



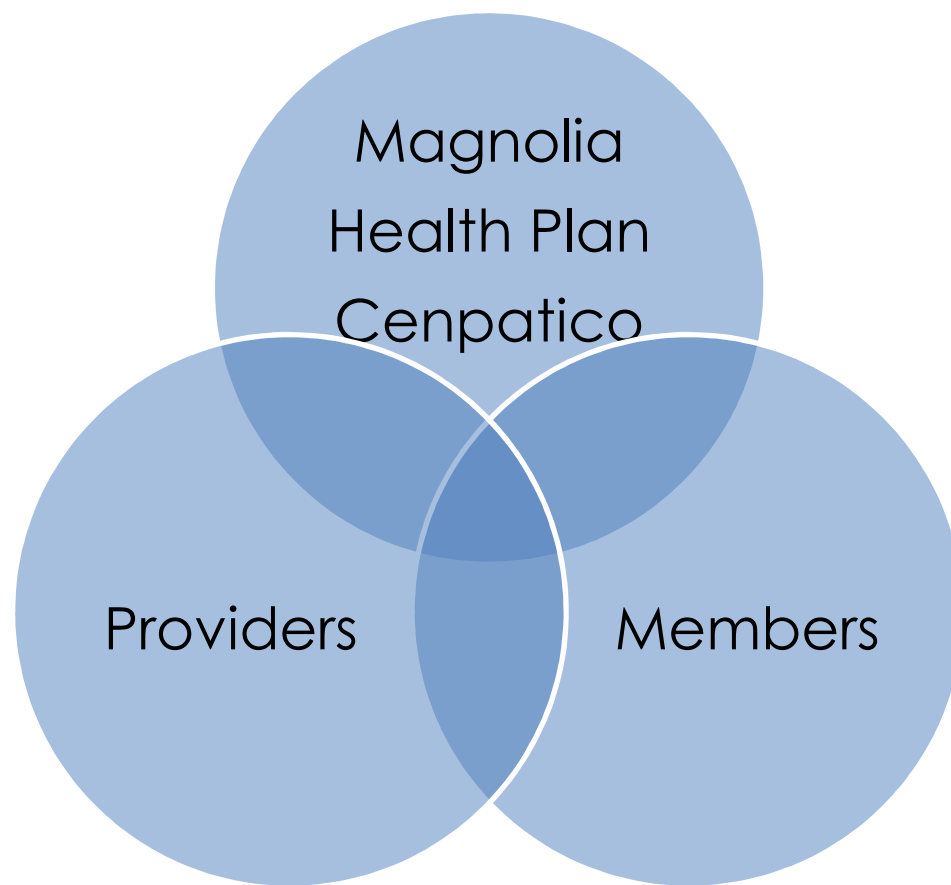
Autism Spectrum Disorder Services Education

Please make sure you complete the sign-in sheet for today's orientation session.



Agenda

- Overview of Magnolia Health Plan and Cenpatico
- Mississippi State Plan Amendment (SPA) 16-0020
- Eligible Beneficiaries
- Magnolia Health Plan Member ID Card
- Providing ASD Services
- QHCP Providing Services
- Covered Services
- Covered Services Grid
- Limitations
- Limitations (continued)
- Claim Submissions
- Services Requiring Pre-authorization
- ASD Treatment Release Form & Elements
- Assessment Guidelines
- Common Errors found on ASD release form
- Transmitting ASD release form
- Joining Our Network
- Question and Answer



Improving Lives



Mississippi State Plan Amendment (SPA) 16-0020 Autism Spectrum Disorder (ASD)

On May 24, 2017, the Centers for Medicare & Medicaid Services (CMS) approved Mississippi State Plan Amendment (SPA) 16-0020 Autism Spectrum Disorder (ASD) to allow the Division of Medicaid to cover ASD services for Early, Periodic Screening, Diagnosis and Treatment (EPSDT)-eligible beneficiaries with an ASD diagnosis when medically necessary, prior authorized and provided by certain providers operating within their scope of practice, effective January 1, 2017.



Mississippi State Plan Amendment (SPA) 16-0020 Autism Spectrum Disorder (ASD)

Key Objective

- To provide coverage for the screening, diagnosis, and treatment of autism spectrum disorder

Key Dates

- The Centers for Medicaid and Medicare approved SPA 16-0020 on March 24, 2017.
- Effective date will be retro-active with a start date of January 1, 2017.



What you need to Know



Autism Spectrum Disorder

Autism Spectrum Disorder (ASD) is defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the edition that was in effect at the time of diagnosis.

