Medicaid/MIChild Autism Benefit

Objectives

- Understand the Medicaid/MIChild Autism Early Intervention benefit for children 18 months through 6th birthday
- Understand the process to access the Medicaid/MIChild Autism benefit
- Understand evaluation process for eligibility determination
- Understand the service delivery plan for children who access the Medicaid/MIChild benefit
- Learn the Macomb & Shiawassee County service delivery structure and how each have rolled-out the benefit
- Understand shared system goals and features for collaboration between schools and CMH agencies

Eligibility Criteria

- Became Effective April 1, 2013
- Medicaid / MIChild Insurance
- 18 months to 6th birthday
- Autism Spectrum Disorder Diagnosis (DSM-V)
- Have the developmental capacity to clinically participate in the interventions

*There are no capacity limits if child meets above eligibility criteria
Autism Benefit Service Delivery

1. Screening and Identification

- Screening occurs during a well-child visit with the child’s Pediatrician or through the CMH Access Point/Center

  - http://www.michigan.gov/autism
    - Under ‘Medicaid/MIChild Autism Benefit’
    - Click ‘Autism Benefit Map’

- Tools:
  - Modified Checklist for Autism in Toddler - Revised (MCHAT-R): 16 months to 30 months
  - Social Communication Questionnaire (SCQ): 4 years and up (mental age of 2 years)

- Positive screening is not a diagnosis

2. Evaluation and Diagnosis

   Evaluation is completed by trained and qualified professional evaluators

   - Two Components:
     - Observation with Child - Autism Diagnosis Observation Scale-2 (ADOS-2)
     - Intake Interview of Guardian - Recommended Tool is the Autism Diagnosis Interview Revised (ADI-R)

   Diagnosis is made by a Doctoral Level - Licensed Psychologist (PhD LP) or Psychiatrist (MD/DO)

   Results are sent to MDCH for review/determination of eligibility

   * Previously completed ADOS-2 or ADIR evaluations are accepted if completed within a year of referral by qualified individual

3. Person-Centered Plan Development

   - Intake Assessment is complete
   - Individual Plan of Service (IPOS) is developed and updated on a quarterly basis
   - Connect consumer to any services that may be medically necessary
Autism Benefit Service Delivery

3. Independent Assessment

Within the first quarter of treatment, a psychologist completes an evaluation to confirm level of care, which includes the following evaluations:

- WPPSI-IV, Mullen, or DAS Cognitive Evaluation
- Vineland-II Adaptive Behavioral Assessment (completed on annual basis for re-evaluation)

Applied Behavior Analysis Services

Socially Significant Concerns for Medicaid Population

- Inappropriate behaviors (tantrums, SIB, meltdowns, physical aggression, elopement)
- Lack of independence in ADLS
- Sleeping and feeding issues
- Lack of or poor communication
- Lack of natural supports
- Lack of or limited transportation
- Generations of mental illness, trauma and/or poor coping skills
- CPS involvement
- Lack of stable housing, finances, family structure
- Distrust in the systems they are involved in
What is ABA treatment for children diagnosed with autism?

• Evidence based treatment supported by research
• Treatment is approved by the American Academy of Pediatrics and the Surgeon General
• Begins with a comprehensive assessment that looks at all areas of functioning
• Deficit skills are broken down into individual steps and taught using positive reinforcement and/or other behavioral techniques (re-arranging antecedent conditions, schedules of reinforcement, shaping, fading, extinction etc.)
• Data is taken to ensure tx efficacy with tx monitored by a person with significant training in ABA (BCBA and BCaBA)

What is ABA treatment for children diagnosed with autism?

