

Autism Services and Applied Behavior Analysis Parent Handbook

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Glossary of Terms and Acronyms

Clinician: (BCBA, BCaBA) we use the term “clinician” throughout this document to refer to the supervising treatment provider which could be a BCBA, Psychologist, or BCaBA

Participant/Individual/Consumer: Client or consumer receiving services

Caregiver: Family, guardian, foster parent, or other caregivers

BCBA: Board Certified Behavior Analyst

BCaBA: Board Certified Assistant Behavior Analyst

QLP (Qualified Licensed Practitioner): Practitioner evaluating and referring individuals for ABA services. Typically, a psychologist, physician, or clinical social worker

Behavior Technician/BT/ RBT: Individual providing direct ABA services

Case Holder: Primary case holding clinician, could be a case manager, supports coordinator, wraparound worker, homebased therapist, or other

PCP: Person-Centered Planning

CMH Mission, Vision, and Values: *Please see **Appendix C** for your specific CMH*

*Please see **Appendix A** - Michigan Autism Program Glossary of Terms and Acronyms for a more extensive list of terms*

What is Applied Behavior Analysis (ABA)?

Applied Behavior Analysis (ABA) is a type of treatment that can improve communication, learning, and social skills using reinforcement based on the science of human behavior. The goal of ABA is to help the participant and their family identify and meet goals that will make meaningful changes in their lives. All services are directed by a Board-Certified Behavior Analyst (BCBA) that works together with caregivers, schools, and other community members to reduce barriers to treatment and provide well-rounded care.

What can Applied Behavior Analysis (ABA) teach participants?

ABA services are designed to meet the needs of the participant. Skills that can be learned through ABA include:

- Imitation and Attending Skills
- Functional Play
- Communication and Language Skills
- Social Skills
- Self-help and Daily Living Skills
- Replacing harmful or undesirable behaviors with appropriate and helpful behaviors

ABA is a comprehensive treatment that combines several different services to help a participant meet their goals. ABA services include:

- *Behavior Assessments*- Designed to identify goals and skills to be taught
 - *Family/Caregiver Training*- Designed to help caregivers learn how to support developing skills and handle challenging behavior
 - *Direct Treatment*- This is one-on-one treatment delivered by a Behavior Technician based on the treatment plan
 - *Observation and Direction*- Delivered by a BCBA, the participant's progress toward goals will be monitored. Staff will make sure treatment is given according to the treatment plan.
 - *Social Skills Group*- Social skills training delivered by a BCBA to a group of individuals
- All authorized services overlap each other and are very important for success.

As a caregiver, what is my role in ABA?

As a caregiver/parent of a person that receives ABA services, you are required to take an active role in the participant's treatment. Your role as a caregiver/parent is necessary to ensure that skills learned in treatment become part of daily life and any gains made are maintained. Evidence shows that participants will have a better outcome when there is a high level of involvement by the caregiver/parent. Because of this, it is necessary and required that caregivers/parents work together with the ABA team. We provide the education and training that will allow parents and caregivers to support treatment at home, becoming equal members of the treatment team.

Family or Caregiver Training

Family Training is a required part of ABA services. It is very important for the family or caregiver/parent to be fully involved in ABA treatment. As a service that is provided as part of ABA treatment, caregivers must work directly with a clinician to learn skills such as: managing behaviors, reacting to tough situations, how to teach new skills, and making the participant's

home a healthy environment that is good for learning. While receiving family/caregiver training, you will be working with a caring professional who can answer your questions and concerns about your child's behaviors and development.

How Are Applied Behavior Analysis (ABA) Services Provided?

ABA is tailored to the participant's specific needs and involves several phases. Once ABA services are recommended by a Qualified Licensed Practitioner (QLP) and you accept, you will be sent for a behavior assessment. All ABA services are supervised by a BCBA who provides intensive training to staff and monitors the interventions at least 1 hour for every 10 hours of services.

- **Phase 1: Behavior Assessment.** The caregiver/parent will meet with an ABA professional that will spend time interacting with the participant, speaking with the caregiver/parent about the participant's abilities and struggles, skills assessments, reviewing records, identifying things that can get in the way of success (barriers), and collecting data to determine the level of services (amount of hours) that are medically necessary. The assessment will give staff the foundation on which to build the treatment plan (also called the individualized plan of service, or IPOS). This is part of the Person-Centered Planning (PCP) process which will be used to decide the right interventions and set treatment goals.

