



DC Medicaid Managed
Care Organization

PROCESSES & GUIDELINES

for Autism Spectrum Disorder
Services for Children

August 2022



DC AUTISM
COLLABORATIVE



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OVERVIEW

This document was developed by the DC Autism Collaborative (DC-AC) Policy group, as part of their goals to outline clear guidelines and standardized processes across all of the DC Medicaid Managed Care Organizations (MCOs) regarding Autism Spectrum Disorder (ASD) and behavioral health coverage. As part of the first steps towards meeting this goal, this group collaborated with the MCOs to gather information regarding the areas identified by the DC-AC Policy group, including specific questions identified by providers for clarification.

The DC-AC, launched in the summer of 2020, is a multidisciplinary, public-private coalition of professionals, community leaders, and parents that strategically addresses barriers to ASD care and advocates for solutions that will increase early and equitable access to high-quality ASD diagnosis, treatment, and coordinated care.

GUIDANCE

This document is intended to be used by providers, particularly those delivering screening, evaluation, and treatment to children with or at-risk for ASD. It is intended to clarify to providers what each MCO insurance plan requires in terms of documentation and information, the processes for transitioning between full risk MCOs and Health Services for Children with Special Needs (HSCSN), and what is needed to become credentialed. As providers use this document, please use this [survey](#) to capture any feedback, including clarifying questions, accuracy, and continued barriers or challenges.

For parents and caregivers who come across this document, Table 1 on requirements needed for the diagnosis and coverage of autism services (pg. 3) as well as Tables 4 and 5 on Strong Start (pg. 10) and transitioning from Strong Start (pg. 12) may be of particular interest.

¹ Current DC Medicaid MCOs as of October 1, 2021: AmeriHealth Caritas DC, MedStar Family Choice DC, CareFirst Community Health Plan DC, and Health Services for Children with Special Needs Health Plan.

² The information in this document is subject to change with the procurement of new managed care contracts in the District of Columbia.



Requirements for Coverage of Evaluation, ASD Diagnosis, ABA and Other Behavioral Health (BH) Services

AmeriHealth Caritas DC	MedStar Family Choice DC	CareFirst Community Health Plan DC	HSCSN
<p>Requirements for Evaluation and ASD Diagnosis</p> <p>Evaluation for ASD diagnosis:</p> <ul style="list-style-type: none"> • If a parent wants to have their child evaluated for ASD at a regional developmental/hospital clinic, the parent can go directly to that center and request an evaluation. Sometimes children are referred by a pediatrician or by the Strong Start program. • Authorization for the evaluation is provided through the Behavioral Health department. • Psychologists can do the evaluation. • Psychological testing is covered. Pre-authorization for testing is required after a clinical interview is completed to approve the testing. The clinical interview cannot be more than 30 days old. <p>Info needed for each request:</p> <ul style="list-style-type: none"> • Member’s personal history (i.e., health/developmental/ educational/ family). • History of symptoms; how long and at what severity symptoms have existed. • Current symptoms. • Observations of the member from the clinician. • Reports of MSE. • ADOS is not required for ASD diagnosis but is the gold standard. Diagnosis of ASD documented through a structured assessment and behavioral health observation. 	<p>Requirements for Evaluation and ASD Diagnosis</p> <ul style="list-style-type: none"> • Magellan covers services provided by behavioral health providers (e.g., ASD evaluations provided by psychologists). Psychological testing is a covered service. Must submit a pre-auth for testing and conduct a clinical interview. • If the primary pediatrician and/or parent have concerns about achieving developmental milestones a referral for further evaluation with a developmental pediatrician is provided. • If completing an evaluation on the medical side (under an MD/physician), it would go through MedStar and require a completed evaluation from the developmental pediatrician with diagnosis of autism provided to the parent, primary pediatrician, and Early Intervention team/ Strong Start, MCO. Official report from the developmental pediatrician is needed for making ASD diagnosis. 	<p>Requirements for Evaluation and ASD Diagnosis</p> <ul style="list-style-type: none"> • Developmental evaluation is a covered service. • Psychological testing is a covered service. • If a parent or a PCP has Autism concerns related to the enrollee, the parent would need a referral from the enrollee’s PCP to visit a Developmental Pediatrician for an evaluation to be completed. • Psychologists can also complete the evaluation. • The team will reach out to the provider physician that diagnosed the child with autism. From this physician, the team would get any clinical documentation supporting the ASD diagnosis. • CareFirst accepts an ASD diagnosis and report from an enrollee’s PCP as long as the diagnosis is supported with clinical documentation. <p>Services provided by CareFirst:</p> <ul style="list-style-type: none"> • All Autism services provided by CareFirst (Beacon does not cover any ASD related services) 	<p>Requirements for Evaluation and ASD Diagnosis</p> <ul style="list-style-type: none"> • HSCSN uses ASD clinical guidelines and InterQual National criteria in making any utilization management decisions. Do not need ADOS for diagnosis of ASD. • Part of the evaluation for ASD, such as psychological testing requires prior authorization (see below). Toddlers presenting with developmental delays referred to developmental pediatricians or neuropsychologists do not require prior authorization. • Prior to any appointment, providers must verify enrollee Medicaid eligibility and HSCSN enrollment. Eligibility can be verified through HSCSN’s provider portal hscsnhealthplan.org/health-providers/current-providers/resources or by calling (202) 467-2737. • The enrollee should possess a referral from their PCP or other referring provider

