



Autism Benefit Training Manual
June 17, 2015

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HOW TO USE THIS MANUAL

This manual is meant to be used by following this PowerPoint and opening the files in the slides as they come up.

It may be helpful to save the manual to your own computer and then be able to print the documents that are most helpful to you.

If you have any suggestions about how to make this manual more user friendly, please call Lucy Wilcox at 888-333-8030

CHALLENGES OF SUCCESSFUL IMPLEMENTATION

Autism Benefit a challenge to implement:

- ❖ Low numbers-hard to get procedures in place
- ❖ Lengthy evaluation process
- ❖ Complicated reporting –ELMER and state WSA database
- ❖ Specific standards for training and certification of staff in terms of encounter codes being used
- ❖ Coordination between providers working with families

AGENDA FOR THE DAY

1. Overview of benefit and CMS performance measures
2. Overview of state database: required reporting in the WSA & successful reporting of performance measures
3. Coordination of Care—realities from the field
4. ABA Aide Training
5. Plans for Moving Forward

1. BENEFIT & CMS MEASURES

Review the material listed below:

- a. NC Autism Policy
- b. Standard Operating Procedures For Coding Autism benefit
- c. MDHSS Site Review Protocols(CMS Performance Measures)

1. BENEFIT & CMS MEASURES

e. MDHHS Quarterly Performance review of Education on Rights and Protections p.2 #11. This standard is to be documented during the pre-planning phase of treatment plan development.

Two key documents to assist you and the family:

e.1 Abuse__Neglect_Summary_09_2012_394708_7

e.2 mi.gov_mdch_RR page with links---,00.html

2. OVERVIEW OF WSA DATABASE

WSA= Waiver Support Application.
Review the documents to have a basic sense of mandatory reporting

- a. WSA Terminology
- b. WSA Screenshot of Home Page Tabs
- c. WSA Screenshot of Evaluation Tab
- d. WSA Screenshot –IPOS Tab
- e. WSA_List of Reports

2. WSA CONT'

Required Forms to be submitted to WSA

2.f.1_Autism initial enrollment form(NorthCare staff)

2.f.2_Autism initial enrollment form Protocol

2.g.1_Autism IPOS submission form(CMH Staff assigned to WSA)

2.g.2_Autism IPOS submission form Protocol

2.h_Autism Re-Evaluation Form(NorthCare Staff)

2. WSA DATABASE

- ❖ Each Board will have a written procedure for how to manage documentation and staff assigned to work with NorthCare to submit to the WSA.

2. WSA—HOME TAB & TERMINOLOGY

Michigan.gov Home Application Home Training Autism Admin Person Reports Print Contact Exit

Beneficiary ID **Name** **Case Id** **Status** **Work Queue** Completed [More-Info](#)

Status Evaluation Plan Of Service Comments Inactivity End Eligibility

Change View Production Pending **Actions:** Move to my Work Queue

Autism Case Status History

ID Type	ID	Begin Date	End Date	ADOS-2 Classification	Comments	Message
Medicaid						

Message Action [Return to Splash](#) [Return to Search Page](#) [Help](#)













2. WSA - EVALUATION TAB (INFORMATION FROM THE INITIAL ENROLLMENT FORM)

View Evaluation	
Evaluation Type:	Initial
Initial Evaluation Start Date (mm/dd/yyyy):	5/8/2015 <i>Date the most recent ADOS 2 evaluation was completed</i>
Initial Evaluation End Date (mm/dd/yyyy):	5/10/2016 <i>End date will be updated based on the Eligibility date upon case approval by DCH</i>
ADOS-2 Classification:	Autism
ADOS-2:	Module 1 (few to no words)
ADOS-2 Overall Total Score:	20
Impairment in Social Communication & Social Interaction. Lack of:	<input checked="" type="checkbox"/> Multiple non-verbal communicative behaviors <input checked="" type="checkbox"/> Peer relationships <input checked="" type="checkbox"/> Spontaneous sharing <input checked="" type="checkbox"/> Social or emotional reciprocity
Restricted, repetitive and stereotypical patterns of behavior, interests and activities	<input checked="" type="checkbox"/> Preoccupation in intensity or focus <input checked="" type="checkbox"/> Rituals or Routines <input checked="" type="checkbox"/> Motor mannerisms <input checked="" type="checkbox"/> Preoccupation with objects/sensory input or interest
Notes (Max 500 characters):	
Decision:	Approved - Meets needs based criteria
Decision Reason (Max 500 characters):	
Message	
Actions	Cancel

