

Medicaid Autism Services

(FY2020 Appropriation Act - Public Act 67 of 2019)

March 1, 2019

Sec. 960. (1) *From the funds appropriated in part 1 for autism services, the department shall continue to cover all Medicaid autism services to Medicaid enrollees eligible for the services that were covered on January 1, 2019.*

(2) *To restrain cost increases in the autism services line item, the department shall do all of the following:*

(a) *Develop and implement specific written guidance for standardization of Medicaid PIHPs and CMHSPs autism spectrum disorder administrative services, including, but not limited to, reporting requirements, coding, and reciprocity of credentialing and training between PIHPs and CMHSPs to reduce administrative duplication at the PIHP, CMHSP, and service provider levels.*

(b) *Develop and implement recommended autism diagnosis improvements as determined by the study required under section 458 of 2018 PA 618 to provide for fidelity reviews and secondary approvals of diagnostic and therapy recommendations for children receiving Medicaid who are evaluated for autism services. The department must consider the following when developing their recommendations:*

(i) *Requiring consultation with the client's diagnostician and CMHSP to approve the client's ongoing therapy every 6 months if the initial treatment would cost more than a monthly threshold amount to be specified by the department.*

(ii) *Limiting the authority to perform a diagnostic evaluation for Medicaid autism services to qualified licensed practitioners. Qualified licensed practitioners are limited to the following:*

(A) *A physician with a specialty in psychiatry or neurology.*

(B) *A physician with a subspecialty in developmental pediatrics, development-behavioral pediatrics, or a related discipline.*

(C) *A physician with a specialty in pediatrics or other appropriate specialty with training, experience, or expertise in autism spectrum disorders or behavioral health.*

(D) *A psychologist with a specialty in clinical child psychology, behavioral and cognitive psychology, or clinical neuropsychology, or other appropriate specialty with training, experience, or expertise in autism spectrum disorders or behavioral health.*

(E) *A clinical social worker working within his or her scope of practice who is qualified and experienced in diagnosing autism spectrum disorders.*

(F) *An advanced practice registered nurse with training, experience, or expertise in autism spectrum disorders or behavioral health.*

(G) *A physician assistant with training, experience, or expertise in autism spectrum disorders or behavioral health.*

(iii) *Requiring that diagnoses made by a clinical social worker must be approved by another qualified licensed practitioner who is not a clinical social worker.*

(iv) *Requiring that a client whose initial diagnosis was performed by a nurse practitioner or a clinical social worker and who requires at least 20 hours a week of therapy must go through a rediagnosis by a multidisciplinary team.*

(v) *Prohibiting CMHSPs from allowing specific providers to provide both diagnosis and treatment services to individual clients.*

(c) Coordinate with the department of insurance and financial services oversight for compliance with the Paul Wellstone and Pete Domenici mental health parity and addiction equity act of 2008, Public Law 110-343, as it relates to autism spectrum disorder services, to ensure appropriate cost sharing between public and private payers.

(3) By March 1 of the current fiscal year, the department shall identify a definition of administrative costs for the Medicaid autism benefit and report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office on what the definition of administrative costs for the Medicaid autism benefit is; total autism services spending broken down by PIHP, and CMHSP for the previous fiscal year and current fiscal year; and total administrative costs broken down by PIHP, CMHSP, and type of administrative cost for the previous fiscal year and current fiscal year.



Section 960(3) PA 67 of 2019

Summary:

As required under Section 960 of Public Act 67 of 2019, the Michigan Department of Health and Human Services (MDHHS) and Michigan Department of Insurance and Financial Services (DIFS) collaborated on Mental Health Parity and Addition Equity Act (MHPAEA) compliance and resources.

The MDHHS has reviewed the study required under Section 458 of 2018 PA 618 and discussed it with the 2020 Medicaid Autism Services Legislative Workgroup. The Workgroup convened according to Section 959 of Public Act 67 of 2019 in January 2020. The Workgroup report includes the 2019 Medicaid Autism Services Legislative report progress to date and the 2020 Workgroup recommendations are also included due to the similarities of content to Section 960(2). The Medicaid Autism Services' Fiscal Year (FY) 2020 Section 959 and 960 reports will be discussed with the Michigan Autism Council. The discussion will include items listed under 960(2)(b). The Council has 16 members appointed by the Governor to advise the MDHHS on Autism Services and report on the Michigan Autism State Plan.