AmeriHealth Caritas DC	MedStar Family Choice DC	CareFirst Community Health Plan DC	HSCSN
<p>Requirements for ABA and Other ASD Related BH Services</p> <ul style="list-style-type: none"> The comprehensive report should include recommended services (i.e., ABA). ADOS is not required for ABA to be covered Authorization for services recommended through the developmental clinic are provided through BH's Utilization Management Team Requests can be submitted through NaviNet; by telephone: 202-408-4823 or 1-800-408-7510, M-F 8 a.m. – 5:30 p.m.; by fax: 202-408-1031 or 1-877-759-6216 To contact the Behavioral Health Utilization Management team directly, call 1-877-464-2911 or email to IntegratedBHUMOPT@amerihealthcaritas.com If ABA is denied: Behavioral Health Utilization Management to schedule an appeal. Reason for denials and appeals process are explained in writing via a letter and by fax. 	<p>Requirements for ABA and Other ASD Related BH Services</p> <ul style="list-style-type: none"> Prior authorization required for ABA. To request specific utilization management criteria or to speak with a MedStar Family Choice-DC Reviewer or Medical Director contact 855-798-4244 or 202-363-4348 (8:00 a.m. to 5:30 p.m.), DCMFCUMAuth@medstar.net ADOS is not required for ABA services to be covered. A letter of recommendation is completed by the Developmental Pediatrician and provided to Strong Start Coordinator.* Following up with Developmental Pediatrician's recommendation and in collaboration with therapist, ABA services are set up in agreement with the parent's consent during IFSP meeting.* For appeals, the provider can call 800-261-3371 <p>*Information still being gathered regarding processes/provision of ABA services outside of Strong Start and delineation of services covered by MedStar vs Magellan.</p>	<p>Requirements for ABA and Other ASD Related BH Services</p> <ul style="list-style-type: none"> The team reaches out to the provider who diagnosed the child and ask for a signed referral/order for an ABA evaluation. Prior authorizations are required for the ABA evaluation. ADOS is not needed in order for the ABA services to be covered. Pre-Service Authorization requests can be faxed to: (202) 905-0157. Requests for services will be reviewed by experienced Nurses utilizing InterQual criteria and/or other relevant clinical practice guidelines. Utilization management authorization: 202-821-1100 Pre-Service Authorization requests for Behavioral Health Services are handled by Beacon Health Options. (855) 481-7041. For an appeal, the provider can call 202-821-1100 and ask for the appeals department. Peer to peer is offered within 14 days (before appeal) The provider can also call the UM Department at 202-821-1132 if the physician/ treating provider wishes to have a peer to peer with the Medical Director. The denial is communicated via phone and fax to the provider. A letter is mailed which will include an explanation of the denial. 	<p>Requirements for ABA and Other ASD Related BH Services</p> <ul style="list-style-type: none"> Prior authorizations required for ABA. ABA requires physician referral, which triggers an evaluation by an ABA provider. Based on the evaluation, HSCSN determines number of hours PT, OT, ST also require prior auth Providers are requested to submit an order, medical record, and/or a letter of medical necessity to the HSCSN UM Department via email at UM@hscshealth.org or fax to (202) 721-7190 Can take up to 14 days. For urgent requests call (202) 721-7162 <p>Info needed for authorization requests:</p> <ul style="list-style-type: none"> HSCSN Enrollee Name, ID# and/or Date of Birth ICD-10 Code (the diagnosis for the service ordered)- Diagnostic code for ASD needed Specific info on the requested services/procedures Physician Printed Name and Signature Ordering Physician's NPI # Name of requested specialty provider (if a preference is identified) Reason for authorization or request # of visits needed and frequency/duration of treatment Supporting Medical Records (as appropriate) Any and all other information that should be communicated to HSCSN

Process for Transitioning Between Full Risk MCOs

AmeriHealth Caritas	MedStar Family Choice/Magellan	CareFirst/Beacon
<p>Continuity of services during transition:</p> <ul style="list-style-type: none"> For the Early Intervention Program: all MCOs contract with the same providers to provide services. As a result, current authorizations for services would be required from the new MCO to prevent a disruption in services. Once providers are notified of a change in MCO they request a new authorization in the OSSE database, and it is usually uploaded within 14 business days. For behavioral health: Usually have similar provider networks between plans, but if a provider is not in network during a transition, a single case or continuity of care agreement is put in place 	<ul style="list-style-type: none"> Strong Start and MCO will continue to provide services until they can verify enrollee has transitioned over. Disenrollment only occurs during the designated recertification period as dictated by DHCF. Process can take from 6 - 12 months 	<ul style="list-style-type: none"> Handled by DHCF. Individuals should reach out to DC Healthy Families



Process for Transitioning to HSCSN (CASSIP Referrals)

- For Medicaid beneficiaries who are not in HSCSN, they can qualify for enrollment with HSCSN in two ways:
 - They can apply for Supplemental Security Income (SSI). If they have SSI, they automatically become eligible and then can choose to enroll in HSCSN.
 - They can be referred by a physician as SSI-like or equivalent. DHCF has recently changed the process for these referrals. **The current interim process, form and contact information for further information can be found here:** <https://dhcf.dc.gov/node/1592556>
- There should not be a gap in services since the child would still be enrolled with the plan as they wait for their Social Security to approve their application. Strong Start program and MCO will continue providing therapy services to child until is accepted to HSCSN program.
- HSCSN administers the Child and Adolescent Supplemental Security Income Program (CASSIP) under contract with the Department of Healthcare Finance (DHCF). HSCSN does not make any decisions on who is eligible for CASSIP.
- Once a beneficiary is enrolled with HSCSN, a care manager is assigned, and they do an assessment and develop a Care Coordination Plan with the family and health care providers. All enrollees with HSCSN have a care manager.
- AmeriHealth has a team of associates (Disability Advocacy Program) that can assist with the overall transition process.



Role of Health Plan in Strong Start Program

AmeriHealth Caritas	MedStar Family Choice/Magellan	CareFirst/ Beacon	HSCSN	Strong Start/ Office of the State Superintendent of Education (OSSE)
<ul style="list-style-type: none"> Has a department specifically for enrollees referred to the Strong Start Program. <p>Evaluation for Strong Start Services:</p> <ul style="list-style-type: none"> Every child that is referred to SS receives an evaluation (covered) for services if the parent agrees to move forward. AmeriHealth’s Children With Special Needs – Early Intervention Team authorizes all evaluations and services for enrollee’s internally. They do not go through the Utilization Management Department. The two evaluations completed include a BDI (standardized evaluation) and an AEPS (measures child against self). Certain diagnoses prompt auto-eligibility for Strong Start. ASD is one of them. If the child already comes to SS with an ASD diagnosis, the child will only receive an AEPS, and will be auto eligible. Both the BDI and AEPS are approved by the MCO if the referral comes through SS. SS has 45 days from the date of referral to engage the family, complete the evaluation, and hold the IFSP meeting. From the date of the meeting, AmeriHealth (or assigned MCO) has 30 days to make sure all services are in place. 	<ul style="list-style-type: none"> Letter of recommendation is completed by the developmental pediatrician and provided to Strong Start coordinator. 	<ul style="list-style-type: none"> The provider makes the authorization request through the Strong Start database, and services are authorized by the Early Intervention team at CareFirst CHPDC. The provider is notified of the authorization approval by the EI team using the Strong Start database. 	<ul style="list-style-type: none"> Enrollees receiving Strong Start services have a care manager on our Early Intervention team. The HSCSN care manager is involved in the IFSP process and does the authorizations for Strong Start services. 	<p>Re: ABA services:</p> <ul style="list-style-type: none"> Strong Start does not “max out” at 10 hours. They use an intensive coaching interactive style that heavily involves the parents/caregivers or is caregiver intensive. Families may receive additional hours through their insurance plans, if providers recommend ABA hours beyond what Strong Start offers. Evaluations completed through the Strong Start Program do not diagnose for ASD.

Process for Transition of Strong Start to Non-EI Services

AmeriHealth Caritas	MedStar Family Choice/ Magellan	CareFirst/Beacon	HSCSN	Strong Start/ Office of the State Superintendent of Education (OSSE)
<ul style="list-style-type: none"> When a child diagnosed with ASD transitions from Strong Start (Part C) to Early Stages (Part B) [services in a DCPS school setting], AmeriHealth's CWSN Early Intervention team will transfer the case to AmeriHealth's Complex Care Management team for continued follow up. 	<ul style="list-style-type: none"> The Strong Start Coordinator and Case Manager ensures continuation of care. Case Manager maintains close communication with member and provide emotional support, and information about community resources available as they transition 	<ul style="list-style-type: none"> If the enrollee was receiving ABA Therapy while they were in Strong Start, the enrollee can still receive ABA Therapy as an outpatient once they exit from the Strong Start program. The major change is the manner in which the provider gets the authorization for the ABA services. Services are authorized by the Utilization Management (UM) Department at CareFirst CHPDC. Provider must go onto the CareFirst CHPDC website and complete the Prior Authorization form. Once the provider completes the Prior Authorization form they will submit the form, as well as supporting clinical documentation, to the UM Department. Once services are approved, the provider is notified by the UM Department regarding the authorization approval. This process continues until the enrollee is no longer in need of services. The link to the Prior Authorization form is below. Medical Prior Authorization Form (carefirstchpdc.com) [carefirstchpdc.com] 	<ul style="list-style-type: none"> The care manager works with Strong Start and the family to develop a transition plan for services after leaving Strong Start, unless determined that enrollee no longer needs those services. Plan varies from person to person, but the goal is to address their individual needs. Not a formal process. Some therapy services are typically provided through the school system and services can be provided through the health care system as well. HSCSN does not pay for services that are in the school. Any services that are not part of the IFSP (IDEA part C) or IEP (IDEA part B) would need to be reviewed by HSCSN including review for medical necessity. Therapy services outside of the school system do require prior authorization. Reviewed by UM. 	<ul style="list-style-type: none"> If a family is exiting at age 3 and not moving from Part C to Part B, the MCO is responsible for transitioning the family to non-EI services. OSSE invites individuals from the MCO side to participate in the IFSP meetings and planning with the family. Strong Start works to get referrals in place for the families before they exit the program. When Strong Start "transitions" a student to a school-based program, they generally make recommendations about school-based services but do not make recommendations about therapies outside of the school. Extended option is available to members until age 4 to 5 unless parent or caregiver request a withdrawal from the program.

Process for Provider Credentialing and In-Network Requirements

AmeriHealth Caritas	MedStar Family Choice/Magellan	CareFirst/Beacon	HSCSN
<p>Process in order of events:</p> <ol style="list-style-type: none"> 1. Practitioner information form 2. Ownership Disclosure form 3. Request for copy of W9 4. Schedule a site visit (BH) <ul style="list-style-type: none"> • Utilizes the Council for Affordable Quality Healthcare (CAQH) process • General info on joining the network: https://www.amerihealthcaritasdc.com/provider/new-to-the-plan/become-a-provider.aspx • Provider checklist of documents and information needed: https://www.amerihealthcaritasdc.com/pdf/provider/application-checklist-for-practitioners.pdf <p>Information needed:</p> <ul style="list-style-type: none"> • Medicaid provider enrollment number • State medical license • Certifications (if applicable) • W-9 form • Facility Location, hours of practice • New practitioners and providers must complete the ownership disclosure form to start the credentialing and contracting process. Must pass the credentialing process before contracting <p>Re: ABA provider requirements:</p> <ul style="list-style-type: none"> • There is not a specific ABA network provider requirement. Network size determined based on needs/request/wait times/etc. • All Medicaid providers need to have a DC Medicaid ID 	<ul style="list-style-type: none"> • Provider enrollment application and information found here: https://www.medstarfamilychoice.com/for-district-of-columbia-providers/becoming-a-credentialed-provider/ <p>Information needed:</p> <ul style="list-style-type: none"> • Providers must submit the CAQH Form; Disclosure of Ownership Form; Provider Roster Form (for groups or practices with 10 practitioners or more); W9; copy of license to practice, Medicaid enrollment number • Must be re-credentialled every 3 years <p>Re: ABA provider requirements:</p> <ul style="list-style-type: none"> • MedStar credentials ABA providers. Have a total of 16 and 2 are in the process of being credentialled. No set number of ABA providers required in network • For EI providers: DC Medicaid ID is required at the Group/organization Level not Individual. Each individual EI provider does not need to provide a DC Medicaid ID number, but the organization they are a part of must be enrolled in DC Medicaid • Magellan credential BH related providers 	<p>Re: ABA provider requirements:</p> <ul style="list-style-type: none"> • ABA therapists are credentialed by CareFirst. • ABA providers are not required to have a DC Medicaid ID. • Requirements and documents needed to get started can be found: https://www.carefirstchpdc.com/credentialing-information.html • Credentialing form: https://www.carefirstchpdc.com/credentialing.html <p>Information needed:</p> <ul style="list-style-type: none"> • Utilizes the Council for Affordable Quality Healthcare (CAQH) process • The practitioner submits a completed, credentialing application (website); Consent and Release Form; copies of their state license, DEA or CDS, malpractice face sheet; and curriculum vitae. • Must provide Medicaid enrollment number • Site visit conducted • Beacon Health Options credentials psychologists. Same info is needed as with CareFirst. <p>Information can be accessed here: https://www.beaconhealthoptions.com/providers/how-to-become-a-provider/how-to-become-a-provider/</p>	<ul style="list-style-type: none"> • HSCSN recruits licensed, Board-certified or Board eligible providers, as needed. • Credentialing with HSCSN begins after the Provider or Group has started the contracting process with HSCSN via the Contracting Department. https://hscsnhealthplan.org/health-providers/become-provider/credentialing <p>Information needed:</p> <ul style="list-style-type: none"> • Be enrolled as a DC Medicaid Provider • Acceptable professional liability (malpractice) insurance coverage, State Professional License, State-Controlled Dangerous Substance Certificate, and Clinical Laboratory Improvement Amendments (CLIA) Certificate • Completion of the required Health Check Training for PCPs • All active permits and registrations • Proof of Board Certification • An Accreditation Certificate from a recognized accrediting body, Centers for Medicare and Medicaid Services (CMS) State Survey, or any applicable State Survey • The absence of negative actions taken by any State board and/or governing entity • Curriculum vitae and/or work history <p>Process:</p> <ul style="list-style-type: none"> • Through CAQH, providers submit credentialing information to a single storehouse, via a secure internet site, to fulfill the credentialing requirements of health plans that participate with CAQH. • HSCSN's credentialing and re-credentialing process adheres to the National Committee for Quality Assurance (NCQA) guidelines. • All practitioners, facilities, groups and/or organizations are re-credentialled every three (3) years.

RELEVANT LINKS AND RESOURCES:

AmeriHealth Caritas DC

- [Provider Manual](#)
- [Provider Quick Reference Guide](#)
- [Behavioral Health Services Provider Guide - Providers](#)
 - [Psychological and Neuropsychological Testing- pg. 27-35](#)
- [Prior Authorization Lookup Tool](#)
- [Medical Prior Authorization Form](#)
- [Psychological/neuropsychological testing request form](#)
- [Autism Spectrum Disorder \(ASD\) Treatment Request Form](#)
- [Behavioral Health Provider Directory](#)

CareFirst Community Health Plan DC

- [Provider Manual](#)
- [Provider Quick Reference Guide](#)
- [Procedures Requiring Prior Authorization by CPT code](#)
- [Medical Prior Authorization Form \(carefirstchpdc.com\) \[carefirstchpdc.com\]](#)
- [Beacon Health Options \(BH subcontract\) contact: 1-855-481-7041](#)

MedStar Family Choice DC

- [Provider Manual](#)
- [Quick Authorization Guide](#)
- [Prior Authorization Request form](#)
- [Magellan \(BH subcontract\): 800-777-5327](#)

HSCSN

- [Provider Manual](#)
- [Prior Authorizations Information](#)
- [Prior Authorization Form](#)
- [Neuropsychological Testing Request Form](#)
- [Psychological Testing Request Form](#)
- [ABA Evaluation Request Form](#)
- [ABA Telehealth Request Form](#)
- [Medicaid Director Letter - CASSIP: Interim Procedure to Request Disability Determination for Non-SSI Recipients of D.C. Medicaid](#)
 - [FINAL_CASSIP_Disability_Interim_MDL_.pdf](#)
 - [CASSIP Provider Referral Form.pdf](#) - enables medical providers to request a disability determination from DHCF on behalf of children or adolescents seeking enrollment in CASSIP, that do not otherwise have a disability determination by way of being a recipient of Supplemental Security Income (SSI).
 - [CASSIP Disability Interim MDL Parent Form.pdf](#)- allows for parents to provide information regarding child observations and any challenges to be used in deciding if the child has a disability that would make him/her eligible for the Child and Adolescent Supplemental Security Income Program (CASSIP).





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