POLICY TITLE:	AUTISM SERVICES	POLICY # 13.6	REVIEW DATES	
Topic Area:	SERVICE DELIVERY		1/15/15	7/23/20
Applies to:	Lakeshore Regional Entity, Member CMHSPs and Network Providers	**ISSUED BY:** Chief Executive Officer	5/19/22	5/5/23
Developed and Maintained by:	CEO and Designee	**APPROVED BY:** Board of Directors		
Supersedes:	N/A	**Effective Date:** November 1, 2014	**Revised Date:** 5/19/22	

I. PURPOSE

To ensure LRE and its Provider Network comply with the requirements for the coverage of Behavioral Health Treatment (BHT) services, including Applied Behavior Analysis (ABA), for children under 21 years of age with Autism Spectrum Disorder (ASD) under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit.

II. POLICY

Lakeshore Regional Entity (LRE) Staff and the LRE Provider Network shall fully comply with the requirements set forth in the EPSDT (should we define this) benefit and the Michigan Medicaid Manual. This includes, but is not limited to:

Screening

The American Academy of Pediatrics (AAP) endorses early identification of developmental disorders as being essential to the well-being of children and their families. Early identification of developmental disorders through screening by health care professionals should lead to further evaluation, diagnosis, and treatment. Early identification of a developmental disorder's underlying etiology may affect the medical treatment of the child and the parent's/guardian's intervention planning. Screening for ASD typically occurs during an EPSDT well child visit with the child's primary care provider (PCP). EPSDT well child visits may include a review of the child's overall medical and physical health, hearing, speech, vision, behavioral and developmental status, and screening for ASD with a validated and standardized screening tool. The EPSDT well child evaluation is also designed to rule out medical or behavioral conditions other than ASD and include those conditions that may have behavioral implications and/or may co-occur with ASD. A full medical and physical examination must be performed before the child is referred for further evaluation.

Referral

The PCP who screened the child for ASD and determined a referral for further evaluation was necessary will contact the Pre-paid Inpatient Health Plan (PIHP) directly to arrange for a follow-up evaluation. The PCP must refer the child to the PIHP in the geographic service

area for Medicaid beneficiaries. The PIHP will contact the child's parent(s)/guardian(s) to arrange a follow-up appointment for a comprehensive diagnostic evaluation and behavioral assessment. Each PIHP will identify a specific point of access for children who have been screened and are being referred for a diagnostic evaluation and behavioral assessment of ASD. If the PCP determines the child who screened positive for ASD is in need of occupational, physical, or speech therapy, the PCP will refer the child directly for the service(s) needed.

After a beneficiary is screened and the PCP determines a referral is necessary for a follow-up visit, the PIHP is responsible for the comprehensive diagnostic evaluation, behavioral assessment, BHT services (including ABA) for eligible Medicaid beneficiaries, and for the related EPSDT medically necessary Mental Health Specialty Services. Occupational therapy, physical therapy, and speech therapy for children with ASD who do not meet the eligibility requirements for developmental disabilities by the PIHP are covered by the Medicaid Health Plan or by Medicaid Fee-for-Service.

While screening for ASD typically occurs during an EPSDT well-child visit with the child's PCP, there is no “wrong door” for a referral for further evaluation of the child. PCP’s are responsible for screening the child for ASD and for providing a full medical and physical examination to rule out other medical or behavioral conditions other than ASD. If a beneficiary is self-referred, or is without a PCP, and contacts the PIHP/CMHSP regarding the need for ASD services, the PIHP/CMH may initiate the eligibility process for services while also 2 making an appropriate referral to the PCP for a further screening and medical/physical examination as needed. Documentation of referrals by the CMHSP should be recorded in the individual’s file.

<u>Comprehensive Diagnostic Evaluations</u>

Accurate and early diagnosis of ASD is critical in ensuring appropriate intervention and positive outcomes. The comprehensive diagnostic evaluation must be performed before the child receives BHT services. The comprehensive diagnostic evaluation is a neurodevelopmental review of cognitive, behavioral, emotional, adaptive, and social functioning, and should include validated evaluation tools. Based on the evaluation, the practitioner determines the child's diagnosis, recommends general ASD treatment interventions, and refers the child for a behavior assessment which is provided or supervised by a BCBA to recommend more specific ASD treatment interventions. The diagnostic evaluations are performed by a qualified licensed practitioner working within their scope of practice and who is qualified and experienced in diagnosing ASD. A qualified licensed practitioner includes:

- a physician with a specialty in psychiatry or neurology;
- a physician with a subspecialty in developmental pediatrics, developmental-behavioral pediatrics, or a related discipline;
- a physician with a specialty in pediatrics or other appropriate specialty with training, experience, or expertise in ASD and/or behavioral health;
- a psychologist;

- an advanced practice registered nurse with training, experience, or expertise in ASD and/or behavioral health;
- a physician assistant with training, experience, or expertise in ASD and/or behavioral health; or
- a clinical social worker, working within their scope of practice, and is qualified and experienced in diagnosing ASD

The determination of a diagnosis by a qualified licensed practitioner is accomplished by direct observation and utilizing the Autism Diagnostic Observation Schedule-Second Edition (ADOS-2), and by administering a comprehensive clinical interview including a developmental symptom history (medical, behavioral, and social history) such as the Autism Diagnostic Interview-Revised (ADI-R) or clinical equivalent. In addition, a qualified licensed practitioner will rate symptom severity with the Developmental Disabilities Children's Global Assessment Scale (DD-CGAS). Other tools should be used when a clinician feels it is necessary to determine a diagnosis and medical necessity service recommendations. Other tools include:

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

<u>Medical Necessity</u>

Medical necessity and recommendation for BHT services are determined by a physician or other licensed practitioner working within their scope of practice under state law. Comprehensive diagnostic re-evaluations are required no more than once every three years, unless determined medically necessary more frequently by a physician or other licensed practitioner working within their scope of practice. The recommended frequency should be based on the child's age and developmental level, the presence of comorbid disorders or complex medical conditions, the severity level of the child's ASD symptoms and adaptive behavior deficits through a person-centered, family-driven youth-guided process involving the child, family, and treating behavioral health care providers.

A. The child currently demonstrates substantial functional impairment in social communication and social interaction across multiple contexts, and is manifested by all of the following:
    1. Deficits in social-emotional reciprocity ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation, to reduced sharing of interests, emotions, or affect, to failure to initiate or respond to social interactions.

2. Deficits in nonverbal communicative behaviors used for social interaction ranging, for example, from poorly integrated verbal and nonverbal communication to abnormalities in eye contact and body language or deficits in understanding and use of gestures, to a total lack of facial expressions and nonverbal communication.
3. Deficits in developing, maintaining, and understanding relationships ranging, for example, from difficulties adjusting behavior to suit various social contexts, to difficulties in sharing imaginative play or in making friends, to absence of interest in peers.

B. The child currently demonstrates substantial restricted, repetitive, and stereotyped patterns of behavior, interests, and activities, as manifested by at least two of the following:
1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, and/or idiosyncratic phrases).
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, and/or need to take same route or eat the same food every day).
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects and/or excessively circumscribed or perseverative interest).
4. Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, and/or visual fascination with lights or movement).

<u>Determination of Eligibility for BHT</u>

The following is the process for determining eligibility for BHT services for a child with a confirmed diagnosis of ASD. Eligibility determination and recommendation for BHT must be performed by a qualified licensed practitioner through direct observation utilizing the ADOS-2 and symptom rating using the DD-CGAS. BHT services are available for children under 21 years of age with a diagnosis of ASD from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), and who have the developmental capacity to clinically participate in the available interventions covered by BHT services. A well-established DSM-IV diagnosis of Autistic Disorder, Asperger's Disorder or PDD-NOS should be given the diagnosis of ASD. Children who have marked deficits in social communication but whose symptoms do not otherwise meet criteria for ASD should be evaluated for social (pragmatic) communication disorder.

The following criteria must be met:

- Child is under 21 years of age.
- Child received a diagnosis of ASD from a qualified licensed practitioner utilizing valid evaluation tools.

- Child is medically able to benefit from the BHT treatment.
- Treatment outcomes are expected to develop, maintain, or restore, to the maximum extent possible, the functioning of a child with ASD. Measurable variables may include increased social-communication skills, increased interactive play/age-appropriate leisure skills, increased reciprocal and functional 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., Individualized Education Plan/Individualized Family Service Plan [IEP/IFSP], Individual Plan of Service [IPOS], etc.).
- Services are able to be provided in the child'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.
- Medical necessity and recommendations for BHT services is determined by a qualified licensed practitioner recommends BHT services, and the services are medically necessary for the child.
- Services must be based on the individual child and the parent's/guardian's needs and must consider the child's age, school attendance requirements, and other daily activities as documented in the IPOS. Families of minor children are expected to provide a minimum of eight hours of care per day on average throughout the month.