The BCBA will use Outcome Assessment Tools as well as regular data collection and analysis to determine how intense the level of services should be.

In the case of severe behavior concerns such as physical aggression or self-injury, staff may also complete a Functional Behavior Assessment (FBA).

- **Phase 2: Developing the Plan.** The ABA professional will use the information they learned from the Behavior Assessment to create a treatment plan that fits the unique needs of the participant. As part of the person-centered planning process, the treatment team, caregivers, parents/guardians, and the individual themselves will be involved in determining the final goals and how intense the services will be. These will all be placed in the treatment plan. This plan will include specific ways that people in the participant's life (teachers, caregivers, etc.) can work together to reach treatment goals.
- **Phase 3: Treatment.** Once the treatment plan is complete, we will begin providing services based on the treatment plan.
- **Phase 4: Ongoing Evaluation:** The treatment plan will be reviewed regularly (a minimum of every six months, or as often as necessary) to see how the strategies are working and if the current level of service should be changed. The treatment plan will be changed as goals are met and further needs are identified.

Re-evaluation of eligibility for service is also required; what is required and how often is determined by the participant's insurance provider(s). Please refer to your primary and, if applicable, secondary insurance companies for re-evaluation requirements.

Program Requirements and Guidelines

Services must be delivered consistently to have success in ABA treatment. Program guidelines may vary depending on your provider or situation. However, all program guidelines should include the following and will be given to you when you first meet with your provider:

- Scheduling guidelines
- Illness
- Bad Weather
- Back-up staffing plan
- Communication
- Transportation
- Clinic and/or Community based treatment guidelines

Participation Requirements

Your team will work with you to develop an ABA treatment program as a part of the treatment plan, which considers the participant's and family's needs, values, and culture. You will also be given ongoing training on how the treatment program is implemented. Please note, this will sometimes mean caregivers are asked to respond to behaviors (both positive and negative behavior) in new ways.

The treatment team will follow the participation guidelines below. ***Failure to meet any of these guidelines will require a treatment team meeting to discuss a plan to address the problems and increase participation.*** After the plan is created, it is possible that the participant may be removed from services if they/their caregivers fail to participate as expected.

Please note, you will want to learn your ABA provider's company policies and follow them.

1. **Caregiver Participation:** Family Training is a required part of ABA services. The participants who make the most progress with ABA therapy are the ones with caregivers who are actively involved in therapy. Participants learn best when parents/caregivers help them practice the skills they are learning in therapy at home and outside of therapy time. Caregiver participation leads to skill generalization, which means the participant learns to use the skills with different people, in different environments, and in different situations. Caregiver participation can include:
 - a. Family Training provided by a clinician with or without the participant present in group and/or individual format
 - b. Watching sessions to learn the ABA techniques
 - c. Writing down information on behaviors at home
 - d. Running skill programs or behavior reduction programs with the help a Behavior Technician who is providing ABA therapy.
2. For those receiving center-based therapy, generalization of skills sometimes involves moving therapy into the home before completing the program.

3. **Ongoing ABA Therapy:**

You will meet in-person with your treatment team if any of the following situations happen within a three-month period. Together, you will create a plan using the ABA Participation Agreement Template (Appendix B). The plan will be a guiding document to help solve the issues that are preventing you and the participant from being able to participate. The ABA Participation Agreement must be completed in a timely manner.

- a. No call no show
 - Single no call no show without reason
 - Multiple no call/no shows with reason
- b. Family cancellations/attendance
 - Attendance falls below 75% of authorized hours over previous 3 months
 - Excludes pre-planned family vacations
 - Excludes non-standard family emergencies (e.g., surgeries, death, etc.)
 - Excludes required COVID protocols
 - Excludes severe weather
 - Includes both Family Training and Direct Treatment
- c. Staff Cancellation
 - Staff cancellations cannot be included when calculating attendance regarding participation.
- d. Late arrival (over 15 minutes late)
 - Single occurrence without reason
 - Multiple occurrences with reason
- e. Late pick up (over 15 minutes late)
 - Single occurrence without reason
 - Multiple occurrences with reason
- f. At the scheduled time of treatment, the home environment is found to be unfit for therapy
 - Single occurrence without reason
 - Multiple occurrences with reason

General Treatment Recommendations:

To get the most out of ABA treatment, please follow the guidelines below. ***Your provider may have a more detailed set of guidelines as well and will cover expectations with you.***

1. Participants should be dressed and fed before the appointment unless these skills

are being addressed through a skills program. If the participant naps before their session, make sure that they have at least 30 minutes to fully wake up before the session begins.