“Autism spectrum disorder (ASD) is a complex developmental disorder that can cause problems with thinking, feeling, language and the ability to relate to others. It is a neurological disorder, which means it affects the functioning of the brain. The effects of autism and the severity of symptoms are different in each person.”*

* DSM-5 definition as of 7/17/17



Autism Spectrum Disorder

Description of Services

ASD therapy is the application of behavioral principles, to everyday situations to increase or decrease targeted behaviors.

Used to improve areas such as: language, self-help, play skills

Used to decrease behaviors such as: aggression, self-stimulatory behaviors, self injury.

For children with Autism Spectrum Disorder (ASD), therapy can range from 25 to 40 hours per week and requires active parent/guardian involvement to increase the potential for behavior improvement.



Eligible Beneficiaries

ASD services are covered for EPSDT-eligible beneficiaries when medically necessary and prior authorized by a Utilization Management and Quality Improvement Organization (UM/QIO), the Division of Medicaid or designee

Providers must verify eligibility every time a member schedules an appointment or arrives for services; and we are here to help you.

Your options for verifying Member eligibility:

- Call 866-912-6285 to reach Cenpatico
- Verify online at www.cenpatico.com (You must have provider login to verify online eligibility).
- <https://msmedicaid.acs-inc.com/msenvision/> **(State verification website)**



Magnolia Health Plan Member ID Card


Please Note: ID Cards only list the medical claims address.

Please mail all behavioral health claims to:

Paper Claims Processing

PO Box 7600

Farmington, MO 63640-3834

 magnolia health.	Rx US Script BIN: 008019
Member Name: Jane Doe	
Medicaid ID#: XXXXXXXXXXXX	
PCP Name: John Doe	
PCP Number: XXX-XXX-XXXX	
<p>If you have an emergency, call 911 or go to the nearest emergency room (ER). You do not have to contact Magnolia for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or Magnolia NurseWise® toll-free at 1-866-912-6285 (TDD/TTY 1-877-725-7753 or Mississippi Relay Services at 711). NurseWise is open 24 hours a day.</p>	
MEMBERS: Member Services line 1-866-912-6285 TDD/TTY 1-877-725-7753 Mississippi Relay Services 711 24/7 NurseWise 1-866-912-6285 Dental/Vision 1-866-912-6285 Transportation 1-866-912-6285	
PROVIDERS: IVR Eligibility inquiry - Prior Auth 1-866-912-6285 US Script Help Desk 1-800-460-8988 Behavioral Health 1-866-912-6285	
Medical claims: Magnolia Attn: CLAIMS PO Box 3090 Farmington, MO 63640-3825	
Provider/claims information via the web: MagnoliaHealthPlan.com .	
<div style="border: 1px solid black; padding: 5px; width: fit-content;">Magnolia Address 111 East Capitol Street Suite 500 Jackson, MS 39201</div>	



Providing ASD Services

Provider Types: QHCP

In accordance with CMS approved SPA 16-0020, the following licensed qualified health care practitioners (QHCP), working within their scope of practice and licensure, may provide Autism Spectrum Disorder services:

- **Licensed Physician;**
- **Licensed Psychologist;**
- **Mental Health Nurse Practitioner;**
- **Licensed Clinical Social Worker (LCSW);**
- **Licensed Professional Counselor (LPC); or**
- **Board Certified Behavior Analyst (BCBA)**



Providing ASD Services

Provider Types: Non-Licensed

The following unlicensed practitioners may provide ASD services under the supervision of a QHCP:

- **A Board Certified assistant Behavior Analyst (BCaBA) who has a current and active certification from the Behavior Analyst Certification Board and is licensed by the Mississippi Board of Autism to practice under the supervision of a MS licensed BCBA, or;**
- **A Registered Behavior Technician (RBT) who has a current and active certification from the Behavior Analyst Certification Board and who is under the direct supervision and direction of a BCBA**

**Only an X08-BCBA or BCBA-D can request prior authorization and submit claims as an enrolled Medicaid Provider*



Providing ASD Services

The State Assures that:

- Supervision is included in the state's scope of practice act for the licensed practitioners,
- Licensed practitioners assume professional responsibility for the services provided by the unlicensed practitioners,
- Licensed practitioners are able to furnish the services being provided, and
- Licensed practitioners bill for the services provided by the unlicensed practitioners.