• Purpose is to change socially significant behaviors as identified by the family
• Areas targeted may include: ADLS, communication, inappropriate behaviors, pre-learner skills, language, play, socialization, daily routines, sibling play, family functioning, community integration, happiness
• Areas targeted must be descriptive and measureable

Initiation of ABA Treatment

Completion of a functional behavioral assessment
• Interview and observations are conducted to identify strengths, skill deficits and problem behaviors
• Completion of ABLLS-R, VB-MAPP or AFLS assessments
• ABLLS-R assessment provides a comprehensive review of various skills that typically developing children acquire prior to entering kindergarten.
• VB-MAPP assesses the child’s learning and language milestones, existing verbal and related skills, barriers to language acquisition and assists in the identification of whether a child is making meaningful progress within treatment.
• AFLS assessment is utilized to determine skill deficits in areas of basic living, home, community participation, school, vocational and independent living.
• Assessment process leads to development of goals which are incorporated into the Person Centered Plan.
• Training on the ABA treatment Plan and behavioral principals is provided to staff and family members.
Medicaid Autism Waiver Service: EIBI

- Early Intensive Behavioral Intervention
- Tx is typically a minimum of 10-30 hours per week and provided in home or center
- Utilizes the principles of Applied Behavior Analysis
- Comprehensive as it focuses treatment across all affected developmental domains
- Treatment focus areas: communication, socialization, imitation, play, ADLS, group instruction, language, decreasing problem behaviors, feeding, bedtime routine, parent training, etc.

Medicaid Autism Waiver Service: ABI

- Applied Behavioral Intervention
- Tx is typically 5-15 hours per week and usually provided in the home
- Based on the principles of Applied Behavior Analysis
- Tx goals are based on an assessment which identifies deficits the child may have with tx focusing on only those specific deficits
- Ex: Toileting, problem behaviors, feeding, ADLS, communication, bedtime routine, socialization, peer play dates, parent training, group sports, compliance with medical and dental procedures, independence, safety and stranger awareness skills, etc.

Seven children receiving ABA services from CMH and educational services from SRES:
- 1 receives 15 hours of ABA in the center and 15 hours of ECDD classroom services per week
- 1 receives 6 hours of ABA in home and 15 hours of ECDD classroom services per week
- 1 child receives 15 hours of ABA in home and 4 hours of Early On services per week
- 1 child receives 5 hours of ABA in home and center and 12 hours of preschool services per week, no RESD involvement as she is in a typical preschool program
- 1 child receives 9 hours of ABA in home and 1 hour of Early On services but this family has requested a suspension of all services
- 1 child receives 9 hours of ABA in home and center and no school involvement
- 1 child receives 2 hours of Early On services and the ABA hours will start up in May
Implementation of ASD Medicaid Waiver Benefit in Shiawassee County

- All treatment goals are based on assessments and tailored specifically for each child and their family
- Treatment is provided directly with the child via implementation by trained behavioral technicians
- Treatment is provided to parents via direct teaching of behavioral principals by the BCBA and/or BCaBA
- Behavioral and communication techniques utilized are not only based on the skill level of the child but also on the family's ability to implement techniques consistently with ease
- Collection of data only on the various behavioral changes that are important to the family and the treatment team

ABA Treatment Goals

Socialization, Communication and Language goals
- Focus is on teaching pre-learner skills, DTT and incidental teaching, arts and crafts, table top activities, academic work, manding/requesting, gross or fine motor activities, group skills, self-management, generalization of mastered targets

Daily Routine and ADL goals
- Picture Activity Schedule are used in all environments to teach transition and organizational skills
- Focus is on toileting, washing hands, brushing teeth, clothing, fasteners, and preparation of meals
- Focus in home is on personal hygiene such as bathing, brushing teeth, chores, following household rules, bedtime and meal routines
- Training on the implementation of consistent parenting techniques
- Provide teaching on safety, stranger awareness skills and other community skills

Play and Leisure goals
- Focus is on open ended play skills, pretend play, leisure skill development, manding/requesting, clean up, joint attention, peer play dates, sibling play, socialization and opportunities for generalization of previously mastered targets

