Detroit Wayne Mental Health Authority

MEDICAID AUTISM APPLIED BEHAVIOR ANALYSIS BENEFIT

1. Access Center Receives Referral for ABA Services:
   A. Verifies eligibility criteria (Medicaid, Age, County of Residence)
   B. Completes Intake Screening, including applicable ASD Screening Tool (MCHAT-R or SCQ)
   C. Schedules (1) CRSP Appointment (if new consumer) & (1) ASD Intake Appointment within 14 days based on family choice of available appointments in MH-WIN calendar

2a. CRSP Provider Receives Referral from Access Center:
   A. CRSP Provider completes intake assessment
   B. CRSP begins the Person-Centered Planning Process and works with family to identify support and treatment needs

2b. ASD Provider Receives Referral from Access Center:
   A. Evaluator completes ADOS-2, ADIR, DD-CGAS and completes evaluation report with identified diagnosis & treatment recommendations and reviews the findings with the Parent/Guardian
   B. Provider uploads ASD Diagnosis Evaluation Form & Report to MH-WIN & requests authorization for ABA Assessment

3a. DWMHA Receives Authorization Request:
   A. Reviews consumer case documents & submits application to MDHHS in the WSA
   B. Approves ABA Assessment if child is approved for the ASD Benefit
   C. Notifies MCPN, ASD Benefit Provider and IPOS Provider of approval status

3b. MDHHS Receives ASD Application:
   A. MDHHS reviews application with Medical Necessity Criteria
   B. MDHHS makes decision on ABA Benefit Initial Enrollment and re-evaluation in the WSA

4a. ASD Provider:
   A. Completes ABA Assessment and Treatment Plan within 21 days of case approval & every 180-days thereafter
   B. Recommends amount, scope, duration, and frequency of ABA Services for treatment based on medical necessity and family ability to participate
   C. Coordinates with CRSP to include ABA Service amount/scope/duration/frequency, goals, and objectives into IPOS
   D. Communicates with CRSP on a monthly basis, identify ABA treatment modifications when required; Completes quarterly reviews 14 – days prior to IPOS quarterly review due date
   E. Begins ABA Direct Service within 45 days of MDHHS approval
   F. Completes re-evaluation (ADOS-2/DD-CG:6S) within 365 days of previous MDHHS Approval
   G. Sends due process anytime there is a reduction, suspension, or termination of ABA

4b. CRSP Provider:
   A. Completes IPOS with ABA Service amount/scope/duration/frequency, goals, and objectives into IPOS within 30 days of MDHHS approval.
   B. Complete quarterly service plan reviews every 90-days from previous review
   C. Communicates with ASD provider on monthly basis to identify progress and any additional needs for the family
   D. Addend IPOS amount/scope/duration/frequency within 14-days of family/ASD provider identified need for change

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