# CMHCM Presentation

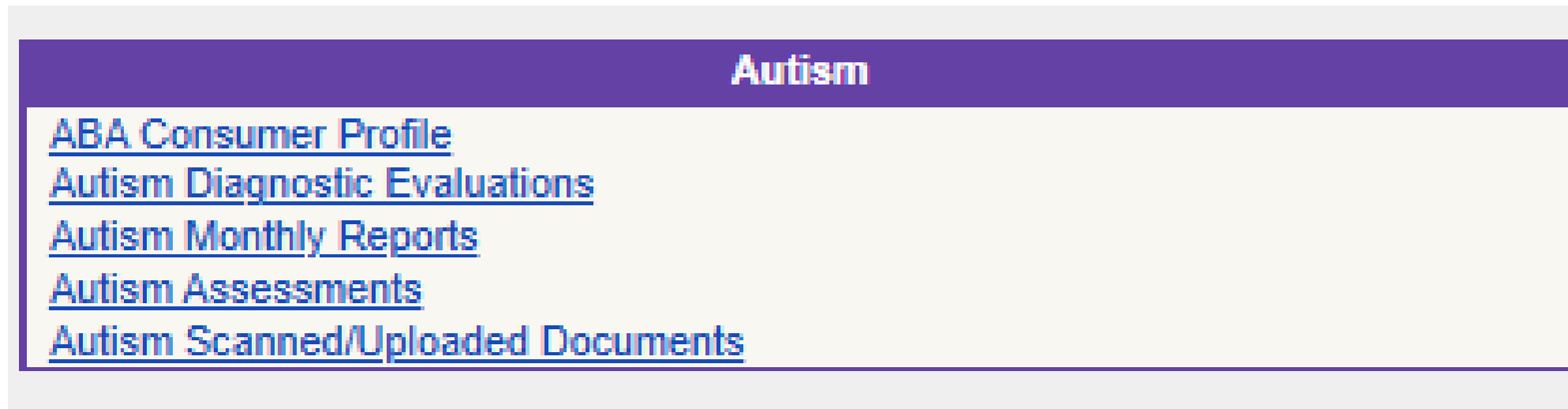**ABA Provider Quarterly Meeting**

**May 7, 2025**

# Updates to CMHCM Autism Program

- Autism Assessments
  - Billing
  - Entering documentation

- Authorization requests
  - Auths for summer schedules should be requested this week!

- Monthly Reports

- Reminder: QBHP credentialing ends Sept. 30, 2025

- Key people and resources

# Autism Assessment Entry instead of Progress Notes

- Progress Notes are no longer needed to bill for 97151 (Autism Assessments)

- Instead the Autism Assessment needs to be entered into the purple Autism section of CIGMMO, with the report attached and the final page signed by the clinician.



**Autism**

ABA Consumer Profile
Autism Diagnostic Evaluations
Autism Monthly Reports
Autism Assessments
Autism Scanned/Uploaded Documents

# Autism Assessment Entry Requirements

- Autism Assessments must be completed prior to start of services and at least every six months in order to bill for this service and auths to be added.
  - They need to be uploaded into the consumer chart under Autism Assessment in the purple section of CIGMMO.
  - Needs to include the total direct and indirect time spent on the assessment and plan
  - Entry needs to be signed by the providing clinician
  - Plan must be current (within the past six months)

# Entry Directions

Blue Notes are required fields



Index
1. Autism Assessment
2. Send Copy To
3. Signatures

1. Autism Assessment: Autism Assessment

Evaluation Type
○ Initial Evaluation ○ Second Evaluation ○ Third Evaluation
○ Other:

Initial Evaluation: first ABA evaluation
Second Evaluation: any semi-annuals
Other: First with new provider; Parent training only

Date of Evaluation          Provider [lookup]
Use Current Date

Date of Evaluation: final day of evaluation

Provider: ABA agency

Evaluator

Evaluator: Rendering clinician w credentials

Evaluation Instruments

☐ VB-MAPP (Verbal Behavioral - Milestone Assessment and Placement Program)

☐ ABLLS-R (Assessment of Basic Language and Learning Skills)