Prior Authorization

BHT services are authorized for a time period not to exceed 365 days. The 365-day authorization period for services may be re-authorized annually based on recommendation of medical necessity by a qualified licensed practitioner working within their scope of practice under state law.

Transition and Discharge Criteria

The desired BHT goals and outcomes for discharge should be specified at the initiation of services, monitored throughout the duration of service implementation, and refined through the behavioral service level evaluation process. Transition and discharge from all BHT services should generally involve a gradual step-down model and require careful planning. Transition and discharge planning from BHT services should include transition goal(s) within the behavioral plan of care or plan, or written plan, that specifies details of monitoring and follow-up as is appropriate for the individual and the family or authorized representative(s) utilizing

the PCP process. The child has achieved treatment goals and less intensive modes of services are medically necessary and appropriate.

Discharge from BHT services should be reviewed and evaluated by a qualified BHT professional for children who meet any of the following criteria:

- The individual has achieved treatment goals, and less intensive modes of services are medically necessary and/or appropriate.
- The individual is either no longer eligible for Medicaid or is no longer a State of Michigan resident.
- The individual, family, or authorized representative(s) is interested in discontinuing services.
- The individual 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 the successive authorization periods.
- Targeted behaviors and symptoms are becoming persistently worse with BHT treatment over time or with successive authorizations.
- The services are no longer medically necessary, as evidenced by use of valid evaluation tools administered by a qualified licensed practitioner.
- The provider and/or individual/family/authorized representative(s) are unable to reconcile important issues in treatment planning and service delivery to a degree that compromises the potential effectiveness and outcome of the BHT service.

BHT Services

A. Behavioral Assessment
   A developmentally appropriate applied behavior analysis (ABA) assessment process must identify strengths and weaknesses across domains and potential barriers to progress. The information from this process is the basis for developing the individualized behavioral plan of care with the individual, family, and treatment planning team. Behavioral assessments can include direct observational assessment, record review, rating scales, data collection, functional or adaptive assessments, structured interviews, and analysis by a qualified behavioral health professional (QBHP). Behavioral assessment tools must describe specific levels of behavior at baseline to inform the individual's response to treatment through ongoing collection, quantification, and analysis of the individual's data on all goals as monitored by a QBHP.

B. Behavioral Intervention
   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 intervention services include, but are not limited to, the following categories of evidence-based interventions:

- Collecting information systematically regarding behaviors, environments, and task demands (e.g., shaping, demand fading, task analysis);
- Adapting environments to promote positive behaviors and learning while discouraging negative behaviors (e.g., naturalistic intervention, antecedent based intervention, visual supports, stimulus fading);
- Applying reinforcement to change behaviors and promote learning (e.g., reinforcement, differential reinforcement of alternative behaviors, extinction);
- 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);
- Teaching parents/guardians to provide individualized interventions for their child for the benefit of the child (e.g., parent/guardian implemented/mediated intervention);
- 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
- Applying technological tools to change behaviors and teach skills (e.g., video modeling, tablet-based learning software).

In addition to the above listed categories of interventions, covered BHT treatment services may also include any other intervention supported by credible scientific and/or clinical evidence, as appropriate for each individual. Based on the behavioral plan of care which is adjusted over time based on data collected by the qualified provider to maximize the effectiveness of BHT treatment services, the provider selects and adapts one or more of these services, as appropriate for each individual.

C. Behavioral Observation and Direction

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.

D. Telemedicine for BHT Services

Refer to the Behavioral Health Telemedicine Services reporting requirements database for appropriate or allowed telemedicine services that may be covered by Medicaid. Telemedicine is the use of telecommunications and information technologies for the exchange of encrypted patient data for the provision of services (e.g., access to travel to needed medical services maybe prohibitive.) Telemedicine must be obtained through real-time interaction between the individual's physical location (patient site) and the provider's physical location (provider site). Telemedicine services are provided to patience through hardwire or internet connection. It is the expectation that providers, facilitators, and staff involved in telemedicine are trained in the use of equipment and software prior to servicing patients, and services provided via telemedicine are provided as part of an array of comprehensive services that include in-person visits and assessments with the primary supervising BHT provider. The provider of the telemedicine service is only able to monitor one child/family at a time.

The individual's site may be located within a center, clinic, at the individual's home, or any other established site deemed appropriate by the provider. The room must be free from distractions that would interfere with a telemedicine session. A facilitator must be trained in the use of the telemedicine technology and be physically present at the individual's site during the entire telemedicine session to assist the individual at the direction of the qualified provider of behavioral health services. The administration of telemedicine services is subject to the same provision of services that are provided to an individual person.

BHT Service Level

BHT services are available for Medicaid beneficiaries diagnosed with ASD and are provided for all levels of severity of ASD. The behavioral intervention should be provided at an appropriate level of intensity in an appropriate setting(s) within the individual's community for an appropriate period of time, depending on the needs of the individua land their family or authorized representative(s). Clinical determinations of service intensity, setting(s), and duration are designed to facilitate the individual'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 responsibilities of educational or other authorities. Each individual's IPOS must specify how identified supports and services will be provided as part of an overall, comprehensive set of supports and services that does not duplicate services that are the responsibility of another entity, such as a private insurance or other funding authority, and do not include special education and related services defined in the Individuals with Disabilities Education Act (IDEA) that are available to the individual through a local education agency. The recommended service level, setting(s), and duration will be included in the individual's IPOS, with the planning team and the family or authorized representative(s) reviewing the IPOS no less than annually and, if indicated, adjusting the service level and setting(s) to meet the individual's changing needs. The service level includes the number of hours of intervention provided to the individual. The service level determination will be based on research-based interventions integrated into the behavioral plan of care with input from the planning team.

Service intensity will vary with each individual and should reflect the goals of treatment, specific needs of the individual, and response to treatment. The PIHP's Utilization Management will authorize the level of services prior to the delivery of services.

- Focused Behavioral Intervention: Focused behavioral intervention is provided an average of 5-15 hours per week (actual hours needed are determined by the behavioral plan of care and interventions required).
- Comprehensive Behavioral Intervention: Comprehensive behavioral intervention is provided an average of 16-25 hours per week (actual hours needed are determined by the behavioral plan of care and interventions required).

BHT Service Evaluation

As part of the IPOS, there is a comprehensive, individualized behavioral plan of care that includes specific targeted behaviors, along with measurable, achievable, and realistic goals for improvement. BCBAs and other qualified providers develop, monitor, and implement the behavioral plan of care. These providers are responsible for effectively evaluating the child's response to treatment and skill acquisition. Ongoing determination of the level of service (minimally every six months) requires evidence of measurable and ongoing improvement in targeted behaviors that are demonstrated with the use of reliable and valid assessment instruments and other appropriate documentation of analysis (i.e., graphs, assessment reports, records of service, progress reports, etc.).

BHT Service Provider Qualifications

LRE and its Provider Network Management shall ensure credentialing of roles and responsibilities of qualified providers. BHT services are highly specialized services that require specific qualified providers that are available within PIHP/CMHSP provider networks and have extensive experience providing specialty mental health and behavioral health services. BHT services must be provided under the direction of a BCBA, another appropriately qualified LP or LLP, or a Master's prepared QBHP. These services must be provided directly to, or on behalf of, the child by training their parents/guardians, behavior technicians, and BCaBAs to deliver the behavioral interventions. The BCBA and other qualified providers are also responsible for communicating progress on goals to parents/guardians minimally every three to six months, clinical skill development and supervision of BCaBA, QBHP, and behavior technicians, and collaborating with support coordinators/case managers and the parents/guardians on goals and objectives with participation in development of the IPOS that includes the behavioral plan of care.

Board Certified Behavior Analyst-Doctorate (BCBA-D) or BCBA

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

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).

Education and Training: Minimum of a master's degree from an accredited institution conferred.

Licensed Psychologist (LP)
Must be certified as a BCBA by September 30, 2025

Services Provided: Behavioral assessment, behavioral intervention, and behavioral observation and direction.
License/Certification: LP means a doctoral level psychologist licensed by the State of Michigan. Must complete all coursework and experience requirements.
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 ABA specific 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.
3. Behavioral assessment and selecting interventions outcomes and strategies.
4. Experimental evaluation of interventions.
5. Measurement of behavior and developing and interpreting behavioral data.
6. Behavioral change procedures and systems supports.

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.

Limited License Psychologist (LLP)
Must be certified as a BCBA by September 30, 2025.

Services Provided: Behavioral assessment, behavioral intervention, and behavioral observation and direction.
License/Certification: LLP means a doctoral or master level psychologist licensed by the State of Michigan. Master's Limited Psychologist license is good for one two (2)-year period. Must complete all coursework and experience requirements.
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:

1. Ethical considerations.
2. Definitions and characteristics and principles, processes, and concepts of behavior.
3. Behavioral assessment and selecting interventions outcomes and strategies.
4. Experimental evaluation of interventions.
5. Measurement of behavior and developing and interpreting behavioral data.
6. Behavioral change procedures and systems supports.

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.

