

Children and Adults with Autism Spectrum Disorder Program: Expansion and Telepractice

Michigan Department of Health and Human
Services (MDHHS)

June 15, 2016



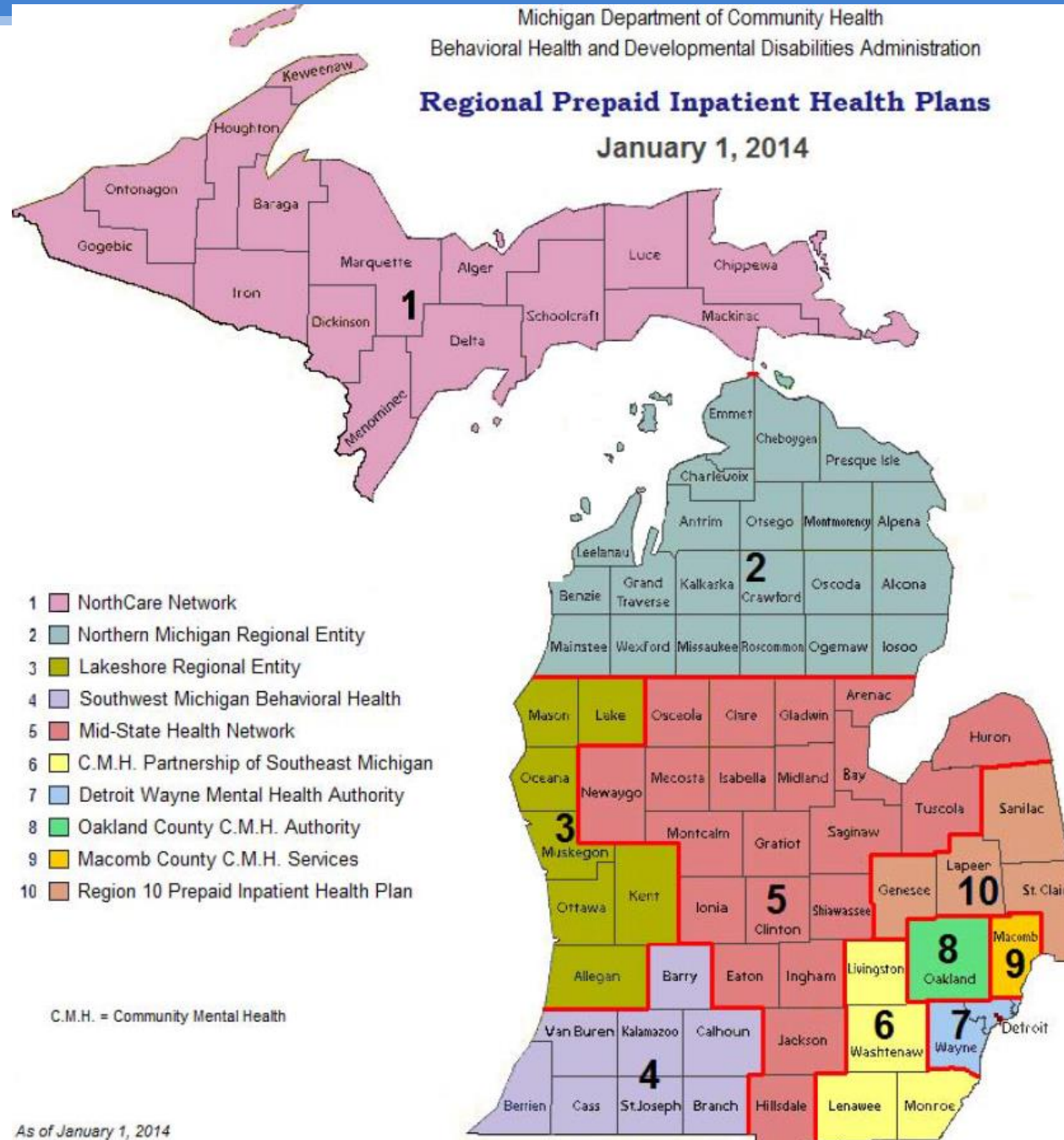
Presenters

- Linda Fletcher
 - Autism Medical Services Specialist
- Lisa Grost
 - Manager, Children and Adult's with Autism Program

Michigan Department of Community Health
Behavioral Health and Developmental Disabilities Administration