2. Please make sure the participant is not engaged in a favorite activity at the time of the scheduled appointment. Turn off the television, video games, or remove other distractions at least 30 minutes before the appointment.
3. A parent or responsible adult must be available while the treatment is being provided. If treatment is in the family home, the parent or responsible adult must be present and awake to take part in the participant's treatment as necessary.
4. If sessions are in the home, the area being used for treatment must be quiet, comfortable, well-lit, and relatively free of distractions. It is important that we can hold the session professionally with materials ready and limited access to toys and other favored items that are not used during the treatment session.
5. Participants or their siblings should not play with or use treatment materials or items outside of treatment time.
6. Open communication is necessary for successful ABA therapy. All communication between staff and caregivers should be polite and respectful. If there are any problems or concerns, please contact the clinician or supports coordinator in charge of the participant's treatment as soon as possible.
7. Caregivers are encouraged to share any information that may be helpful to staff in getting to know the participant. This will help them to work together successfully.
8. Video recording of therapy may be helpful in supervision of staff and in assessing the participant's progress. Before video recording a session, everyone present must agree to being recorded. Recording can be stopped at any time.
9. At the end of the treatment session, the Behavioral Technician will share highlights of the session and may ask you to initial session notes/time sheet.
10. Please contact the staff in charge of the participant's treatment program about any questions or concerns you have, as they are always willing to discuss the participant's progress.
11. Please understand that all information shared is protected by the Health Insurance Portability and Accountability Act (HIPAA); it is vital that every CMH staff and its providers' staff respects and maintains each client's right to have their treatment and all personal information kept private. **All HIPAA laws apply.** Please do not ask about another client's program or treatment, it will not be discussed with you.

Reporting Abuse, Neglect, or Exploitation:

1. The Michigan Child Protection Law, 1975 PA 238, MCL 722.621 et. seq., requires the reporting of child abuse and neglect by certain persons (called mandated reporters) and allows the reporting of child abuse and neglect by all persons. Employees and contract employees of the CMH are mandated reporters of abuse and neglect. **Mandated reporters are always required to report suspected child abuse and neglect to DHS.**
2. Participants and their families have the right to be free from abuse and neglect. Should any person in your family experience abuse or neglect, or should you witness abuse or neglect, you can call **Protective Services** at **855-444-3911** at any time.
3. You have the right to choose from our contracted ABA providers. Your Case Holder will help by providing information on each provider about what they offer and their current availability. If you have no preference, we will pick an agency for you based on availability and fit. You can ask for a different provider at any time by contacting your treatment team or local CMH.
4. During your Initial Assessment, you were given a ***Recipient Rights Booklet*** which describes your youth's rights under the Michigan Mental Health Code as a person who receives mental health services. ***If you believe your youth's rights have been violated, please contact the recipient rights office at your local CMH. Phone numbers are listed on your recipient rights booklet.***

Transition and Discharge Guidelines Based on Medicaid Provider Manual

Transition planning should begin at the start of treatment, be updated as needed, and placed into the ABA treatment plan. Families will be given information on their appeal rights when an action happens that negatively changes the participant's services (called an adverse benefit determination). All actions involving the areas below will be documented.

At the start of services, you and the team will decide the goals and outcomes you want to see before leaving services. These will be monitored during services and revised through service evaluation. Transition and discharge from all ABA services requires careful planning and should involve a gradual step-down of services. Planning should include transition goal(s) within the plan, which states the monitoring and follow-up details that are appropriate for the participant and caregiver(s) who are part of the PCP process. Discharge from ABA services should be reviewed and evaluated by the treatment team for participants who meet any of the following:

1. *The participant has reached the treatment goals and needs less intensive services.*
2. *The participant is either no longer eligible for Medicaid or no longer lives in the State of Michigan.*

3. *The participant, family, or authorized representative(s) would like to end services.*
4. *The participant has not made progress toward the goals that were set in the treatment plan. They have not generalized adaptive behaviors across different settings, the benefits of the ABA interventions cannot be maintained, or they cannot be reproduced outside of the ABA treatment sessions through multiple authorization periods.*
5. *Targeted behaviors and symptoms have become worse with ABA treatment over time or with successive authorizations.*
6. *The provider and/or individual/family are unable to fix important issues in treatment planning and service delivery, and this could make the ABA service less effective and/or less successful.*
7. *An Evaluation completed by a qualified licensed practitioner has shown that the services are no longer medically necessary.*