Board Certified Assistant Behavior Analyst (BCaBA)

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

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

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.

Other Standard: Works under the supervision of the BCBA

Qualified Behavioral Health Professional (QBHP)

Starting January 1, 2020, a QBHP must be certified within two years of successfully completing their ABA graduate coursework or by 9/30/2025 whichever is the shorter time period. (*Refer to MSA 20-58 as this standard has been temporarily suspended.)

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

License/Certification: Must be certified as a BCBA within two years of successfully completing ABA graduate coursework.

Education and Training: Must be a physician or licensed practitioner (e.g., Advanced Practice RN, Psychologist, Clinical Social Worker, Physician Assistant, etc.) with specialized training and one year of experience in the examination, evaluation, and treatment of children with ASD.

OR

Hold a minimum of a master's degree in a mental health-related field or a BACB approved degree category from an accredited institution who is trained and has one year of experience in the examination, evaluation, and treatment of children with ASD. Works within their scope of practice and have extensive knowledge and training in behavior analysis. Extensive knowledge is defined as having taken documented course work at the graduate level at an accredited university in at least three of the six following areas:

1. Ethical considerations.
2. Definitions & characteristics and principles, processes & concepts of behavior.
3. Behavioral assessment and selecting interventions outcomes and strategies.
4. Experimental evaluation of interventions.
5. Measurement of behavior and developing and interpreting behavioral data.
6. Behavioral change procedures and systems supports

Behavior Technician

Services Provided: Behavioral intervention. • License/Certification: A license or certification is not required.

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.

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.
Must be at least 18 years of age; able to practice universal precautions to protect against the transmission of communicable disease; able to communicate expressively and receptively in order to follow individual plan requirements and beneficiary-specific emergency procedures and to report on activities performed; 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). Must be able to perform and be certified in basic first aid procedures and is trained in the IPOS/behavioral plan of care utilizing the person-centered planning process.

LRE shall maintain evidence that the child meets needs based criteria for benefit eligibility as evidenced by the above evaluation and outcomes instruments. LRE is responsible for a utilization management function in order to ensure sufficient separation of functions and addresses:

1. Conflict of interest;
2. Service authorization;
3. Clinical service provision;
4. Oversight and approval of ABA services;
5. Number and percent of administrative hearings related to utilization management function issues (amount, scope, duration of service;)
6. ABA services during the quarter were within the suggested range for the intensity of service.

II. APPLICABILITY AND RESPONSIBILITY

This policy applies to LRE Operations, Member CMHSPs and the LRE Provider Network.

III. MONITORING AND REVIEW

This policy will be reviewed by the LRE CEO and designee on an annual basis.

IV. DEFINITIONS

ABA: Applied Behavior Analysis
ABLLS-R: Assessment of Basic Language and Learning Skills-Revised
ADI-R: Autism Diagnostic Interview-Revised
ADOS-2: Autism Diagnostic Observation Schedule-2
ASD: Autism Spectrum Disorder
BCBA: Board Certified Behavior Analyst
BCaBA: Board Certified Assistant Behavior Analyst
BHT: Behavioral Health Treatment
CMS: Centers for Medicare & Medicaid Services
DAS-II: Differential Ability Scales-II
EPSDT: Early Periodic Screening, Diagnosis and Treatment

IPOS: Individual Plan of Service
iSPA: 1915i State Plan Amendment
LP: Licensed Psychologist
LLP: Limited Licensed Psychologist
MDHHS: Michigan Department of Health and Human Services
Provider Network: The Community Mental Health Services Program (CMHSP) participants that hold a contract with Lakeshore Regional Entity.
QBHP: Qualified Behavioral Health Professional
VABS-2: Vineland Adaptive Behavior Scales-Second Edition
VB-MAPP: Verbal Behavior Milestones Assessment and Placement Program
WPPSI-III: Wechsler Preschool and Primary Scale of Intelligence-III
WPPSI-IV: Wechsler Preschool and Primary Scale of Intelligence-IV

V. RELATED POLICIES AND PROCEDURES

A. LRE Service Delivery Policies and Procedures
B. LRE Utilization Management Policies and Procedures
C. LRE Provider Network Policies and Procedures

VI. REFERENCES AND LEGAL AUTHORITY

A. MDHHS Medicaid Specialty Supports and Services Contract
B. Michigan Medicaid Manual
C. MSA 21-20

VII. CHANGE LOG

Date of Change	Description of Change	Responsible Party
5/19/22	Added Medicaid language and MSA 21-20 language	CEO and Designee
5/5/2023	Annual Review	CEO and Designee