Regional Prepaid Inpatient Health Plans

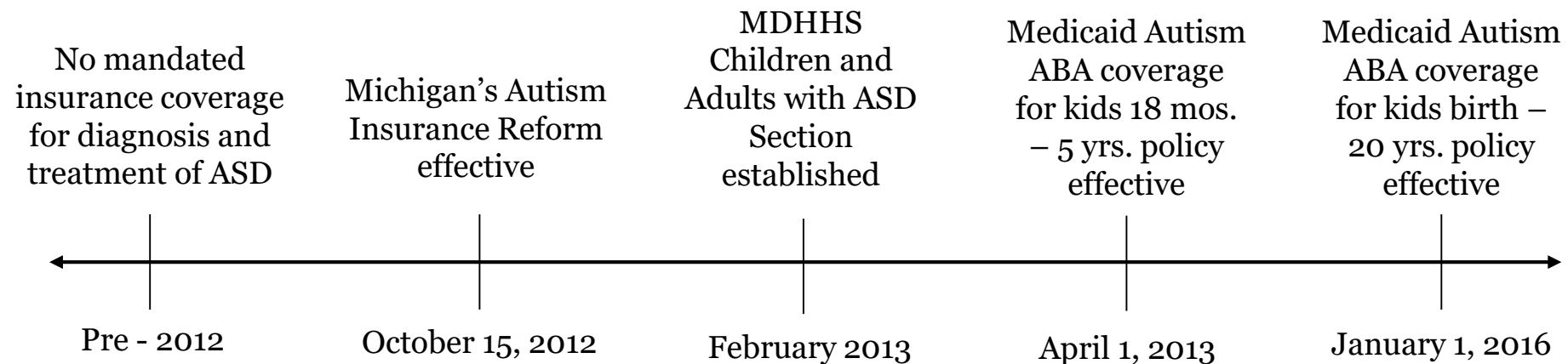
January 1, 2014



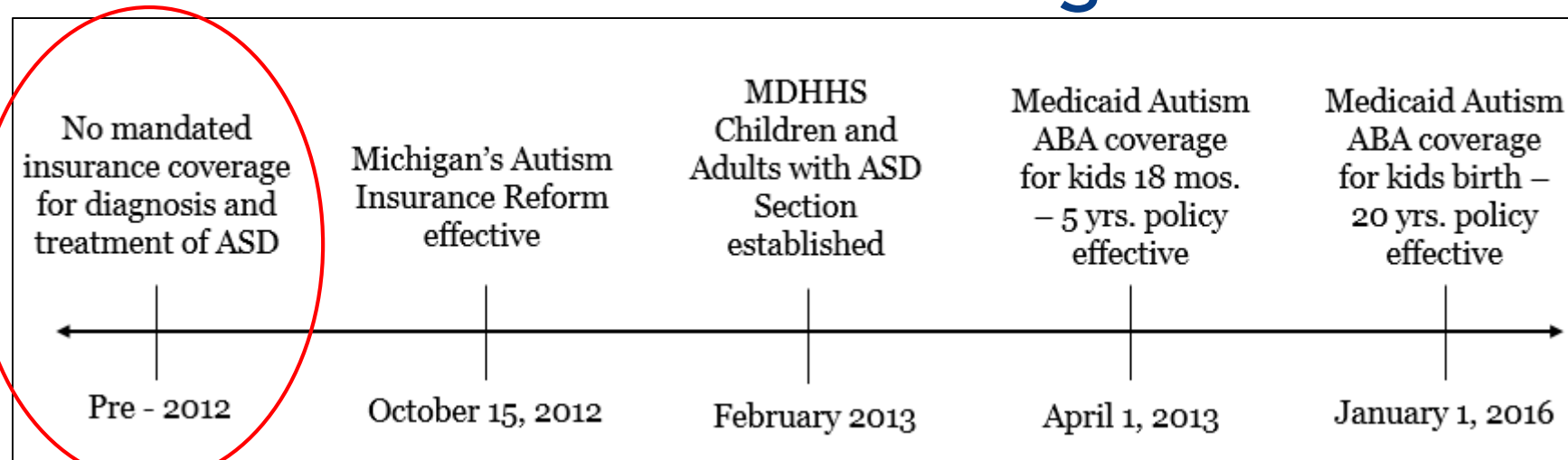
As of January 1, 2014



Children and Adults with ASD Section Michigan Department of Health and Human Services



Private Insurance - Pre 2012 Autism Legislation



- Challenging to obtain insurance approval for services to assist individuals with autism.
- Physicians struggled with recommendations for treatment because of the lack of insurance benefits and resources to assist families.
- Applied Behavior Analysis was an unknown service and/or not an option for many families.