** Please see the Medicaid Provider Manual Section 18.8 of the Behavior Health and Intellectual Disabilities section for most up to date discharge language
<https://www.michigan.gov/mdhhs/assistance-programs/healthcare/childrenteens/michild/providerinfo/medicaid-provider-manual>

Client Name: _____

Consumer/Guardian Acknowledgement:

I, _____, have read the Autism Program Parent Handbook or had it read to me. I spoke with someone about any points I did not understand, and I have had any questions answered.

I understand that:

- I can discuss my concerns at any time with the treatment team, or program manager.
- The points mentioned in the handbook may be open to change on a case-by-case basis.
- I can talk to my treatment team or program manager at any time if I have questions about any of the subjects discussed in this handbook.
- Signing this document does not mean that I am giving up any of my rights.

Print Name: _____

Signature: _____

Date: _____ Relationship to Participant:



Appendix A

Michigan Autism Program

Glossary of Terms and Acronyms

Acronym	Term	Definition
AAP	American Academy of Pediatrics	An association comprised of pediatricians across the U.S. involved in different activities to optimize all aspects of health, including physical, mental, and social, for all children under the age of 18.
ABA	Applied Behavior Analysis	A process of systematically applying a variety of evidence-based practices to improve socially significant behavior (e.g. those important for successful functioning in a variety of environments). ABA is founded in the scientific principles of behavior and learning and includes, but is not limited to, functional communication training, discrete trial training, reinforcement, prompting, incidental teaching, schedules, naturalistic teaching, shaping, and pivotal response training.
ABI	Applied Behavioral Intervention	Per the Michigan 1915(i) State Plan Amendment, a less intensive and focal model of ABA where treatment is provided an average of 5 to 15 hours per week.
ABLLS-R	Assessment of Basic Language and Learning Skills Revised	An assessment tool and treatment guide used for the evaluation and instruction of language and critical learner skills for children with autism or other developmental disabilities.
ADI-R	Autism Diagnostic Interview - Revised	A structured interview tool that may be used to diagnose Autism Spectrum Disorder (ASD), plan treatment, and distinguish autism from other developmental disorders.
ADOS-2	Autism Diagnostic Observation Schedule	An instrument that may be used in the diagnostic and assessment process for Autism Spectrum Disorder (ASD).
AFLS	Assessment of Functional Living Skills	An assessment tool and treatment guide used for the evaluation and instruction of essential life skills so that individuals with Autism Spectrum Disorder (ASD) or developmental delays may live independently.
ASD	Autism Spectrum Disorder	A developmental disability affecting social skills, communication, and behavior. Abilities in these areas range depending on the individual.
	Asperger's Syndrome	An Autism Spectrum Disorder (ASD) regarded as the "high functioning" end of the spectrum. Individuals typically have difficulty with social interactions, exhibit a restricted range of interests and/or repetitive behaviors, and show delayed motor development. However, individuals with Asperger's do not have significant delays or difficulties in language or cognitive development.
	Autistic Disorder	An Autism Spectrum Disorder (ASD) characterized by severe deficits in social skills, communication, and adaptive behavior.