The MDHHS and DIFS have discussed Mental Health Parity and Addition Equity Act (MHPAEA). DIFS did issue Order 14-017-M to clarify insurers may not convert annual dollar limits to non-quantitative limits such as visit limits, hourly limits or daily limits on any statutorily mandated treatment for Autism Spectrum Disorder (ASD). In addition to the information in this report, the Autism Council Insurance Committee will hold a meeting to discuss Mental Health Parity, data and resources to determine if DIFS should issue clarification on treatment for ASD.

The Autism Services payments to Prepaid Inpatient Health Plans (PIHP) and Community Mental Health Services Program (CMHSP) Counties are provided in a table for both FY 2019 and FY 2020 through January 2020. These are the capitated payments for services and administration provided to the agencies. The managed care administrative costs for Autism Services is the same rate for all administrative costs through the PIHP. There was an increase in administrative rates from 3.5 percent in 2019 to 4 percent in 2020 and this is reflective for all services, not solely the Autism services.

2019 Medicaid Autism Services Legislative Report Recommendation Progress to Date

The 2019 Medicaid Autism Services Legislative report included six recommendations, and the progress on each of them is included to show the commitment to this service.

- 1) Develop Michigan Medicaid ASD standard clinical practice guidelines for screening, diagnosis and treatment.
 - Michigan Medicaid ASD Screening, Evaluation and Treatment Recommendation Best Practice Guidelines were developed with a diverse workgroup membership and released October 2019.
 - Guidelines are located at: <https://www.michigan.gov/Autism/0,4848,7-294-73929---,00.html> (Michigan.gov/Autism under Resources).
- 2) Provide trainings on the ASD standard clinical practice guidelines for Medicaid service providers. Trainings completed:
 - Community Mental Health Association of Michigan Annual Conference, October 21, 2019.
 - MDHHS Autism Webinar, November 6, 2019.
 - MDHHS Waiver Conference, November 19, 2019.
- 3) Develop a statewide network for evaluators to consult and/or refer complex or non-routine evaluations when it is out of the scope of competence to another provider/clinic with expertise in ASD.
 - Discussed with PIHP Autism Coordinators, November 6, 2019.
 - PIHP Autism Coordinators updated their provider network in July 2019 and January 2020.
- 4) Provide diagnostic evaluation trainings focused on increasing competency of Medicaid clinicians and expanding their clinical treatment recommendations to all essential treatment services, including but not limited to parent training, speech-language pathology, occupational therapy, and/or Applied Behavior Analysis (ABA). MDHHS developed a training plan for FY 2020 with both webinars and trainings.

Training topics included:

- Managing Unclear Cases: When to Assess, How to Assess, and Recommendation Management
 - Not ASD: Management of Diagnosis and Recommendations for Children Who Do Not Meet ASD Criteria
 - Making ASD Re-evaluations Helpful for The Family
 - When The ADOS-2 Cannot Be Scored: ASD Evaluation with Sensory and Motoric Impairment
 - Common Errors in ASD Evaluation: Lessons Learned from Second Opinion Evaluations
 - ASD Comorbid and Differential Diagnosis (2 locations)
 - ASD Differential Diagnosis in Young Children-ASD, Developmental Disabilities (DD), Attention Deficit Hyperactivity Disorder (ADHD), Trauma, Language Disorder (2 locations)
 - Tools Usage and Data Integration in ASD Evaluations (2 locations)
 - ADOS-2 Boosters (5 locations)
- 5) Develop written guidance on standardization of Medicaid PIHP/CMHSPs ASD administration services, including and not limited to reporting requirements, coding, and reciprocity of credentialing and training between PIHP and CMHSPs, to reduce administrative duplication at the PIHP, CMHSP and service provider levels. This would assist agencies in being more cost efficient and increase the fidelity of services. No action to date.
- 6) Discuss with DIFS its oversight of compliance with the Federal Mental Health Parity and Addiction Equity Act as it relates to ASD services.
- DIFS has not received any Mental Health Parity Autism Services complaints since 2014 and has two website pages dedicated to Mental Health Parity and Addiction Equity Act. 1) https://www.michigan.gov/difs/0,5269,7-303-12902_35510_92612_92613_92614_92867-497022--00.html 2) https://www.michigan.gov/documents/difs/FIS-PUB_6030_MHPAEA_603147_7.pdf

FY 2020 Section 959 Medicaid Autism Services Legislative Workgroup Recommendations

- Modify the Michigan Medicaid Autism Services policy to require re-evaluations based on the clinical recommendation of the evaluator within a range of one to three years.
- Modify the Michigan Medicaid Autism Services policy to add telepractice as an option for evaluation supervision of Limited Licensed Psychologists and Temporary Limited Licensed Psychologists by a Licensed Psychologist.
- Provide trainings on the ASD standard clinical practice guidelines for Medicaid service providers.
- Disseminate and support the Michigan Medicaid ASD Screening, Evaluation and Treatment Recommendation Best Practice Guidelines.
- Provide ongoing statewide training for Medicaid ASD evaluators.
- Conduct 2020 audits of ASD services including the review of evaluation reports for documentation of thorough evaluations, treatment recommendations, qualified evaluators including appropriate supervision, and treatment plans aligning with the evaluation, supports coordinator documentation, family input and outside services documentation.