ASD Covered Services

EFFECTIVE JANUARY 1, 2017

The services include the following:

- Behavior Identification Assessment
- Observational Behavioral Follow-up Assessment
- Exposure Behavioral Follow-up Assessment
- Adaptive Behavior Treatment by Protocol
- Group Adaptive Behavior Treatment Protocol Modification
- Family Adaptive Behavior Treatment Guidance
- Multiple Family Group Adaptive Behavior Treatment
- Adaptive Behavior Treatment Social Skills Group
- Exposure Adaptive Behavior Treatment with Protocol Modification
- Adaptive Behavior Treatment with Protocol Modification

Note: All services require Prior Authorization

cenpatco.com

ASD Covered Services Grid



CPT Code*	Services	Service Limits**
0359T	Behavior Identification Assessment	1 per 6 months
0360T/0361T	Observational Behavioral Follow-up Assessment	2 per 6 months
0362T/0363T	Exposure Behavioral Follow-up Assessment	2 per 6 months
0364T/0365T	Adaptive Behavior Treatment by Protocol	50 per week
0366T/0367T	Group Adaptive Behavior Treatment by Protocol	6 per week
0370T	Family Adaptive Behavior Treatment Guidance	1 per week
0371T	Multiple Family Group Adaptive Behavior Treatment Guidance	1 per week
0372T	Adaptive Behavior Treatment Social Skills Group	3 per week
0373T	Exposure Adaptive Behavioral Treatment with Protocol Modification	1 per month
0374T	Exposure Adaptive Behavioral Treatment with Protocol Modification	1 per month
0368/0369T	Adaptive Behavior Treatment with Protocol Modification	2 per week

Providers must maintain proper and complete documentation to justify the service provided and refer to the current CPT Code Book for proper coding.



Limitations

DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

1. There is no documentation for clinically significant developmental progress in any of the following areas: social skills, communication skills, language skills, or adaptive functioning as measured by either progress assessment or developmental status measured by standardized tests,
2. Do not meet medical necessity criteria, or



Limitations (continued)

3. Services including, but not limited to:

- Vocational
- Respite
- Education
- Psychotherapy
- Cognitive therapy
- Psychoanalysis
- Neuropsychological testing
- Diagnosis of mental or physical disorder
- Recreational
- Child care
- Play therapy
- Hypnotherapy
- Long term counseling
- Psychological testing
- Equine therapy



Claims Submissions

- **Claims Customer Service: 866-324-3632**
- **Claim Submission**
Cenpatico
PO Box 7600
Farmington MO 63640-3809
- **Appeals**
PO Box 7600
Farmington, MO 63640-3809

Claims must be submitted within **180** days of the date of service.

Appeals must be submitted within **90** days of the denial.



Services Requiring Pre-authorization

All ASD Services Require Pre-authorization with the exception of 0359T (Behavior Identification Assessment)

Authorization is required for participating and non-participating providers providing ASD service(s).

Authorization can be obtained by completing an Autism Spectrum Disorders Treatment Form online at www.cenpatico.com, under the forms section.

You can also call 866-912-6285 to request an ASD treatment form.



ASD Treatment Release Form



SUBMIT TO
Utilization Management Department
12515-B Research Blvd., Suite 400
Austin, Texas 78759
PHONE 1.866.912.6285 | FAX 1.866.694.3649

Autism Spectrum Disorders Treatment Form

Please write clearly and only in designated areas. Incomplete or illegible forms will delay processing.

MEMBER INFORMATION

Name _____
Medicaid ID # _____
Date of Birth _____

PROVIDER INFORMATION AND SERVICE REQUESTED

Name _____
Credentials _____
Address _____
City/State/Zip Code _____
Phone _____ Fax _____
NPI _____ Tax ID _____
Service Requested _____ # of units _____
Timeframe requested (that corresponds with Plan of Care) _____ to _____

PROVIDER INFORMATION AND SERVICE REQUESTED

Name _____
Credentials _____
Address _____
City/State/Zip Code _____
Phone _____ Fax _____
NPI _____ Tax ID _____
Service Requested _____ # of units _____
Timeframe requested (that corresponds with Plan of Care) _____ to _____

PROVIDER INFORMATION AND SERVICE REQUESTED

Name _____
Credentials _____
Address _____
City/State/Zip Code _____
Phone _____ Fax _____
NPI _____ Tax ID _____
Service Requested _____ # of units _____
Timeframe requested (that corresponds with Plan of Care) _____ to _____

CURRENT DIAGNOSIS

Primary (Required): _____
Secondary: _____
Tertiary: _____
Additional: _____
Additional: _____

CURRENT PRESENTATION/SYMPTOMS

Describe the CURRENT situation and symptoms and the impact on current functioning (occupational, academic, social, etc.).

