

Referring HPSM Medi-Cal patients to Magellan for Autism Spectrum Disorder (ASD) and/or Applied Behavioral Analysis (ABA)

If you are a primary care provider (PCP) or specialist and believe a HPSM Medi-Cal patient has ASD and/or ABA is an appropriate treatment:

1. You must submit a referral request for a Comprehensive Diagnostic Evaluation (CDE) to Magellan. If the patient has had a CDE within the last two years, submit the report to Magellan.
2. If the member is already diagnosed or would benefit from ABA therapy, a referral for ABA services can be provided to Magellan.
3. If the CDE recommends ABA, the patient will require a Functional Behavior Analysis (FBA) before beginning intensive treatment.
4. During the FBA process, the ABA provider will determine the care plan for concurrent services.
5. As the patient meets treatment goals, services are faded out; graduation from treatment happens when the patient has made optimal progress.

To refer a patient for any of these services, fax a clinical request to Magellan at **1-888-656-3847** or call/email **MagellanSanMateoReferrals@MagellanHealth.com** **1-800-729-2422**

This is a guide for referring providers to this process. It assumes you will use this information to set expectations with families and support their journey towards receiving treatment.

Comprehensive Diagnostic Evaluation (CDE)

A CDE is a thorough review to determine if a child has Autism Spectrum Disorder (ASD) and is a good candidate for Applied Behavioral Analysis. It may include a behavior and development assessment; interviews with the child's parents or caregivers; hearing and vision screenings; and genetic, neurological or other medical testing. If you suspect a Medi-Cal patient has ASD and/or that ABA is an appropriate treatment, you can request a CDE from Magellan or another HPSM in-network provider. Once Magellan receives a request for an evaluation, they must identify a CDE provider to:

1. Offer the patient an initial CDE appointment within 10 business days.
2. Conduct the CDE using an appropriate and validated diagnostic tool.
3. Submit a diagnostic summary to Magellan that is consistent with DSM-5 criteria within 30 days of conducting the CDE.

If the CDE recommends ABA, Magellan will arrange for an ABA provider to see the patient through Medi-Cal within 10 business days.

If the CDE provider does not recommend ABA, regardless of an autism diagnosis, they will refer the patient to HPSM for other services.

Functional Behavior Analysis (FBA)

An FBA is the initial evaluation before a patient receives intensive ABA services. It includes identifying behaviors of concern as well as creating a treatment plan with behavior goals and proposed length of services. After a patient has been approved for ABA services, the ABA provider submits a referral to Magellan for an FBA. Once it is approved:

- Magellan will assign one of their network Board-Certified Behavior Analysts (BCBA) and/or Qualified Autism Providers to conduct the FBA.
- The FBA may take up to 30 days to be completed, but an authorization determination is made within 5 business days of submission.

If the FBA does not meet medical necessity, Magellan's Senior ABA Care Manager will schedule a clinical discussion with the provider to determine if there is additional clinical information, they can submit to meet medical necessity criteria.

If the ABA provider does not submit clinical information within five days, a peer-to-peer conversation between them and Magellan's board-certified child and adolescent psychiatrist will be scheduled for within five days, and a medical necessity determination is made during the meeting.

If Magellan denies ABA but the ABA provider believes it is medically necessary, they can file an appeal.

Concurrent Services

Concurrent services are the ABA services proposed and evaluated during the FBA process. They include direct intervention, supervision, caregiver training and social skills training. The ABA provider delivers these services, and Magellan also requires that parent(s)/caregiver(s) participate. If an ABA provider believes that concurrent services are needed for the patient's well-being, they must submit a treatment request for additional services at least one month before the proposed start date of the next authorization. After that:

- Magellan's Senior ABA Care Manager leads an interdisciplinary meeting to review the treatment plan for medical necessity.
- The meeting includes the ABA provider/PCP, Magellan's ABA Senior Care Manager, patient (if applicable), and parent(s)/caregiver(s).
- Based on this meeting and medical necessity criteria, the ABA Senior Care Manager determines which concurrent services are needed.

Graduation/Fading of Services

Services must be faded gradually and systematically over time as the patient meets treatment plan goals or as the patient has met the maximum benefit of ABA services.

- ABA providers do not need to submit a request to Magellan for graduation/fading of services: it is included in the treatment plan and updated according to the patient's progress.
- The focus of ABA is to work on generalizing ABA techniques to the family and community: once generalization is complete, begin fading of services.
- As part of their treatment plan review, Magellan may recommend fading services if the patient has made optimal progress.