Compliance with the Mental Health Parity and Addition Equity Act of 2008, Public Law 110-343

The MDHHS and DIFS collaborate on MHPAEA compliance and resources. The Michigan Autism Council will have an Insurance Committee meeting to further discuss MHPAEA and Autism treatment.

DIFS reviews and approves health insurance policies prior to the plans being offered in Michigan's market to ensure compliance with MHPAEA. DIFS handles insurance complaints from consumers who have concerns that benefits under their health insurance plan are not in compliance with MHPAEA. Consumers may also file a complaint with DIFS if they are unhappy with the way a medical claim has been processed. Consumers with questions about insurance may contact DIFS at 877-999-6442 or file a complaint online at www.michigan.gov/DIFScomplaints.

Since the inception of Michigan's Autism mandate in 2012, DIFS has received approximately 75 complaints related to Autism. There have not been any complaints related to Autism treatment and MHPAEA since 2014.

DIFS operates a Health Insurance Consumer Assistance Program (HICAP) www.michigan.gov/HICAP that provides unbiased health insurance information to consumers. The [Required Coverage](#) section of HICAP includes a summary of the Autism benefits most health insurance policies are required to provide under Michigan law. DIFS is also in the process of developing a publication for consumers to explain the Autism benefits that are required to be included in most health insurance plans issued in Michigan. The Required Coverage section of HICAP also provides basic MHPAEA information.

DIFS currently offers the publication [Your Rights Under the Mental Health Parity and Addiction Equity Act of 2008](#) to inform consumers of their rights under MHPAEA. We are also finalizing MHPAEA FAQs that will be posted to the HICAP website soon.

Autism Services and Autism Administrative Costs by Prepaid Inpatient Health Plans and County for FY 2019 and FY 2020 (October 2019-January 2020)

The tables below report the Autism costs by PIHP and county and includes the managed care administrative costs. The managed care administrative costs are the same for all PIHPs' services. The FY 2019 rate was 3 percent for all capitation payments and it is 4.5 percent in FY 2020.

Managed Care Administrative Expenses

The managed care administrative expenses definition is based on guidance from 42 CFR § 438.8. In addition to network development, claims processing, and utilization management being defined as managed care administrative expenses, 42 CFR § 438.8(e)(2)(v)(3) provides the following guidance regarding items that must be excluded from incurred claims for Medical Loss Ratio (MLR) purposes (i.e. items that are also defined as managed care administrative expenses):

(3) Amounts paid, including amounts paid to a provider, for professional or administrative services that do not represent compensation or reimbursement for State plan services or services meeting the definition in § 438.3(e) and provided to an enrollee.

In regards to what CMHSP administrative costs are considered managed care administration, Milliman would propose to use the following guidance to ensure compliance with 42 CFR § 438.8:

The CMHSPs administrative costs associated with the provision of services by their own employees should be classified as an incurred claims expense. However, if they are contracting with other providers for services, the administrative services associated with those contracts should not be counted as an incurred claim. Administrative staff that support both CMHSP service provision and contracted services should be allocated proportionally based on the total expenditures.

Milliman reports the CMHSPs and PIHPs are not currently utilizing this definition to determine managed care administrative costs. MDHHS and Milliman are actively working with the PIHPs and CMHSPs to comply with this guidance as part of the Standard Cost Allocation workgroup.