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BACB	Behavior Analyst Certification Board	A national nonprofit corporation established to coordinate BCBA-D, BCBA, BCaBA, and RBT credentials.
BCaBA	Board Certified Assistant Behavior Analyst	A bachelor level certification for a person who may provide behavioral assessment, behavioral intervention, and behavioral observation and direction under the supervision of a BCBA-D or BCBA.
BCBA-D	Board Certified Behavior Analyst-Doctoral	A doctoral level certification for a person who may provide behavioral assessment, behavioral intervention, and behavioral observation and direction.
BCBA	Board Certified Behavior Analyst	A master's level certification for a person who may provide behavioral assessment, behavioral intervention, and behavioral observation and direction.
BHT	Behavioral Health Treatment	The "umbrella" of behavioral interventions, including Applied Behavior Analysis (ABA), which have been identified as evidence-based by nationally recognized research reviews and/or other nationally recognized substantial scientific and clinical evidence.
BPOC	Behavior Plan of Care	A behavior plan that defines how behavior goals in the child's IPOS will be attained.
BT	Behavior Technician	The individual responsible for the direct implantation of the BHT/ABA services under the supervision of a BCBA-D, BCBA, or BCaBA. A BT is not credentialed by the BACB.
BTPRC	Behavior Treatment Plan Review Committee	The BTPRC reviews and approves or disapproves treatment plans that propose to use restrictive or intrusive interventions with individuals served by the public mental health system who exhibit aggressive, self-injurious, or other challenging behaviors.
CBI	Comprehensive Behavioral Intervention	An intensive BHT service level where services are provided an average of 16 to 25 hours per week.
CMHSP	Community Mental Health Services Program	A government contracted entity that manages mental health services for people enrolled in Medicaid.
CMS	Centers for Medicare & Medicaid Services	An agency within the Department of Health and Human Services who provide funds and guidelines to public insurances.
CPT	Current Procedural Terminology	A coding system used to report medical procedures and services in both private and public insurance programs.
DD	Developmental Disability/Disorder	A group of disabilities characterized by deficits in motor skills, learning, language, and behavior. These conditions arise during a child's development and impact their everyday functioning.
DD-CGAS	Developmental Disability Children's Global Assessment Scale	An evaluation tool used to determine the level of functioning of a child with a developmental disability



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		compared to neurotypical peers of the same chronological age.
DSM-4	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition	The fourth edition of the standard classification of mental disorders containing a listing of diagnostic criteria for every psychiatric disorder recognized by the U.S. healthcare system.
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition	The fifth edition of the standard classification of mental disorders containing a listing of diagnostic criteria for every psychiatric disorder recognized by the U.S. healthcare system.
EIBI	Early Intensive Behavioral Intervention	Per the Michigan 1915(i) State Plan Amendment, an intensive model of ABA where treatment is provided an average of 10 to 20 hours per week.
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment Benefit	A benefit that provides comprehensive and preventive health care services for children under the age of 21 who also are enrolled in Medicaid.
FBA	Functional Behavior Assessment	An assessment used to identify the function of certain behaviors of an individual with a developmental disability.
FBI	Focused Behavioral Intervention	A BHT service level where services are provided an average of 5 to 15 hours per week.
HCPCS	Healthcare Common Procedure Coding System	A coding system used in the billing process to CMS.
IDD	Intellectual Developmental Disability/Disorder	A developmental disability specifically characterized by deficits in intellectual functioning and adaptive behavior.
IEP	Individualized Education Program	A plan developed by a team, for eligible students with disabilities under state and federal special education law, that describes the offer of free appropriate public education in the least restrictive environment, including special education, and/or related services and/or supplementary aids and services.
IFSP	Individualized Family Service Plan	A plan for infants and toddlers (birth-3) that includes early intervention services. The IFSP may also include special education if the child qualifies for special education.
IPOS	Individual Plan of Service	Developed through the Person Centered Planning (PCP) process, the IPOS includes information about the individual, goals and outcomes, and the services needed to achieve those goals and outcomes.
LP	Licensed Psychologist	A doctoral certification for a person who may provide behavioral assessment, behavioral intervention, and behavioral observation and direction.
LLP	Limited Licensed Psychologist	A master's level certification for a person who may provide behavioral assessment, behavioral intervention, and



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		behavioral observation and direction under the supervision of a BCBA.
M-CHAT	Modified Checklist for Autism in Toddlers	A screening tool used to help identify Autism Spectrum Disorder (ASD) in children ages 16 months to 30 months.
MSA	Medical Services Administration	The office within the Michigan Department of Health and Human Services that has primary oversight of Michigan's Medicaid program, which includes administration of Medicaid programs.
MDHHS	Michigan Department of Health and Human Services	The department responsible for health policy and management of the state's health, mental health, and substance use care system.
PDD-NOS	Pervasive Developmental Disorder, Not Otherwise Specified	An Autism Spectrum Disorder (ASD) defined as having some but not all characteristics of ASD, such as social, communication, and/or behavior deficits. Occasionally, the individual will exhibit significant characteristics in one area but will show mild or no characteristics in another area.
PIHP	Prepaid Inpatient Health Plan	The entity responsible for managing behavioral health services for individuals enrolled in Medicaid.
RBT	Registered Behavior Technician	The individual responsible for the direct implementation of the BHT/ABA services under the supervision of a BCBA-D, BCBA, or BCaBA. A RBT is credentialed by the BACB.
SCQ	Social Communication Questionnaire	A screening tool used to help identify Autism Spectrum Disorder (ASD) in children ages 4-6.
WSA	Web Support Application	The management tool used for enrollment and monitoring of various programs, including the Habilitation Supports Waiver, Waiver for Children with Serious Emotional Disturbance, Children's Waiver Program, and Autism Program.
VB-MAPP	Verbal Behavior Milestones Assessment and Placement Program	An assessment tool and treatment guide used for the evaluation and instruction of language skills for children with Autism Spectrum Disorder (ASD) or other individuals who demonstrate language delays.