- Continuous assessment of parent's stress, provide support and treatment for the family when necessary
- SCCMHA provides extensive training to behavioral technicians to ensure efficacy of treatment
  - PowerPoint training on principles of ABA, observations of BCBA and BCaBA working with children, data collection, taping and critiquing own performance, review of data collected and problem solving in the moment
- SCCMHA monitors treatment to ensure correct implementation of behavior change procedures
  - 1 hour of supervision by the BCBA for every 10 hours of treatment
  - On site observations (center, home, community, school)
  - Review of video tape
  - Continuous analysis of treatment data and the data system
Implementation Discussion  
**Macomb CMH**

- **Macomb County Overview:**
  - Metro-Detroit County
  - 850,000 residents
  - Mix of suburban & rural
  - 12% of residents live below the poverty level
  - 50+ different languages and dialects identified as primary language of families in county
  - 1,500+ children classified as ASD in Macomb County Schools (0-26 years)
  - 21 School Districts in Macomb plus the Intermediate School District

*U.S. Census Bureau

---

Implementation Discussion  
**Macomb CMH**

- **MCCMH Autism Benefit Overview:**
  - 100 Positive M-CHAT/SCQs have been identified
  - 69 children have been found eligible for the benefit
  - 8 are pending diagnosis completion
  - 23 are not active*
  - 72 different Primary Care Physicians identified
  - Children in the benefit receive educational services from various different programs:
    - Early On,
    - Infant Preschool Program,
    - Center-based programs, and
    - local district programs.
  - Less than 10% of Autism Benefit consumers have not chosen to receive educational services

*Data from 1 year of implementation (4/1/13-4/1/14)

---

Implementation Discussion  
**Macomb CMH**

- MCCMH Provider Structure: 25% of MCCMH Services are Direct-Operated & 75% are contract agencies
  - Case Management Services:
    - One internally operated CMHSP Unit – Specialized Child and Family Services
    - 3 Case Managers are assigned solely to the Autism Benefit
    - Case Managers complete observations of service delivery
  - Diagnosis Evaluation Providers:
    - 2 agencies are on contract panel
    - Total of 4 MA Level Evaluators, 1 LP, and 1 MD
  - Cognitive Evaluation & Vineland-II Providers:
    - 2 agencies are on contract panel
    - Total of 2 Psychologist
**Implementation Discussion**

**Macomb CMH**

- **Applied Behavior Analysis Providers:**
  - 4 agencies are on contract panel (2 are clinic-based, 2 are home-based)
  - Total of 2 BCBA's, 5 MA Level Behaviorists, and numerous Behavior Technicians
  - All Behavior Technicians have specialized ABA Training and are trained on the specific child’s IPOS prior to delivering services, and on an ongoing basis; Must pass competency assessment prior to delivering service
  - All ABA providers provide functional assessments, behavior plans, parent training, ABA direct services, and ABA supervision based on individualized need
  - All Behavior Technicians are supervised 10% or more of the time they are providing direct ABA services by the Behaviorist Supervising the Case
  - Macomb PHP is reimbursing Bachelor Level Behavior Technicians at a higher rate than High School Level Technicians to encourage higher level of education for staff
  - Families are connected to other medically necessary services, which may include: OT, PT, SPL, Respite, etc.

- **Coordination with Community:**
  - All Primary Care Physicians were distributed materials on the Autism Benefit and the screening tools at the inception of the program
  - Public Health Nurses, the MISOs MIPP Assessment Teams, and Early On have received trainings on the Benefit and Screening Tools
  - MCCMH sits on and has presented to the START Lakeside Regional Collaborative in Macomb, the Pediatric Health Committee, Inter-Agency Health Services Committees and the Human Services Coordinating Body Committees
  - Presentations have been provided county-wide to various educational and community-based programs

- **Macomb School Collaboration Efforts:**
  - Focusing on obtaining releases and sharing assessments, evaluations, and plans and coordinating goals
  - Encouraging CMH & School invitations and shared attendance in the IEP and IPOS meetings

- **Observations**
  - CMH staff conducted numerous observations in the ECDD classroom as well as the preschool classroom
  - CMH staff conducted direct observation of Early On treatment for speech, OT and PT in the home
  - Early On staff conducted direct observations of ABA treatment in the homes