Children and Adults with Autism Program

- **18,746** (9.1% of all school IEPs) **students** in Michigan public schools with ASD eligibility for services. (2015-2016 school year)
- A total of **2482 children** (June 10, 2016) are currently receiving autism services, Applied Behavioral Analysis (ABA). **984** are over the age of 6 (39.6% of total enrollment)

Telepractice

- Telepractice may be utilized for:
 1. Behavioral Observation and Direction
 2. Family Training
- Prior authorization required by MDHHS

Elements Required for Telepractice

- Individualized Person Centered Plan (IPOS) that includes goal(s) and objective(s) for **Telepractice** related to Family Training and/or Observation and Direction of ABA services and submitted
- Family consent for **Telepractice** is obtained through IPOS process or IPOS amendment process
- Live video conferencing between the patient site and qualified provider site
- HIPAA compliant equipment and encrypted software

Elements Required for Telepractice

- Trained **Telepractice** facilitator at the patient site may be a family member or the Behavioral Technician (BT) or other qualified provider in the home
- Billing requires the use of the GT modifier with **Telepractice** codes
- Documentation (e.g. case notes) of service provided via **Telepractice** must include the notation of the use of **Telepractice** for this encounter

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Telepractice Success


- 36 approved (since March 22, 2016)
- Goals aligned
 - Specific Applied Behavior Analysis (ABA) and Mastery Criteria
 - Amount, scope, and duration

Telepractice Barrier


- Process for prior authorization
- Focus on process of documentation
- Separate tab for Telepractice




www.michigan.gov/autism





April is
Autism
Awareness
Month



[About Autism Spectrum Disorder \(ASD\)](#)

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[Medicaid Autism BHT/ABA Services](#)

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[Autism Insurance Legislation](#)

[Michigan ASD State Plan](#)

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AUTISM INSURANCE REFORM / MEDICAID & MICHILD AUTISM BENEFIT

Medicaid Autism Behavioral Health Treatment/Applied Behavior Analysis Services

Coverage of Behavioral Health Treatment (BHT) services, including Applied Behavior Analysis (ABA), is provided for Medicaid eligible children under 21 years of age who are diagnosed with Autism Spectrum Disorder (ASD) and who meet medical necessity criteria. BHT/ABA is a Medicaid covered service under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit.

Applied Behavior Analysis (ABA) is a recommended service for children with Autism Spectrum Disorder. It has been researched for over 30 years and endorsed by the Surgeon General. ABA services can be used to address skills and behaviors relevant to children with Autism Spectrum Disorder. ABA services commonly address areas including, but not limited to, the following:

- Language skills
- Social skills
- Communication skills
- Following instructions
- Peer interactions
- Following daily routines
- Self-help and daily living skills
- Behavior challenges

The following are the necessary steps required to determine eligibility and appropriate intensity for BHT/ABA services:

Step 1: Screening
Screening for ASD typically occurs during an EPSDT well-child visit with the child's primary care provider (PCP), but anyone can refer a child for concerns of the child showing early signs of ASD. The validated and standardized screening tool used may be completed by the parent and reviewed and verified by the practitioner. A full medical and physical examination must be performed before the child is referred for further evaluation.

Step 2: Referral
The PCP who screened the child for ASD and determined a referral for further evaluation was necessary will contact the Prepaid Inpatient Health Plan (PIHP) directly to arrange for a follow-up evaluation. The PIHP will contact the child's parent(s)/guardian(s) to arrange a follow-up appointment for a comprehensive diagnostic evaluation, behavioral assessment, BHT/ABA services, and for the related EPSDT medically necessary Mental Health Specialty Services.

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AUTISM INSURANCE REFORM / MEDICAID & MICHILD AUTISM BENEFIT / AUTISM BENEFIT MAP



Medicaid Autism Local Resources

If there is a concern a child is showing signs of Autism Spectrum Disorder and he/she is covered by Medicaid, please contact your primary care provider or your Community Mental Health Service Program (CMHSP) for assistance.

Click on a county for information on the local Autism coordinator.



Telepractice Codes

- Family Training
 - S5111/0370T
- Observation and Direction
 - S5108/0368T+0369T

Questions and Thank you!

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- Lisa Grost, grostl@Michigan.gov