Appendix B

ABA Participation Agreement

Participant's Name:

Case Number:

Date:

CMH: _____ ABA Agency _____

Consistent participation in Applied Behavior Analysis (ABA) is important for a participant's success. Frequent late arrivals, no-shows, or cancellations affect a child's ability to generalize and maintain skills. In order to benefit from ABA services, full and consistent participation is necessary.

This plan is being created because, within the previous quarter:

- No call no show
 - ☐ Single no call no show without reason
 - ☐ Multiple no call no shows with reason
- Family cancellations/attendance
 - ☐ Attendance falls below 75% of authorized hours over previous 3 months
 - Excludes pre-planned family vacations
 - Excludes non-standard family emergencies (eg surgeries, death, etc)
 - Excludes required COVID protocols
 - Includes both Family Training and Direct Treatment
- Staff Cancellation
 - **Cannot** initiate an action due to Staff Cancellations
- Late arrival (over 15 minutes late)
 - ☐ Single occurrence without reason
 - ☐ Multiple occurrences with reason
- Late pick up (over 15 minutes late)
 - ☐ Single occurrence without reason
 - ☐ Multiple occurrences with reason
- Home environment is evidenced to not be conducive to treatment at scheduled time of treatment
 - ☐ Single occurrence without reason
 - ☐ Multiple occurrences with reason
- Other

What are the barriers to participation?

What are some things the treatment team can do to provide support removing these barriers?

- BCBA/QBHP:

- Behavior Tech:
- Supports Coordinator:
- Parent Support Partner:
- Therapist:
- Other provider(s)(list):

What are some things that caregivers can do to help remove these barriers?

- Consumer/Guardian:
- Immediate Family:
- Extended Family:
- Other (list):

Agreed upon plan of action: _____

This participation plan will be in effect until _____ . (Typically, 3 months; to be determined by treatment team)

If during this time, any of the following occurs, I understand I will be given/sent a letter (called a Notice of Adverse Benefit Determination) that my ABA services will be stopped:

To be filled out by treatment team (Identified from above)

If Notice is sent to discontinue ABA services, ABA services will continue to be scheduled for at least 12 days from the date of notice. In the event that ABA is ending, transition planning and additional communication regarding less intensive support options will occur.

Parent/Guardian Signature: _____ Date: _____

Primary Case Holder Signature: _____ Date: _____

BCBA/QBHP Signature: _____ Date: _____

Appendix C



Autism Behavioral Health Treatment Benefit for children/youth up to 21 years

Our Mission:

Strengthening our community by improving and advocating for the lives of individuals and families.

Our Vision:

Building a community which provides integrated behavioral health care effectively, efficiently, and sustainably for all who require it.

Our Core Values:

Integrity, Inclusivity, Honor, Equality, Innovation, Teamwork, Cultural Competency.

Through the Medicaid Autism Behavioral Health Treatment Benefit, Autism Services at OnPoint is dedicated to providing each child and family with individualized treatment and support through the principles and techniques of Applied Behavior Analysis (ABA) and strive to ensure the best outcomes possible through our quality provider network. With our in-house BCBAs, we monitor all programming and collaborate with providers on behalf of clients receiving ABA, closely working together as a treatment team for progress and treatment success. We understand that participation by parents and caregivers is integral to the success of each child and we strive to provide education and training that will allow parents and caregivers to become equal members of the child's treatment team.

Engaging with Autism Services at OnPoint

During the intake assessment, an autism screening will take place to determine whether the individual meets initial criteria for further testing.