	Mild	Moderate	Severe
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MH/SA Treatment History - What has the member received in the past?

☐ NONE ☐ OP MH ☐ OP SA ☐ IP MH ☐ IP SA/DETOX ☐ OTHER

MEDICAL CONDITIONS AS REPORTED BY PARENT/GUARDIAN

COORDINATION OF CARE

Coordination has occurred with:

PCP: ☐ Yes ☐ No Psychiatrist: ☐ Yes ☐ No

No treatment history

Name of Behavioral Health Specialist: _____

Treatment plan has been reviewed with BH care coordinator:

☐ Yes ☐ No

Parent/guardian agrees with treatment goals: ☐ Yes ☐ No

Provider Name and License/Credential: _____ Date: _____

Provider Signature: _____ Date: _____

TREATMENT PROGRESS

In addition to the information on this form, please attach:

- Treatment plan including the symptoms/behaviors requiring treatment (as indicated by the assessment tool)
- Identify SMART goals in specific, behavioral and measurable terms and progress made toward treatment goals, or if no progress reason why and plan to address lack of progress.
- Comprehensive Diagnostic Report (initial request only)
- List any other services the member is receiving (Le PT/OT/ST/school)
- A sample schedule of treatment
- Documentation of parental involvement, parent goals

Information older than 30 days will not be accepted for concurrent review.



Cenpatico Outpatient Treatment Requests-Elements of the OTR

Measurable Goals/Objectives/Interventions (be SMART)

Objective Goals are SMART, not Vague

- **SPECIFIC** – Who, What, When, Where, and How
- **MEASURABLE** – Intensity, Frequency, Duration of Symptoms
- **ATTAINABLE** – Within the member's scope for the current treatment episode?
- **REALISTIC** – Is the bar set too high or too low for this member?
- **TIMELY** – Is it an opportune time for the member to pursue the identified goals?

Cenpatico Outpatient Treatment Requests- Elements of the OTR



- Member and provider identification in full
- Functional Outcomes
 - 10 questions to be asked of the member or guardian prior to submitting treatment request for continued authorization of services.
 - Responses should be from member/guardian's perspective and not clinician's observation
- Therapeutic approach to be used with this member
 - Specifically, evidence based treatment modality to be used
- Level of Improvement to date
- Current symptoms and functional impairments
 - Clinical presentation from the clinician's perspective should be documented here
 - Substances used and dates last used to be included in this section

Autism Spectrum Disorder (ASD) Services Admission Criteria



- Age birth to twenty-one (21) years; and all EPSDT eligible beneficiaries with an ASD diagnosis
- A licensed Psychologist or MD has evaluated the beneficiary within the last 6 months for current validation of the ASD diagnosis using a comprehensive diagnostic evaluation. The evaluation should indicate evidence-based ASD services that are medically necessary.
- The beneficiary exhibits severe behavior that presents a clinically significant health or safety risk to self or others (such as self-injury, aggression toward others, destruction of property, elopement, severe disruptive behavior or significant interference with basic home or community activities of daily living.)
- The beneficiary is medically stable and does not require 24-hour medical/nursing monitoring or procedures provided in a hospital level of care.
- There is a reasonable expectation on the part of a qualified treating health care professional who has completed an initial evaluation of the beneficiary that the individual's behavior will improve significantly with ASD therapy.



Common Errors found on ASD Request

- Member demographics not completely filled out
- Portions of the form were left blank
- Provider did not provide their signature on the ASD request
- Requested services were not indicated
- Member Progress not reported on subsequent ASD requests
- Risk Assessment and/or Functional Impairment incomplete
- Discharge criteria not noted



Transmitting ASD Release Form

RightFax System

- Completed OTRs should be faxed to (866) 694-3649
- System accepts attachments to ASD form (e.g., Progress Notes, Treatment Plan Updates)
- Ensure that all ASD forms include all requested demographic information for client (Name, DOB, SSN, ID Number) and provider (Group or Individual Name, Tax ID Number, NPI Number, Medicaid Number, Phone and Fax numbers)
- Make sure ASD is signed by the clinician
- Provider will receive response within two business days following ASD submission date
- Earliest allowable start date is one business day prior to submission date, however, you can begin requesting this start date up to two weeks prior of the date



Interested in becoming a provider....

Go online and complete a “Join
Our Network” Application.
www.cenpatico.com

You will receive a confirmation
email within 24-48 hours of
submission.



Question & Answer

Thank you for participating in today's discussion.

Diandra Lee, Provider Relations Specialist

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Fax: (866) 739-3424

email: dilee@cenpatico.com