

**Community
Mental Health**
FOR CENTRAL MICHIGAN

CMHCM Presentation

ABA Provider Quarterly Meeting

Key CMHCM Contacts

- Amanda Shanabrook in Provider Network: credentialing, CIGMMO training
- Karen Chapin: CIGMMO assignments, monthly reports
- ABATeam: referrals, auth requests
- Payables: billing questions



ABA in Schools? Not Yet

- MDHHS and MDE have been working on a “guidance document” that would allow ABA services to be provided in schools, but it is still in draft stage.
- Until new direction from the state, we must follow the Medicaid Provider Manual which says that Medicaid-funded ABA “are not intended to supplant responsibilities of educational or other authorities,” and that these services do not “duplicate services that are the responsibility of another entity, ... and do not include special education and related services.”
- If school and family agree, **through an IEP process**, that a reduced school day will be beneficial for the student the team could allow for ABA during the school day to work on specific goals that would allow a return to full day.
- Without a plan in the IEP Medicaid-funded ABA cannot be provided during typical school hours.



Medicaid as Secondary Insurance for ABA

- Family works with primary insurance for initial autism evaluation.
 - Evaluation needs to meet primary insurance criteria and should be completed by provider paneled by the insurance.
- Family works with primary insurance to find paneled ABA provider.
- If not already a CMHCM consumer, go through Same Day Access for intake
 - Family submits autism evaluation for CMHCM to review and process with the state.
 - Once enrolled in the state Autism Benefit CMHCM can authorize ABA services with requested provider if in-network.
 - Provider follows CMHCM contract as well as commercial insurance requirements.
 - Bill commercial insurance first, CMHCM secondary.

Reminder: Medicaid mandate of primary payor rules requires primary payor to pay before Medicaid funds are used. Only if family can provide evidence that the primary insurance does NOT cover autism evaluation and/or ABA services Medicaid can be used first.

ABA Program Process Updates -- Referrals

- Referrals are emailed from the ABA Team for consumer to be added to agency Wait List
- To reply **Respond All** to the email
 - If scheduling initial assessment soon give an estimated date of the assessment so auths can be added;
 - If adding to your Wait List initial auths will not be added until assessment is scheduled.
- Auths for assessment (32 units per auth) and parent training (4 units per month) will be added within 2 weeks of your acceptance of referral.



Process Updates – Parent Training

- Parent training should begin as soon as possible, following an assessment.
- Some families are working with CMHCM staff or other providers while waiting for an ABA provider to have staff to start consumer with a tech.
- Our staff work to help with the transition and do the initial IPOS training.
- If you have capacity to begin parent training with a consumer prior to assigning a tech let us know once you get the referral.



Program Reminders – Autism Assessment

- Autism Assessments need to be uploaded into the consumer chart and the entry needs to be signed by the providing clinician.
- They must be current (within the past six months) in order for auths to be added.
- Training needs to be done on the annual IPOS and the semi-annual ABA assessments and must be documented in the chart.
- Auth requests need to be emailed to ABATeam@cmhcm.org at least 2 weeks prior to requested start date.



- 1. Autism Assessment
- 2. [Send Copy To](#)
- 3. [Signatures](#)

1. Autism Assessment: Autism Assessment

Evaluation Type
 Initial Evaluation Second Evaluation Third Evaluation Fourth Evaluation
 Other:

Date of Evaluation Provider

[Use Current Date](#)

Evaluator

Evaluation Instruments

VB-MAPP (Verbal Behavioral - Milestone Assessment and Placement Program)
 ABLLS-R (Assessment of Basic Language and Learning Skills)
 AFLS (Assessment of Functional Living Skills)
 PEAK (Promoting the Emergence of Advanced Knowledge) Relational Training System
 Other, specify:

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Recommended Services

Applied Behavioral Analysis Therapy: hours per week
Supervision: hours per week
Family Training: hours per month
Ancillary Services:
 Speech Therapy Occupational Therapy Physical Therapy

Other Recommendations or Comments

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Attachments / Uploads

OR Drag and drop files here

index


1. Autism Assessment
2. [Send Copy To](#)
3. [Signatures](#)

1. Autism Assessment: Autism Assessment

Evaluation Type

Initial Evaluation Second Evaluation Third Evaluation Fourth Evaluation

Other:

Date of Evaluation  Provider [lookup](#)

[Use Current Date](#)

Evaluator

- **Evaluation Type** should either be “Initial Evaluation” or “Second Evaluation” if it’s any subsequent evaluations.
- Use “Other” for First Assessment of Transferred Case; or Parent Training Assessment.
- **Date** should be day evaluation was completed.
- **Evaluator** is the clinician who completed evaluation. This should also be the person signing on the 3rd page.

Recommended Services

Applied Behavioral Analysis Therapy: hours per week


Supervision: hours per week

Family Training: hours per month


Ancillary Services:

Speech Therapy Occupational Therapy Physical Therapy

Other Recommendations or Comments

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Attachments / Uploads

 Choose files OR Drag and drop files here

- **Recommended Services** should be the hours family has agreed to and will be authorized for this plan.
- **Other Recommendations** can include the ABA schedule and School schedule.
- **Attachments** is where the report is uploaded.

STEP 2 - Attachment Information

To identify the file that you are uploading, please complete the following information.

Attachment Type

- * Select an attachment type ▼
- * Select an attachment type
- Consumer Signatures
- Supporting Documentation
- Training Record

Attachment Date

[Use Current Date](#)

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- **Attachment Type:**
 - Supporting Documentation if Assessment/Treatment Plan Report.
 - Training Record if documentation of training staff on plan.
- **Comments section** should note if initial assessment or follow up.



Signature

Index

- 1. [Autism Assessment](#)
- 2. [Send Copy To](#)
- 3. **Signatures**

3. Autism Assessment: Signatures

Electronic Signatures

Instructions
When the form/document is completed, type in your password and click 'Sign and Save'. By entering your password you are electronically signing this form/document. Your signature represents your acceptance and approval of the records. Once signed, any future changes must be made via the 'Change Signed Document' option.

Staff Signature Required By [lookup](#)
182382 Mary Schrier BCBA, LBA, CMHP, QMH

Enter your password to sign

- **Staff Signature:**
 - On third page the clinician completing the assessment needs to sign.
 - If someone else is entering this information use the LOOKUP button to change the name to the clinician.
 - This will show up as an Unsigned Document for clinician to sign with password.

NOTE: A signed progress note is still needed for billing purposes.

Auths Prior to Services

- Prior to providing any services it is the provider's responsibility to make sure the auths are available and accurate.
- CMHCM cannot back date auths.
- If there is an error contact Mary Schrier, Karen Chapin and the case holder **BEFORE** providing services so it can be corrected.



QBHP Reminder

- On Sept. 30, 2025, the state will end the use of QBHPs (master's level clinicians who haven't yet passed the BCBA exam)