- If the initial autism screening is negative for autism, the individual will not have access to the Autism Benefit and ABA therapy, but may qualify for other services at OnPoint including Supports Coordination, Family Support and Training, Therapy, Occupational Therapy, etc.
- If the screening is positive for autism, a Supports Coordinator will be assigned to your treatment team. Together, you and the Supports Coordinator will develop a treatment plan, which then will include a referral for more in-depth autism testing from one of our contracted providers. *At any time, you can request a change in Supports Coordinators by contacting the office at 269-673-6617*

Autism testing occurs with one of our contracted providers and may include assessments such as "The Autism Diagnostic Observation Schedule" (ADOS-2), "Autism Diagnostic Interview-Revised" (ADI-R), or other similar diagnostic tools. Once the referral is made, the provider will be in contact with you to schedule your testing appointment. Once testing is complete, the provider will send the results to OnPoint and your Supports Coordinator will follow the appropriate steps for enrollment in the Autism Benefit if criteria is met for an Autism diagnosis. Please note, testing currently is required every three years (or sooner if deemed medically necessary) to maintain qualification for the Autism Benefit.

If criteria is not met for an Autism Diagnosis, enrollment will not occur in the Autism Benefit, but your Supports Coordinator will work with you and the individual to find other appropriate supports to meet your needs.

Contracted Provider List

After enrollment into the Medicaid Autism Behavioral Health Treatment Benefit, you have the right to choose among our contracted ABA providers. Your Supports Coordinator will assist by providing information on each provider about what they offer and current availability. If you have no preference, an agency will be assigned based on availability and fit. At any time, you can request a change in providers by contacting your Supports Coordinator or Autism Services at 269-673-6617.

For Autism Testing:

- Acorn (with Dr. Gregory Worthington)- Grand Rapids
- Developmental Enhancement (DE)- Holland and Grand Rapids
- Hope Network- Holland and Kentwood
- Psychological Insights- Holland

For ABA Therapy:

- Acorn
 - Center based with locations in Otsego, Kalamazoo, Grand Rapids, Grandville, Kentwood and Rockford
- Akoya Behavioral Health
 - In- home serving north county
- Developmental Enhancement (DE)
 - Center based with locations in Holland and Grand Rapids
- Hope Discovery
 - Center based in Zeeland
- Hope Network
 - Center based with locations in Holland and Kentwood
- Pavo Behavioral Therapy
 - In home currently serving northeast county
 - Center based in Mattawan
- Positive Behavior Supports (PBS)
 - In home throughout county
- Total Spectrum (Autism Spectrum Therapies)
 - Center based with locations in Kalamazoo, Portage, and Wyoming

Commercial Insurance

If the individual has commercial insurance in addition to Medicaid, referrals to any of our providers will be made in network of that commercial insurance. Your Supports Coordinator will work with you to identify what providers are in that network.

Contact Information

OnPoint Recipient Rights Officer

Kelsey Newsome, Director of Recipient Rights and Customer Service

540 Jenner Drive

Allegan, MI 49010

ORR Direct Line: 269-628-5715

ORR Fax: 269-686-5203

OnPoint Customer Services

Cathy Potter, OnPoint Customer Service Coordinator

540 Jenner Drive

Allegan, MI 49010
Customer Service Toll Free: 877-608-3568
Fax: 269-673-2738, Website: www.onpointallegan.org
Customer Services Email: customerservices@onpointallegan.org

OnPoint Children's I/DD Services

Megan Ford, MS, BCBA, LBA- Manager of Autism and I/DD Services
540 Jenner Drive
Allegan, MI 49010
Phone: 269-673-6617
Email: mford@onpointallegan.org

Cathy Moored- Children's Case Management Supervisor
540 Jenner Drive
Allegan, MI 49010
Phone: 269-673-6617
Email: cmoored@onpointallegan.org

Additional Resources

Autism Speaks

<http://www.autismspeaks.org/>

Autism Speaks Toolkits

<http://www.autismspeaks.org/family-services/tool-kits>

Autism Society of Michigan

<https://www.autism-mi.org/>

Association for Science in Autism
Treatment

<http://www.asaonline.org/>

Autism Society

<http://www.autism-society.org/>

[Autism Alliance of Michigan](https://autismallianceofmichigan.org/)

<https://autismallianceofmichigan.org/>

Cambridge Center for Behavioral
Studies

<http://www.behavior.org/>

I Love ABA (blog)

<http://www.iloveaba.com/>

Center for Autism and Related Disorders
(CARD)

<http://centerforautism.com/resources.aspx>

Autism Distance Education Parent
Training (ADEPT) through
UC Davis M.I.N.D. Institute

<http://media.mindinstitute.org/education/ADEPT/Module1Menu.html>