☐ AFLS (Assessment of Functional Living Skills)

☐ PEAK (Promoting the Emergence of Advanced Knowledge) Relational Training System

☐ Other, specify:

characters left: 128

Requested Services
Applied Behavioral Analysis Therapy:
Supervision:                                hours per week
Family Training:                            hours per month

Requested Service: hours to be authorized

# Bottom of First Page

Other Recommendations or Comments

**Comments:** ABA schedule/school schedule

Enter dates and times spent on assessment.

characters left: 8000

Attachments / Uploads

Choose files OR Drag and drop files here

**Choose File:** Current ABA assessment/treatment plan needs to be attached.
Documentation of training techs on this plan also need to be attached.

## 3. Autism Assessment: Signatures

Electronic Signatures

**Instructions**
When the form/document is completed, type in your password and click 'Sign and Save'. By entering your password you are electronically signing this form/document. Your signature represents your acceptance and approval of the records. Once signed, any future changes must be made via the 'Change Signed Document' option.

Staff Signature Required By [lookup]          Enter your password to sign

182382          Mary Schrier BC

**Signature:** must be signed by rendering clinician

Sign and Save

**STEP 2 - Attachment Information**
To identify the file that you are uploading, please complete the following information.
Attachment Type
* Select an attachment type ▾
* Select an attachment type
Consumer Signatures
Supporting Documentation
Training Record

Attachment Date

Use Current Date

characters left: 2048

- **Attachment Type:**
  - Supporting Documentation if Assessment/Treatment Plan Report.
  - Training Record if documentation of training staff on plan.

# Signature



**Staff Signature:**

- On third page the clinician completing the assessment needs to sign.
- If someone else is entering this information use the LOOKUP button to change the name to the clinician.
- This will show up as an Unsigned Document for clinician to sign with password.

**NOTE: This is needed for billing purposes instead of a Progress Note.**

Community Mental Health
FOR CENTRAL MICHIGAN

# Changing Staff Signature to Rendering Clinician:

**3. Autism Assessment: Signatures**

**Electronic Signatures**

**Instructions**
When the form/document is completed, type in your password ar signing this form/document. Your signature represents your acce made via the 'Change Signed Document' option

**Staff Signature Required By** `lookup`
182382    Mary Schrier  BCBA QIDP, CMHP, CMH

**Lookup:** select to find rendering clinician

**Staff List**

County / Affiliate:  `*Any`

Staff Name: 

Type:  `*Any`

**Community Mental Health**
FOR CENTRAL MICHIGAN

## 3. Autism Assessment: Signatures

### Electronic Signatures

**Instructions**
When the form/document is completed, t[...]
signing this form/document. Your signatu[...]
made via the 'Change Signed Document'[...]

**Staff Signature Required By** [lookup]
189118        Hailey Albert  BCBA,

**Record Added**
mschrier 05/03/2025 01:54:10 PM

[Save] [Save without Leaving Page] [C[...]

---

**Staff Signature:** after entering rendering clinician **Save**

Document will show as Unsigned until Clinician signs.

Showing 3 of 3 Autism Assessments

| Date | County / Affiliate | Evaluation Type | Status |
|------|-------------------|-----------------|--------|
| 05/03/2025 | Isabella | Initial Evaluation | UNSIGNED SIGNATURES: Hailey Albert |

# Rendering Clinician Responsibilities:

- Open Assessment document in CIGGMO by clicking Change

- Review that everything entered and uploaded are correct



- Sign final page of entry

# Requesting Authorizations

- Email request form to [ABATeam@cmhcm.org](mailto:ABATeam@cmhcm.org) at least 2 weeks prior to starting schedule.
  - If requesting in CIGMMO please ALSO send email to [ABATeam@cmhcm.org](mailto:ABATeam@cmhcm.org) alert that a change is needed with the date that you would like the new auths to start.

- Requests to change auths to accommodate **summer schedules** should be sent at least 3 weeks in advance, with "Summer Schedule" in subject line.

- Note if schedule will most likely return to the same school schedule in September so both adjustments can be made in one addendum.

