
3. Upload information on the ‘COMPRENSIVE DIAGNOSTIC EVALUATION & RREEVALUATION FORM’ to the WSA for MDHHS review and determination.

4. Receives decision notice from MDHHS:
   a. If Approved:
      i. Notify MCPN, IPOS Case Holder Provider, and ASD Benefit Provider of approval status via email, including initial approval level and approval date.
      ii. Approve ABLLS/VB-MAPP/AFLS Assessment Authorization for completion.
   b. If Denied: Update Program Assignment to show Ineligible.

5. Monitors process for quality assurance and performance improvement.

IX. ABA PROVIDER:

1. If MDHHS approved, Schedule and administer one ABLLS/VB-MAPP/AFLS Assessment within 14-days of MDHHS Approval.

2. Complete ABA Treatment Plan within seven (7) days of ABA Assessment Completion.
   a. The plan must include approved ABA evidence-based interventions as identified in the National Standards Project.
   b. The submitted plan must include completed ABLLS/VBMAPP/AFLS Chart/Grid with goals/objectives aimed towards deficit areas and/or areas identified as a need/desire by family in PCP processes.
   c. The Behavior Technician must be trained on the individual’s plan of service (IPOS), including the ABA Treatment Plan. This training must be provided and documented each time the IPOS and/or ABA Treatment Plan is modified.
   d. Transition and discharge planning must start and be documented in the ASD Plan at the time of intake.

3. Integrate the ABLLS/VBMAPP/AFLS Assessment and ABA Plan into the IPOS in collaboration with Supports Coordinator/IPOS Case Holder.

4. Maintains monthly contact with IPOS Case Holder Agency to coordinate case and upload communication to MH-Win Scanned documents within 7 days of completion.

5. Request authorizations for on-going ABA Services (ABA Direct, Direction/Observation, Family Training) based upon identified need as identified by the ABA Assessment, IPOS, and family agreement.

6. Upload completed ABA ABLLS/VBMAPP/AFLS Assessment, Chart/Grid and ABA Treatment Plan to MH-WIN within 7 days of completion. ABLLS/VBMAPP/AFLS Grid must differentiate the assessments from each other either by color or pattern.

X. DWMHA:

1. Review Authorization Request, including scanned IPOS, ABA ABLLS/VBMAPP/AFLS Assessment and ABA Plan, and ABLLS/VBMAPP Chart. Ensure that all requested services are outlined in the plan and include identified ABA evidence-based practice interventions, and there is documented clinical medical necessity for services. Make appropriate authorization determination.

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2. Upload the approved IPOS to the WSA, including adding form with all applicable information (Dtes, Behaviorist, etc).

**XI. ABA PROVIDER:**

1. Begin ABA Direct, Direction/Observation/Parent Training services upon authorization approval from DWMHA. Continue with ABA Services as indicated in plan, as continue to meet medical necessity, as continue to meet eligibility criteria, as agreed-upon by family, and as authorized by DWMHA.

2. Provide quarterly treatment updates with progress for each goal/objective to the IPOS Case Holder no later than 14-days prior to the quarterly review due date (90 days from previous review).

3. Complete ABLLS/VBMAPP/AFLS Assessment every 6-months for all cases in the ABA Waiver and upload scanned documents to MH-WIN within 7 days of completion.

4. Maintain monthly contact with IPOS Case Holder Agency to coordinate case and upload communication to MH-Win Scanned documents within 7 days of completion.

5. Complete Eligibility Reevaluation ADOS-2/DDCGAS PRIOR to child reaching 365 day anniversary of previous MDHHS Approval. If re-determination is not completed within 365, any days after 365 days and the date of re-determination evaluation are NOT covered by DWMHA due to not having active MDHHS ASD Benefit approval. Uploads ‘COMPREHENSIVE DIAGNOSTIC EVALUATION & REEVALUATION FORM’ and completed ‘Psychological Testing Report’ to Scanned Documents MH-WIN within seven (7) days of evaluation completion.

6. Update the WSA Service Plan form with the applicable Behaviorist and Behaviorist Credential if there is a caseload change during treatment period.

7. Complete and submit DWMHA ASD Benefit Monthly Log by the 15th of each month, including program updates, case transfers, discharges, and re-evaluations. ASD Benefit Case Transfer Form must also be complete and uploaded to MH-WIN for each case transfer in order to process.

**XII. DWMHA:**

1. Enter the Annual Re-evaluation Data into the WSA for MDHHS Review and Approval.

2. Review Authorization Request, including scanned IPOS, ABA ABLLS/VBMAPP/AFLS Assessment and ABA Treatment Plan, and ABLLS/VBMAPP Chart. Ensure that all requested services are outlined in the plan and include identified ABA evidence-based practice interventions, and there is documented clinical medical necessity for services. Make appropriate authorization determination.

3. Upload the approved updated IPOS to the WSA when there is a new authorization request for ABA Direct Services, including adding form with all applicable information.