FY 2019 Autism Costs by PIHP		
PIHP Name	Total Overall Service Costs	Total Administration Costs
CMH Partnership of Southeast Michigan	\$9,305,869	\$276,043
Detroit Wayne Mental Health Authority	\$52,935,156	\$1,570,610
Lakeshore Regional Entity	\$21,315,022	\$632,483
Macomb County CMH Services	\$15,071,761	\$447,135
Mid-State Health Network	\$31,972,079	\$948,834
Northcare Network	\$5,458,763	\$161,981
Northern Michigan Regional Entity	\$9,939,559	\$294,953
Oakland County CMH Authority	\$14,752,547	\$437,869
Region 10 PIHP	\$15,609,181	\$463,088
Southwest Michigan Behavioral Health	\$16,868,425	\$500,607

Grand Total	\$193,228,363	\$5,733,603
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FY 2019 Autism Costs By County		
Community Mental Health County Costs	Total Overall Costs	Total Administration Costs
Alcona	\$215,910	\$6,410
Alger	\$146,588	\$4,349
Allegan	\$1,774,666	\$52,656
Alpena	\$741,531	\$22,022
Antrim	\$389,837	\$11,561
Arenac	\$372,444	\$11,059
Baraga	\$152,549	\$4,525
Barry	\$816,391	\$24,220
Bay	\$2,236,339	\$66,385
Benzie	\$283,134	\$8,397
Berrien	\$3,314,443	\$98,360
Branch	\$868,982	\$25,782
Calhoun	\$3,307,367	\$ 98,186
Cass	\$920,369	\$27,300
Charlevoix	\$407,260	\$12,084
Cheboygan	\$572,396	\$16,984
Chippewa	\$650,277	\$19,297
Clare	\$877,361	\$26,049
Clinton	\$781,250	\$23,173
Crawford	\$323,912	\$9,616
Delta	\$745,585	\$22,131
Dickinson	\$457,966	\$13,590
Eaton	\$1,506,877	\$ 44,709
Emmet	\$463,476	\$13,746
Genesee	\$10,525,567	\$312,285
Gladwin	\$586,881	\$17,423
Gogebic	\$ 373,491	\$11,088
Grand Traverse	\$1,268,811	\$37,639
Gratiot	\$852,974	\$25,316
Hillsdale	\$956,926	\$28,397
Houghton	\$591,638	\$17,546
Huron	\$587,208	\$17,431
Ingham	\$5,386,255	\$159,818
Ionia	\$1,023,066	\$30,353
Iosco	\$607,948	\$18,041
Iron	\$280,870	\$8,340
Isabella	\$1,015,346	\$ 30,120
Jackson	\$3,175,709	\$94,238
Kalamazoo	\$4,605,191	\$136,687
Kalkaska	\$408,022	\$12,107
Kent	\$10,892,642	\$323,224
Keweenaw	\$27,695	\$ 821
Lake	\$381,387	\$11,328
Lapeer	\$1,251,901	\$37,125
Leelanau	\$165,599	\$4,906
Lenawee	\$1,652,430	\$ 49,025
Livingston	\$1,425,153	\$ 42,261
Luce	\$145,265	\$4,313
Mackinac	\$177,028	\$5,254

Macomb	\$15,071,761	\$447,135
Manistee	\$495,991	\$14,719
Marquette	\$997,718	\$29,591
Mason	\$589,129	\$17,481
Mecosta	\$811,382	\$24,071
Menominee	\$406,188	\$12,054
Midland	\$1,300,716	\$38,595
Missaukee	\$319,260	\$9,471
Monroe	\$2,174,439	\$64,503
Montcalm	\$1,308,672	\$38,827
Montmorency	\$218,581	\$6,490
Muskegon	\$4,384,294	\$130,116
Newaygo	\$1,112,476	\$33,011
Oakland	\$14,752,547	\$437,869
Oceana	\$601,626	\$17,846
Ogemaw	\$588,497	\$17,472
Ontonagon	\$114,516	\$3,401
Osceola	\$574,940	\$17,068
Oscoda	\$221,322	\$6,572
Otsego	\$533,499	\$15,831
Ottawa	\$2,691,278	\$79,832
Presque Isle	\$260,644	\$7,738
Roscommon	\$604,483	\$17,941
Saginaw	\$5,069,126	\$150,504
Saint Clair	\$ 3,014,816	\$89,436
Saint Joseph	\$1,274,343	\$37,801
Sanilac	\$816,896	\$24,242
Schoolcraft	\$191,389	\$5,681
Shiawassee	\$1,309,209	\$38,846
Tuscola	\$1,126,923	\$33,441
Van Buren	\$1,761,340	\$52,271
Washtenaw	\$ 4,053,847	\$120,254
Wayne	\$52,935,156	\$1,570,610
Wexford	\$849,444	\$25,207
Grand Total	\$193,228,363	\$5,733,603

FY 2020 Autism Costs by PIHP – October 2019-January 2020		
PIHP Name	Total Overall Costs	Total Administration Costs
CMH Partnership of Southeast Michigan	\$4,193,379	\$182,849
Detroit Wayne Mental Health Authority	\$22,801,978	\$995,327
Lakeshore Regional Entity	\$10,056,164	\$438,615
Macomb County CMH Services	\$6,041,029	\$263,791
Mid-State Health Network	\$14,822,837	\$645,718
Northcare Network	\$1,843,255	\$80,467
Northern Michigan Regional Entity	\$4,273,225	\$186,168
Oakland County CMH Authority	\$6,492,943	\$282,728
Region 10 PIHP	\$7,876,203	\$343,207
Southwest Michigan Behavioral Health	\$6,965,573	\$304,033
Grand Total	\$85,366,585	\$3,722,903

FY 2020 Autism Costs By County – October 2019-January 2020

County	Total Overall Costs	Total Administration Costs
Alcona	\$96,046	\$4,174
Alger	\$49,486	\$2,162
Allegan	\$807,352	\$35,241
Alpena	\$317,117	\$13,782
Antrim	\$167,610	\$7,313
Arenac	\$163,499	\$7,113
Baraga	\$46,204	\$2,016
Barry	\$316,425	\$13,835
Bay	\$973,759	\$42,384
Benzie	\$118,436	\$5,168
Berrien	\$1,357,759	\$59,260
Branch	\$343,522	\$15,030
Calhoun	\$1,364,365	\$59,493
Cass	\$379,099	\$16,581
Charlevoix	\$160,962	\$7,021
Cheboygan	\$256,023	\$11,150
Chippewa	\$207,766	\$9,056
Clare	\$395,530	\$17,212
Clinton	\$340,010	\$14,850
Crawford	\$148,632	\$6,466
Delta	\$259,286	\$11,307
Dickinson	\$160,568	\$7,017
Eaton	\$655,935	\$28,624
Emmet	\$185,418	\$8,091
Genesee	\$5,526,148	\$240,687
Gladwin	\$261,945	\$11,395
Gogebic	\$127,001	\$5,536
Grand Traverse	\$507,983	\$22,164
Gratiot	\$370,246	\$16,144
Hillsdale	\$442,753	\$19,309
Houghton	\$195,308	\$8,562
Huron	\$238,028	\$10,373
Ingham	\$2,498,952	\$108,873
Ionia	\$471,609	\$20,582
Iosco	\$271,107	\$11,805
Iron	\$93,323	\$4,072
Isabella	\$431,210	\$18,797
Jackson	\$1,485,126	\$64,712
Kalamazoo	\$1,957,615	\$85,336
Kalkaska	\$175,988	\$7,673
Kent	\$5,235,582	\$228,396

Keweenaw	\$9,877	\$432
Lake	\$186,068	\$8,083
Lapeer	\$562,671	\$24,577
Leelanau	\$61,789	\$2,706
Lenawee	\$744,415	\$32,484
Livingston	\$634,916	\$27,709
Luce	\$51,632	\$2,250
Mackinac	\$57,042	\$2,483
Macomb	\$6,041,029	\$263,791
Manistee	\$205,456	\$8,947
Marquette	\$347,582	\$15,182
Mason	\$251,062	\$10,948
Mecosta	\$368,286	\$16,043
Menominee	\$131,700	\$5,754
Midland	\$565,630	\$24,656
Missaukee	\$136,336	\$5,956
Monroe	\$1,001,891	\$43,712
Montcalm	\$648,864	\$28,278
Montmorency	\$97,252	\$4,229
Muskegon	\$2,131,814	\$92,842
Newaygo	\$538,195	\$23,457
Oakland	\$6,492,943	\$282,728
Oceana	\$273,091	\$11,933
Ogemaw	\$265,047	\$11,529
Ontonagon	\$38,033	\$1,653
Osceola	\$258,225	\$11,244
Oscoda	\$103,793	\$4,511
Otsego	\$240,267	\$10,471
Ottawa	\$1,171,196	\$51,172
Presque Isle	\$110,963	\$4,825
Roscommon	\$279,186	\$12,142
Saginaw	\$2,605,575	\$113,313
Saint Clair	\$1,424,973	\$62,135
Saint Joseph	\$526,814	\$23,052
Sanilac	\$362,412	\$15,808
Schoolcraft	\$68,446	\$2,983
Shiawassee	\$608,707	\$26,540
Tuscola	\$500,751	\$21,840
Van Buren	\$719,973	\$31,447
Washtenaw	\$1,812,156	\$78,943
Wayne	\$22,801,978	\$995,327
Wexford	\$367,815	\$16,046
Grand Total	\$85,366,585	\$3,722,903