Consumer: _____  Case #: _____  Date: _____

Provider: _____  Start Date: _____

### Reason for Addendum:
*Mark the requested change(s) by typing an "X" in the relevant box(es).*

☐ **ABA Service Change**          ☐ **New PCP**          ☐ **Change in ABA Goals/Objectives**

☐ New Services
  ☐ Intervention with behavior tech starting
☐ Change in BCBA supervision          Name: _____
☐ Change in service hours per week
  ☐ Per family request
  ☐ Other: _____

### Requested Services
| | | |
|---|---|---|
| Applied Behavioral Analysis Therapy: | ☐ | hours per week |
| Supervision: | ☐ | hours per week |
| Family Training: | ☐ | hours per month |

### Other Recommendations or Comments

[                                                                    ]

| ABA Weekly Schedule | | *School Weekly Schedule | |
|---|---|---|---|
| Monday | | Monday | |
| Tuesday | | Tuesday | |
| Wednesday | | Wednesday | |
| Thursday | | Thursday | |
| Friday | | Friday | |
| Saturday | | *School schedule is required IF: over 6 years old, | |
| Sunday | | with more than 16 hours of ABA per week. | |

# Auths Prior to Services; Without Services

- Prior to providing any services it is the provider's responsibility to make sure the auths are available and accurate.

- CMHCM cannot backdate auths.

- If there is an error contact the Autism Team ([ABATeam@cmhcm.org](mailto:ABATeam@cmhcm.org)) and the case holder BEFORE providing services so it can be corrected.

- If consumer's services are changing, going on hold, or utilization is low, please email the ABA Team and case holder as soon as possible to try to resolve issues. We are required to send a notice whenever authorized services are reduced, stopped or paused, so communication is imperative.

# Monthly Reports

- Monthly Report is NOT required in each consumer's CIGMMO account, Instead:

- Submit Monthly Report Spreadsheet to Karen Chapin (kchapin@cmhcm.org)

| Agency: | | | Month/Year: | | | Completed by: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Initial Information** | | | | | | *** Utilization** | | | **Outliers** | | | **Current Plan** | |
| Consumer | Accepted referral (date) | Waitlist placement | Initial ABA Assessment | ABA Start date | Clinician | *Parent Training provided (97156) | *Direct ABA provided (97153) | Less than 75% utilized? | *Total Supervision provided (97155) | Was supervision less than 10% of direct? | Inactive dates | Date of current assessment | Assessment uploaded/signed by clinician | Expiration date of current auths |

- Yellow: Initial information including when referral is accepted, update their placement on waitlist, dates of initial assessment and start date, name of clinician

- Orange: Hours provided the past month; Identify if less than 75% of the auths were used and/or less than 10% of supervision provided; Inactivity

- Green: Date of the current semi-annual assessment; when CIGMMO entry was signed; expiration date of current auths

# Final Reminders

QBHP Reminder
- The use of QBHPs (master's level clinicians who haven't yet passed the BCBA exam) ends on Sept. 30, 2025

Document Training
- All contracted staff must be trained on the IPOS before initial service and when annual PCP occurs.
  - Enter as Attachment to current PCP plan.
- All staff must be trained on each ABA plan.
  - Enter as Attachment to current Autism Assessment.

# Key CMHCM resources

[Providernetwork@cmhcm.org](mailto:Providernetwork@cmhcm.org): Contract and Credentialing questions

[ABATeam@cmhcm.org](mailto:ABATeam@cmhcm.org): Auth requests, Assessment questions, Referrals, CIGMMO access

[Payables@cmhcm.org](mailto:Payables@cmhcm.org): Questions regarding billing and batches

**Case Holders**: Annual training on IPOS and prior to first service; Contact between you and family

Communication is key! Please remember to reach out with challenges reaching family, services are going on hold, auths are not in, & other questions.

# Up Next – Family Guidance Strategies

If requesting a BACB CEU following this training, please email to mschrier@cmhcm.org

- Your name and BCBA/BCaBA certificate Number

- Feedback from the presentation with at least one takeaway or committed action you will make regarding Family Guidance.