2. WSA – PLAN OF SERVICE TAB (INFORMATION FROM THE IPOS SUBMISSION FORM)

<u>View Service Plan</u>	
Service Type	
Start Date	Effective date of IPOS
End Date	Date IPOS expires
Level Of Intensity	EIBI or ABI
ABA Service Start Date:	Date ABA delivery began or expected date of authorized service commencement
Amount (Hours per week):	Number of service hours per week
Informed of right to choose services and providers(Y/N):	Select Yes or No
Agency Providing ABA Services:	Name of agency
Supervisor of ABA Services:	Supervisor name
Credential:	Supervisor's Credentials
Notes:	Enter additional IPOS details if necessary
Attach IPOS/applicable documentation:	Attach IPOS
Message	
Actions	Cancel

2. WSA-LIST OF REPORTS

Program	Name	Default Format	Description	Run Report	Report Hidden
AUT	AUTADOSReport.rpt		List of Open and Closed Autism Cases for ADOS Compare	PDF Excel Word	
AUT	AUTAllCasesAllData.rpt		List of all Autism cases with all data.	PDF Excel Word	
AUT	AUTAllClosedCases.rpt		List of all Autism Closed Cases	PDF Excel Word	
AUT	AUTCaseIPOSData.rpt		Autism IPOS data Report	PDF Excel Word	
AUT	AUTEnrolNoSPDue.rpt		Autism cases with enrollment but no Service Plan and list of Service Plan Overdue cases.	PDF Excel Word	
AUT	AUTEvaluationTimeline.rpt		Get Evaluation Timeline data for Open and closed cases.	PDF Excel Word	
AUT	AUTInactiveClientList.rpt		Get all Autism cases which are inactive within the selected time period.	PDF Excel Word	
AUT	AUTOpenCasesPerPIHPCMH.rpt		Lists all open cases per PIHP CMH	PDF Excel Word	
AUT	AUTProvCredential.rpt		Get all open cases along with ABA information if an IPOS exists within the specified time period.	PDF Excel Word	
AUT	AUTReEvaluationData.rpt		Get ReEvaluation data for cases with ReEvaluation that fall under the specified time range.	PDF Excel Word	
AUT	AUTRefEvalServiceTimeline.rpt		Get all Open and Closed cases with all the Initial dates and the timelines between dates.	PDF Excel Word	
AUT	PotentialMedicaidNonpayment.rpt		This is the Autism Potential Non Payment Report	PDF Excel Word	

3. COORDINATION OF CARE

Coordination of Care with BCBA's and aides –care managers are critical to success of the families– aides – using documentation on team consults; periodic reviews; & Re-evaluations. Review the following documents

- a. Steps for Providing Autism Benefit
- b. NC Filing Autism Documents in ELMER
- c. Review of MDHHS Quarterly Performance Measures—specifically periodic reviews (*refer to document 1.d*)
- d. ELMER Team Consultation Note

3. COORDINATION OF CARE

Coordination with Community Providers– it is critical to have direct outreach to our partners in the community through:

- Brochures
- Letters targeted to providers
- Documentation of outreach-proof of the golden thread of treatment availability

4. ABA AIDE TRAINING

ABA AIDE TRAINING –Specific training requirements must be met. NorthCare is using a 40 hour online program to meet the requirement. Talk with your supervisor for assistance. And see the documents below for guidance

- a. Provider Qualifications-ABA Aide staff
- b. Behavior Analyst Certification
Board_bacb.com—standards for Registered Behavioral Technician
- c. MDHSS Site Review Protocols_v031114,p.3 #5
(refer to document 1.d)

6 . PLANS FOR MOVING FORWARD

Ongoing training for the Autism Benefit:

- How can NorthCare help?
- Online trainings available for BCBAs and other professionals working with benefit. Monthly webinars from the state are available.
- This manual is to be used with your supervisor and other staff working with the Benefit
- NorthCare is planning for annual booster training for the providers of this benefit.

CONCLUSION

Thank you for the hard work you are doing with children and families in our communities. If you have any questions or concerns—Contact the NorthCare Clinical Coordinator at 906-225-7235