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
			6/1/26	
Developed and Maintained by:	CEO and Designee	**APPROVED BY:** Board of Directors		
Supersedes:	N/A	**Effective Date:** November 1, 2014	**Revised Date:** 6/1/2026	

I. PURPOSE

A. To establish Lakeshore Regional Entity's (LRE) oversight and Utilization Management (UM) expectations for Medicaid-funded Autism Spectrum Disorder (ASD) services, including Behavioral Health Treatment (BHT) and Applied Behavior Analysis (ABA).

B. To ensure Member CMHSPs and network providers comply with applicable Michigan Department of Health and Human Services (MDHHS), Center for Medicaid/Medicare Services (CMS), Code of Federal Regulations (CFR), Early and Periodic Screening, Diagnostic and Treatment (EPSDT), and LRE Policies, Procedures and service delivery requirements.

II. POLICY

Lakeshore Regional Entity (LRE), as the Prepaid Inpatient Health Plan (PIHP), oversees and monitors service authorization, utilization management, and compliance activities related to Medicaid-funded ASD services delivered by Member CMHSPs and network providers. Member CMHSPs and network providers must comply with requirements as defined by the Michigan Medicaid Provider Manual, applicable CMS and CFR, EPSDT, the MDHHS/PIHP Master Contract, and all applicable MDHHS and LRE Autism/BHT service provision requirements.

III. APPLICABILITY AND RESPONSIBILITY

This policy applies to Lakeshore Regional Entity Member CMHSPs and Network Providers of ABA Services

IV. MONITORING AND REVIEW

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

V. DEFINITIONS

Network Provider: Any provider, group of providers, or entity that has a provider agreement with LRE and/or Member CMHSP that receives Medicaid funding directly or indirectly to order, refer or render covered services as a result.

VI. RELATED POLICIES AND PROCEDURES

- LRE Policy 4.4 – Credentialing and Recredentialing
- LRE Policy 7.0 – Quality Management
- LRE Policy 7.7 – CMHSP Member Monitoring
- LRE Policy 9.7 – Compliance Reviews and Investigations for Reporting
- LRE Policy 9.8 – Compliance Enforcement and Discipline

VII. REFERENCES AND LEGAL AUTHORITY

- Code of Federal Regulations
- MDHHS/PIHP Master Contract
- Michigan Medicaid Provider Manual
    - Behavioral Health and Intellectual And Developmental Disability Supports And Services - Section 18 – Behavioral Health Treatment Services/Applied Behavior Analysis
- MDHHS EPSDT Benefit
- LRE Autism Framework
- LRE Autism Parent Handbook

VIII. 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
6/1/2026	Revised policy to strengthen LRE monitoring and oversight language.	CEO and Designee