- **Site Visits**
  - Early On staff were given a tour of the CMH ABA treatment center in fall
  - ABA Supervisors visited all local doctor offices to provide resource materials and information on access to the waiver benefit via the Great Start Initiative

- **Attendance at meetings**
  - CMH attended IEPs for 2 children in ECDD classrooms
  - Early On representative attend the monthly CMH ABA treatment team meetings for each child enrolled in both programs
  - Early On Director and ABA Supervisors attend Shiawassee County Interagency Quarterly Meetings

---

**Coordination and Collaboration**

- **Observations**
  - CMH staff conducted numerous observations in the ECDD classroom as well as the preschool classroom
  - CMH staff conducted direct observation of Early On treatment for speech, OT and PT in the home
  - Early On staff conducted direct observations of ABA treatment in the homes

- **Site Visits**
  - Early On staff were given a tour of the CMH ABA treatment center in fall
  - ABA Supervisors visited all local doctor offices to provide resource materials and information on access to the waiver benefit via the Great Start Initiative

- **Attendance at meetings**
  - CMH attended IEPs for 2 children in ECDD classrooms
  - Early On representative attend the monthly CMH ABA treatment team meetings for each child enrolled in both programs
  - Early On Director and ABA Supervisors attend Shiawassee County Interagency Quarterly Meetings
Potential Problems in the area of Coordination and Collaboration

- Scheduling conflicts due to high caseloads, time constraints and agency hours
- Billing issues
- Territorial viewpoints across both agencies
- Confidentiality issues: Releases of information protocols are different in each agency
- Referrals not occurring frequently across both agencies because we are still in the process of developing an efficient process
- Difficulty securely sharing and storing electronic records, emails, videotape, and other media across various agencies
- Each agency has very different State Standards and Requirements for necessary paperwork, protocols and data collection which can be very overwhelming for the families
- Lack of shared common languages across disciplines

Recommendations for Improving Coordination of Services

- Learn each other’s languages and find commonalities of terms
- Make time to attend each discipline’s meetings so you know what goals each team is working on
- Develop ways to share treatment goals and ensure releases across agencies are adequate and meet each other’s needs
- Make time to grab coffee or get lunch together to build on the relationship
- Be patient with each other
- Always refer back to the ultimate goal “We are all here to help this child learn new skills and become an active member within his family and community”

Questions

- Brandy Kreisler
  - Supervisor of Applied Behavioral Science
  - bkreisler@shiacmh.org
  - (989) 723-0785
- Nicole Dwyer
  - MCCMH Autism Benefit Administrator
  - nicole.dwyer@mccmh.net
  - (586) 469-5780
"Coordinating School & CMH Services for Young Children with ASD"
Nicole Dwyer - Macomb CMH, and Brandy Kreisler - Shiawassee CMH

<table>
<thead>
<tr>
<th>INTENDED OUTCOMES</th>
<th>1 Not at all</th>
<th>2 Somewhat</th>
<th>3 Good</th>
<th>4 Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand the Medicaid/MICHI Child Autism Early Intervention benefit for children 18 months through 6th birthday.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understand the process to access the Medicaid/MICHI Child Autism benefit.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understand the service delivery plan for children who access the Medicaid/MICHI Child benefit.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understand shared system goals and features for collaboration between schools and CMH agencies.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RELEVANCE OF CONTENT</th>
<th>1 Not at all</th>
<th>2 Somewhat</th>
<th>3 Good</th>
<th>4 Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>This information made me think about the Medicaid/MICHI public insurance benefits in a new way.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can use this information in my everyday planning and work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>USEFULNESS OF MATERIALS</th>
<th>1 Not at all</th>
<th>2 Somewhat</th>
<th>3 Good</th>
<th>4 Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>The materials for this presentation were useful.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ONE MINUTE TAKEAWAY

List what jumped out at you today? How will this information help you think about your work?

OTHER COMMENTS / IDEAS / SUGGESTIONS: