ALABAMA DEPARTMENT OF MENTAL HEALTH

AUTISM SERVICES PROVIDER MANUAL

Created: October 2019 ***Last Revised: May 2021***

Table of Contents

Introduction

The purpose of the manual is to guide providers with procedures and practices and to provide general information regarding Alabama Department of Mental Health Autism Services.

The manual will be revised and updated as policies change. Updates can only be made by ADMH Autism Services. When revisions are made to the manual, the revised material will be distributed to all service providers.

The Alabama Department of Mental Health (ADMH) provides services for Medicaid-eligible children and youth under the age of 21 with Autism Spectrum Disorder (ASD) that require a multi-disciplinary service team from more than one child-serving agency or having one or more co-occurring eligible diagnosis. Services are intensive in nature and are provided in home and community-based settings.

Services Definitions

Rehabilitative Autism Services will be provided to Medicaid recipients based on medical necessity. Although limits are provided for guidance, the limitation(s) noted can be exceeded based on medical necessity. While it is recognized that involvement of the family in the treatment of individuals with Autism Spectrum Disorder is necessary and appropriate, provision of services where the family is involved must be directed to meeting the identified recipient's treatment needs. Services provided to non-Medicaid eligible family members independent of meeting the identified recipient's treatment needs are not covered by Medicaid.

Intensive Home-Based Services (IHBS), as applicable to children or youth with ASD or ASD with co-occurring IDD, means a collection of discrete clinical interventions including Intensive Care Coordination, Therapeutic Mentoring, In-Home Behavioral Support, In-Home Therapy, Family Support and Peer Support that are provided to a child or youth in any setting where he or she may reside or in other community settings. The six IHBS are described below:

Intensive Care Coordination- The Intensive Care Coordinator/ICC works directly with the child or youth and his or her family to identify needs and strengths and assist in gaining access to needed services. The ICC coordinates and monitors the array of supports allowing the child/youth to remain in the home and community. The ICC guides the treatment team and prepares and monitors the treatment care plan.

In-Home Therapy is a one-on-one strength-based therapeutic relationship between a professional clinician and a child/ youth and his or her family to address behavioral health needs. In-home therapy also addresses the family's ability to provide effective support and enhances the family's ability to improve functioning in the home and community.

Behavioral Support is positive behavior support therapy to address challenging behaviors. Objectives and interventions are designed to diminish, extinguish, or improve specific behaviors. In-home behavior support includes, but is not limited to, Applied Behavioral Analysis. Services may be delivered by a Behavioral Support team to include a Behavior Therapist and Behavior Support Monitor. Services include behavioral assessment, planning, monitoring, follow-up, and crisis services.

Therapeutic Mentoring is a structured one-on-one strength-based intervention to address daily living, social, and communication skills. This service includes supporting, coaching, and preparing the child/youth in age-appropriate behaviors, interpersonal communication, problem solving and conflict resolution, and in relating appropriately to other children and adolescents, as well as adults, in social activities.

Psychoeducational Services (Family Training) is provided to families and/or child/youth to assist in understanding the nature of the illness of their family member and how to help the child or youth be maintained in the community. Psychoeducational Services is structured and topic-specific and may be provided in an individual or group setting. Goals are focused on understanding the diagnosis, maintaining the child/youth in the community and identifying strategies to support the best level of functioning.

Peer Support (Child/Youth & Parent/Family) includes structured, scheduled activities that actively engage and empower the child/ youth and /or family. Peer Support follows a treatment plan to promote socialization, self-advocacy, development of natural supports, and maintenance of community living skills. Additionally, this service provides support and coaching interventions to promote resiliency and healthy lifestyle, reduce behavioral health and physical health risks, and increase healthy behaviors to prevent the onset or lessen the impact of health conditions.

Intensive Care Coordination

A single case manager (and/or a single treatment team) and a treatment plan that guides the provision of all behavioral health and related support services. The case manager works directly with the child or youth and his or her family, coordinates a child and family team, and prepares and monitors a service plan and/or case plan. Intensive Care Coordination ensures that Intensive Home-Based Services help meet all the child's or youth's individual behavioral health needs by identifying, coordinating, and monitoring the array of supports and staff that allow the child or youth to remain in his or her home and community. Intensive Care Coordination services assist eligible individuals in gaining access to needed medical, social, educational and other services. The case manager provides these services through telephone contact with child/youth, face-to-face contact with child/youth, telephone contact with collaterals, or face-to-face contact with collaterals. This is accomplished via needs assessment, case planning, service arrangement, social support, re-assessment and follow-up and monitoring.

Eligible Provider: Intensive Care Coordinator through ADMH or Community 310 Board

Qualifications: Bachelor of Arts or a Bachelor of Science Degree, preferably in a human service-related field from an accredited college or university or having earned a degree from an accredited school of Social Work or a Registered Nurse with current licensure. ICCs must have at least one-year experience in working with individuals with disabilities, families and/or planning and arranging services.

Training Requirements: Online Relias course sequence; In-person, service-specific ADMH training; Therap documentation training; CANS training

Other requirements: 16 hours of continuing education units annually; valid driver's license; CPR

Caseload Max: 12

Billing Unit: 5 Minutes (Target 3), Monthly (Target 10)
Annual Max Units: - (Target 3), 12 (Target 10)

Billing Location: Office (11), Home (12)

Component Services:
Needs Assessment
Case Planning
Service Management
Social Support
Reassessment
Monitoring and Follow Up

Intensive Care Coordination Provider Timeline

For the initial report only, objectives will be discussed at the planning meeting and based on CANS & Vineland results, family & ICC input, and professional provider judgement from record review. Service providers may conduct service-specific assessments once services begin. Latter objectives should be pulled from these specific assessments and family input, in line with the ICC provided outcomes & goals. If a plan/objective revision is needed due to circumstantial changes or new assessment data, alert the ICC and an ISP Change Form can be created to amend plan/objective within the reporting period. Current objectives should be continued to extent possible until plan amendment is approved.

To be Completed by:	**Task**
Day 0	Acceptance of referral confirmed with ICC by RAC via Therap & phone call/message
Day 2	Contact client/family and set up initial appointment. Leave a message & follow up if there is no answer.
Day 8	Conduct needs assessment (CANS), select outcomes & goals, and identify needed supports.
Day 10	Send referrals to providers & present choices to family (approve/deny accepting providers in line with family selections before completing next task).
Day 15	Contact client/family and providers & set date for planning meeting. Provide plan draft to the team. Leave message & follow up if there is no answer(s).
Day 25	Hold planning meeting, finalize objectives, & determine service hours.
Day 30	Provide approved treatment plan to team. Any errors must be corrected within 72 hrs. Create Authorization/Budget.
Monthly	Follow-up with team on progress, needs, & satisfaction. Address reported issues as appropriate.
As Needed	Complete plan revisions or addendums & provide to all team members within 5 days of provider/client communication, ISP Change Form approval, & team meeting (if held).
Every 6 months	Update CANS, hold planning meeting, & update current care plan (see Days 8-30).
Discharge Date	Fading of/discharge from provided services, to include completion of final CANS assessment & discharge summary. **RAC will conduct 30 and 90-day follow-ups with individual/family to promote stable transition from services.*
*** Day counts do not to include weekends or recognized state holidays. If family or chosen provider(s) is unavailable by any deadline, this will be documented, and timelines will be adjusted accordingly from date of task completion. ***	

Target 3 Provider Requirements

For ICCs working with clients from target 3, a max caseload is 12 individuals. If you have a mixed caseload of Target 3 and Target 10 clients, you can still only maintain a maximum caseload of 12. While managing an Autism Services caseload, you may also manage cases under a different system of care or TCM group, however, you cannot manage under more than one system for the same individual.

The ICC must have at least 2 contacts with the client each month. One of those contacts must be face-to-face, and the other can be in any modality whether in person or over the phone.

The ICC must contact every provider at least once per month, but it can be in any form. If the client is receiving just in-home therapy, you only have to make one total contact. If the client is receiving in-home therapy, peer support, and psychoeducation, you must have at least one contact with each of the providers, for a total of 3 monthly contacts across providers.

The individual support plan for a target 3 client must be reviewed at least quarterly by the ICC. The review may or may not be part of or result in a team meeting, but it as well as all monthly contacts, must be documented in a case note.

Target 10 Provider Requirements

For ICCs working with clients from target 10, a max caseload is 12 individuals. If you have a mixed caseload of Target 3 and Target 10 clients, you can only maintain a maximum caseload of 12. While managing an Autism Services caseload, you may also manage cases under a different system of care or TCM group, however, you cannot manage under more than one system for the same individual.

The monthly encounter rate for case management services of target group 10 (High Intensity Care Coordination) is may expand to more than one recipient per family unit, per month when there is more than one child within a family unit and no child is in an out-of-home placement.

The ICC must have a total of 4 monthly contacts with each client, 2 of which must be face-to-face, with the other two modalities left to the ICCs clinical judgement and availability.

The ICC must contact every provider at least twice per month, but the contact can be in any form. Therefore, if the client is receiving just in-home therapy, you are required to make two total contacts; whereas, if client is receiving in-home therapy, peer support, and psychoeducation, you must have at least two contacts with each of the providers, for a total of 6 monthly contacts across providers. Because there is at least an identified risk of out-of-home placement and the need for intervention is more immediate and/or intense, we want to be sure we are monitoring these cases a little more frequently.

To ensure services and supports are adequate to keep the child in the home and community, the individual support plan for a target 10 client must be reviewed by the ICC more frequently, occurring at least every other month. The review may or may not be part of or result in a team meeting, but it as well as all monthly contacts, must be documented in a case note.

In-Home Therapy

A structured, consistent, strength-based therapeutic relationship between a licensed clinician and a child or youth with ASD or ASD and co-occurring IDD and his or her family for treating the child's or youth's behavioral health needs. In-home therapy also addresses the family's ability to provide effective support for the child or youth and enhances the family's capacity to improve the child's or youth's functioning in the home and community.

Eligible Provider: Professional Autism Services Specialist I (PASS I), Professional Autism Services Specialist II (PASS II)

Qualifications:
Professional Autism Services Specialist I (PASS I) - (i)An individual licensed in the State of Alabama as a (1) Professional Counselor, Graduate Level Social Worker, Registered Nurse, Marriage and Family Therapist, Clinical Psychologist, Physician; or (ii) An individual who (1) Has a Master's Degree or above from a nationally or regionally accredited university or college in psychology, counseling, social work, or other behavioral health area with requisite course work equivalent to that degree in counseling, psychology, or social work. The PASS I will have a minimum of two years' experience working with the IDD population, including ASD.

Professional Autism Services Specialist II (PASS II) – An individual who has a Bachelor of Arts or Bachelor of Science in a human service related field from an accredited college or university with a minimum of one-year experience working with individuals with disabilities, families and/or service coordination. The PASS II must be supervised by a PASS I.

Training Requirements: Online Relias course sequence; In-person, service-specific ADMH training; Therap documentation training

Other Requirements: Sufficient continuing education units related to license; valid driver's license; CPR

Caseload Max: 30; Caseloads should be commensurate with provider experience, amount of support staff, client goals and behaviors, supervision required, & hours provided to each client.

Billing Unit: 15 Minutes

Billing Location: Office (11), Home (12), Other Unlisted Facility (99)

Component Services:
Psychoeducational Services- PASS I, PASS II
Individual counseling/therapy- PASS I, PASS II
Family counseling/therapy- PASS I, PASS II
Group counseling/therapy- PASS I, PASS II
Coping Skills Training (has further description in text of other services)- PASS I, PASS II

Assessment- PASS I
Therapeutic Treatment- PASS I, PASS II
Crisis Intervention- PASS I, PASS II
Basic Living Skills- PASS I, PASS II
Social Skills Therapy- PASS I, PASS II
Progress Reporting- PASS I
Development of Individual Program Plan- PASS I
Transition Planning- PASS I

Behavioral Support

Positive behavior support therapy and monitoring designed to address challenging behaviors in the home and community for children and youth with ASD or ASD with co-occurring IDD. A behavioral therapist writes and monitors a behavioral management plan that includes specific behavioral objectives and interventions that are designed to diminish, extinguish, or improve specific behaviors related to the child's or youth's behavioral health condition. The behavioral therapist supervises and coordinates the interventions and trains others, including a behavioral aide who works with the family to implement the plan in the home and in the community. In-home behavior support includes, but is not limited to, Applied Behavioral Analysis. The In-Home Behavioral Support team will also provide crisis services.

Eligible Provider: Behavior Therapist (PASS I), Behavior Support Monitor (PASS I, PASS II, CASS)

Qualifications:

Behavior Therapist

Professional Autism Services Specialist I (PASS I) - Masters or doctoral degree and be a licensed clinician with the appropriate training to develop behavioral intervention plan, including: Licensed and Board-Certified Behavior Analyst (BCBA/BCBA-D, LBA) OR Licensed Psychologist AND Has at least two years' full-time working experience in providing ASD services, one year of which must be post-graduate work.

Behavior Support Monitor

Professional Autism Services Specialist I (PASS I) – Masters or doctoral degree and be a licensed clinician with the appropriate training to implement behavioral intervention plan, including: Licensed and Board-Certified Behavior Analyst (BCBA/BCBA-D, LBA), Board-Certified assistant Behavior Analyst (BCaBA), OR Licensed Psychologist, Speech Language Pathologist (SLP), Licensed Professional Counselor (LPC), Licensed Occupational Therapist (OT), Licensed Independent Clinical Social Worker (LICSW), Registered Behavior Technician (RBT) AND Has at least two years' full-time working experience in providing ASD services, one year of which must be post-graduate work. The PASS I may be supervised by a PASS I Behavior Therapist.

Professional Autism Services Specialist II (PASS II) - Bachelor's degree in a relevant human services field and the appropriate in-service training in implementing behavioral interventions, including: Behavioral Therapist, Licensed & Board Certified Assistant Behavior Analyst (BCaBA, LABA), Registered Behavior Technician. A Behavior Support Monitor with a Bachelor's degree must have at least 1 year of supervised experience in performing ASD services after obtaining the degree. The PASS II must be supervised by a PASS I.

Certified Autism Support Specialist (CASS) – Registered Behavior Technician certification; Associate's degree, high-school diploma or GED and a minimum of two years' experience working with children/adolescents/transition-age youth, and adequate ongoing supervision. The CASS must be supervised by a PASS I.

Training Requirements: Online Relias course sequence; In-person, service-specific ADMH training; Therap documentation training

Other Requirements: Appropriate training to develop behavior intervention plans**;** sufficient continuing education units related to license; valid driver's license; CPR

Caseload Max: 30; Caseloads should be commensurate with provider experience, amount of support staff, client goals and behaviors, supervision required, & hours provided to each client (See BACB's *Practice Guidelines for Healthcare Funders and Managers,* p. 35, https://bhcoe.org/project/practice-guidelines-healthcare-funders-managers/)

Billing Unit: 15 Minutes

Billing Location: Office (11), Home (12), Other Unlisted Facility (99)

Component Services: (Case note activity types noted within parentheses; if service is not listed under another activity type, service will be listed under same name)
Discrete Trial Training- PASS I, PASS II (Replacement Skills Training)
Incidental Teaching- PASS I, PASS II (Replacement Skills Training)
Pivotal Response Training- PASS I, PASS II (Replacement Skills Training)
Verbal Behavior Intervention- PASS I, PASS II (Replacement Skills Training)
Functional Communication Training- PASS I, PASS II (Replacement Skills Training)
Coping Skills Training- PASS I, PASS II (Replacement Skills Training)
Assessment- PASS I, PASS II
Reduction of Environmental Barriers to Learning- PASS I, PASS II (Environmental Modification)
Maladaptive Behavior Reduction- PASS I, PASS II (Behavior Reduction/Management)
Functional Behavior Assessment- PASS I, PASS II (FBA/FA)
Functional Analysis- PASS I (FBA/FA)
Crisis Intervention- PASS I, PASS II
Social Skills Therapy- PASS I, PASS II (Replacement Skills Training)
Basic Living Skills- PASS I, PASS II (Replacement Skills Training)
Psycho-educational Services- PASS I, PASS II (Client/Family Training)
Sensory Integration- PASS I, PASS II
Development of Individual Program Plan- PASS I
Progress Reporting- PASS I
Transition Planning- PASS I
Family Training- PASS I, PASS II (Client/Family Training)
*Augmentative Communication Training- PASS I, PASS II (Replacement Skills Training)

*If individual already has a speech generating device, the provider of Behavior Support services should consult with an SLP knowledgeable in the area of augmentative communication, preferably specific to that device/language system.

Therapeutic Mentoring

Chapter 110 Medicaid Provider Billing Manual:
Provision of a structured one-on-one intervention to a child or youth and their families that is designed to ameliorate behavioral health-related conditions that prevent age-appropriate social functioning. This service includes supporting and preparing the child or youth in age-appropriate behaviors by restoring daily living, social and communication skills that have been adversely impacted by a behavioral health condition. These services must be delivered according to an individualized treatment plan, and progress towards meeting the identified goals must be monitored and communicated regularly to the clinician so that the treatment plan can be modified as necessary. Therapeutic mentoring may take place in a variety of settings including the home and community. The therapeutic mentor does not provide social, educational, recreational, or vocational services.

As pertaining to Autism Services:
This service includes supporting, coaching, and preparing the child or youth in age-appropriate behaviors, interpersonal communication, problem solving and conflict resolution, and in relating appropriately to other children and adolescents, as well as adults, in social activities. Therapeutic Mentoring also helps a child or youth develop independent living, social and communication skills, and provides education, training, and support services for children and youth and their families through structured, one-to-one, strength-based support services between a therapeutic mentor and a child or youth.

Eligible Provider: Professional Autism Services Specialist I (PASS I), Professional Autism Services Specialist II (PASS II), Certified Autism Support Specialist (CASS)

Qualifications: Must be at least 21 years old, and meet one of the following position requirements:

Professional Autism Services Specialist I (PASS I) A master's degree in a human service field and one-year experience working with children/adolescents/transition-age youth and two years' experience working with the target population, and adequate ongoing supervision

Professional Autism Services Specialist II (PASS II) An individual who has a Bachelor of Arts or Bachelor of Science in a human service related field from an accredited college or university with a minimum of one-year experience working with individuals with disabilities, families and/or service coordination. The PASS II must be supervised by a PASS I.

Certified Autism Support Specialist (CASS) Associate's degree, high-school diploma or GED and a minimum of two years' experience working with children/adolescents/transition-age youth, and adequate ongoing supervision. The CASS must be supervised by a PASS I.

Training Requirements: Online Relias course sequence; In-person, service-specific ADMH training; Therap documentation training

Other Requirements: Sufficient continuing education units related to license (if applicable); valid driver's license; CPR

Caseload Max: 30; Caseloads should be commensurate with provider experience and client hours and goals.

Billing Unit: 15 Minutes

Billing Location: Office (11), Home (12), Other Unlisted Facility (99)

Component Services:
Basic Living Skills
Social Skills Training
Coping Skills Training
Assessment
Plan Review
Progress Reporting
Transition Planning

Psychoeducational Services

Services provided to families of children and youth with ASD or ASD with co-occurring IDD to assist them in understanding the nature of the illness of their family member and how to help the child or youth be maintained in the community. Structured, topic- specific psychoeducational services may also be provided directly to the child or youth to assist him or her in understanding the nature of the identified behavioral health disorder and to identify strategies to support restoration of the child or youth to his or her best possible level of functioning.

Eligible Provider: Professional Autism Services Specialist I (PASS I), Professional Autism Services Specialist II (PASS II), Certified Autism Support Specialist (CASS)

Qualifications:
Professional Autism Services Specialist I (PASS I) A master's degree in a human service field and one-year experience working with children/adolescents/transition-age youth and two years' experience working with the target population, and adequate ongoing supervision

Professional Autism Services Specialist II (PASS II) An individual who has a Bachelor of Arts or Bachelor of Science in a human service related field from an accredited college or university with a minimum of one-year experience working with individuals with disabilities, families and/or service coordination. The PASS II must be supervised by a PASS I.

Certified Autism Support Specialist (CASS) Associate's degree, high-school diploma or GED and a minimum of two years' experience working with children/adolescents/transition-age youth, and adequate ongoing supervision. The CASS must be supervised by a PASS I.

Training Requirements: Online Relias course sequence; In-person, service-specific ADMH training; Therap documentation training

Other Requirements: Sufficient continuing education units related to license (if applicable); valid driver's license; CPR

Caseload Max: 30; Caseloads should be commensurate with provider experience and client hours and goals.

Billing Unit: 15 Minutes

Billing Location: Office (11), Home (12), Other Unlisted Facility (99)

Component Services:
Individual Training or Group Training on the following topics: nature of the disorder, expected symptoms, ways in which the family member can support individuals with the disorder

Documentation: Providers must upload supporting documentation (post measures, attendee survey, action items, etc.) and/or complete questionnaire within a case note for each individual attendee of each training session.

- **Required items to complete:** Name, Date, Time, Provider Generated Questions (or ADMH Example Questions), Client Signature/Printed Name

Peer Support

Provision of structured, scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills, provided by Certified Peer Specialists (Adult, Child/Adolescent, and Family Peer Specialists). Peer Support service actively engages and empowers a child or youth and his or her identified supports in leading and directing the design of the service plan and thereby ensures that the plan reflects the needs and preferences of the child or youth (and family when appropriate) with the goal of active participation in this process. Additionally, this service provides support and coaching interventions to children and youth (and family when appropriate) to promote resiliency and healthy lifestyles and to reduce identifiable behavioral health and physical health risks and increase healthy behaviors intended to prevent the onset of disease or lessen the impact of existing chronic health conditions. Peer supports provide effective techniques that focus on the child's or youth's self-management and decision making about healthy choices which ultimately are expected to extend the child's or youth's lifespan. Family peer support specialists assist children, youth, and families to participate in the wraparound planning process, access services, and navigate complicated child-serving agencies.

Eligible Provider: Child/Youth Autism Peer Support Specialist, Parent Autism Peer Support Specialist, Professional Autism Services Specialist I (Supervision only)

Qualifications:
Professional Autism Services Specialist I (PASS I) A master's degree in a human service field and one-year experience working with children/adolescents/transition-age youth and two years' experience working with the target population, and adequate ongoing supervision. This position is for supervision purposes only.

Child/Youth Autism Peer Support Specialist - A Child/Youth Autism Peer Support Specialist uses his/her life experience with ASD and specialized training to promote resiliency. Child/Youth Autism Peer Support service can be provided in an individual, family, or group setting by a Certified Child/Youth Autism Peer Support Specialist. A Child/Youth Peer Support Specialist must be supervised by an Autism Services Specialist I. A Child/Youth Autism Peer Specialist must be age 18 or older and has satisfactorily completed an Youth Autism Peer Support Provider training program.

Parent Autism Peer Support Specialist - provider who is parenting or has parented a child with Autism Spectrum Disorder and can articulate the understanding of their experience with another parent or family member. This individual may be a birth parent, adoptive parent, family member standing in for an absent parent, or other person chosen by the family or youth to have the role of parent. This individual has at least a high school diploma or GED and has satisfactorily completed an Autism Parent Peer Support Provider training program approved by state. A Parent Autism Peer Support Specialist must be supervised by a Professional Autism Services Specialist I.

Training Requirements: Online Relias course sequence, In-person, service-specific ADMH training, Therap documentation training

Other Requirements: Have reliable transportation; CPR

Caseload:
Youth Peer Support - up to 20 in first year; up to 40 in subsequent years; Caseloads should be commensurate with provider experience and client hours and goals.

Parent Peer Support - up to 30 in first year; up to 40 in subsequent years; Caseloads should be commensurate with provider experience and client hours and goals.

Billing Unit: 15 Minutes

Billing Location: Office (11), Home (12), Other Unlisted Facility (99)

Component Services:
Mentoring, Advocacy, Development of coping/problem solving skills
Promotion of socialization and development of natural supports
Engagement of community services

Documentation: The provider must complete case note within Therap to document session, satisfaction and any other information regarding client.

Mental Health Care Coordination

Services to assist an identified Medicaid recipient to receive coordinated mental health services from external agencies, providers or independent practitioners. Key service functions include written or oral interaction in a clinical capacity in order to assist another provider in addressing the specific rehabilitative needs of the recipient, as well as to support continuation of care for the recipient in another setting. Acceptable service provision that qualify as Mental Health Care Coordination includes but is not limited to: Telephone or face to face consultation with a contract provider, doctor, therapist, school teacher, school counselor and/or other professional that is working with the child external to your agency regarding the treatment needs of the child.

Inappropriate tasks include: Scheduling/Rescheduling/Canceling appointments, sharing clinical information within your agency/organization, reading reports or case summaries, writing progress notes or reports, receiving information not pertaining to the treatment needs of the child.

Eligible Provider: Professional Autism Services Specialist I (PASS I), Professional Autism Services Specialist II (PASS II), Certified Autism Support Specialist (CASS)

Qualifications:
Professional Autism Services Specialist I (PASS I) A master's degree in a human service field and one-year experience working with children/adolescents/transition-age youth and two years' experience working with the target population, and adequate ongoing supervision

Professional Autism Services Specialist II (PASS II) An individual who has a Bachelor of Arts or Bachelor of Science in a human service related field from an accredited college or university with a minimum of one-year experience working with individuals with disabilities, families and/or service coordination. The PASS II must be supervised by a PASS I.

Certified Autism Support Specialist (CASS) Associate's degree, high-school diploma or GED and a minimum of two years' experience working with children/adolescents/transition-age youth, and adequate ongoing supervision. The CASS must be supervised by a PASS I.

Training Requirements: Online Relias course sequence; In-person, service-specific ADMH training; Therap documentation training

Other Requirements: Sufficient continuing education units related to license (if applicable); valid driver's license; CPR

Billing Unit: 15 Minutes

Billing Location: Office (11), Home (12), Other Unlisted Facility (99)

Rehabilitative Services Provider Timeline

Prompt	Provider Action	Time to be Completed (Response time does not include weekends & holidays)
Referral received from ICC about potential client	Respond with availability of services. If opening is not available, you may provide an estimated date of availability	1-2 days
Communication received from ICC that provider has been selected & to set up team meeting	Respond with availability to meet for the provided dates (in vivo and via Zoom or other telehealth platform).	1-2 days
ICC confirms plan meeting date & provides treatment plan draft to team	Review outcomes and goals and develop objectives with family	By Meeting Date
	Attend planning meeting- confirm objectives to address, determine service hours, and select start date of services.	On Designated Date
ICC publishes final version of plan within Therap.	Review and acknowledge plan. Submit any revisions to ICC.	Within 3 days
ICC creates authorization/ budget within Therap.	Implement services as prescribed by the care/support plan.	Within 10 days of receipt of final treatment plan, or as outlined by the plan.
Change of Plan Required	Alert ICC of any need for changes to plan prescribed services. (Provider must continue to comply with plan prescribed services to fullest degree possible until revision meeting/ communications can be held & form approved.	Within 1-2 days of need identification.
ICC contacts to schedule care plan review or specialty meeting (to include mandated 6-month team meeting).	Respond with availability to meet for the provided dates (in vivo and via Zoom or other telehealth platform).	1-2 days
ICC communicates team meeting date	Attend planning meeting and participate as appropriate.	On Designated Date
Decision of Service Termination	Fading of/discharge from any or all of provided services, to include final assessment.	By Designated Date
** Any crisis or incident response must be reported in writing to the ICC on the date of occurrence/provider notification, ensuring client, staff, and scene are safe first. **		
For the initial report only, objectives will be discussed at the planning meeting and based on CANS & Vineland results, family & ICC input, and professional provider judgement from record review. Service providers may conduct service-specific assessments once services begin. Latter objectives should be pulled from these specific assessments and family input, in line with the ICC provided outcomes & goals. If a plan/objective revision is needed due to circumstantial changes or new assessment data, alert the ICC and an ISP Change Form can be created to amend plan/objective within the reporting period. Current objectives should be continued to extent possible until plan amendment is approved.		

Supervision

ADMH Autism Services requires Professional Autism Services Specialist II (PASS II), Certified Autism Support Specialist (CASS), and Behavior Support Monitor (PASS II, CASS) to be supervised in the field. Professional Autism Services Specialist I (PASS I) and Behavior Therapist (PASS I) must supervise at least 5% of total monthly supervisee hours/client. Minutes should round up to the next half hour. Supervision should occur at least one hour per month.

For example:

Client A- 10 hours/month= 1-hour supervision
Client B- 40 hours/month= 2 hours supervision
Therapist 1 Supervision = 3 hours supervision

Client A- 20 hours/month= 1-hour supervision
Client B- 5 hours/month= 1-hour supervision
Therapist 2 Supervision = 2 hours supervision

A case note should be completed by the supervisor for each session within Therap

- Non-billable
- Complete questionnaire- Required information

Supervision Activities

- Monitoring & feedback
- Case consultation
- Training on new programs, techniques, etc.
- Program revisions & updates

Supervision Caseloads Considerations

- Commensurate with best practice for service
- Number of service hours scheduled/provided
- Intervention intensity
- Funded at an 8:1 ratio

Enrollment

The Alabama Department of Mental Health (ADMH) enrolls Rehabilitative Autism Services providers and issues provider contracts to applicants who meet the licensure and/or certification requirements of ADMH and the State of Alabama, the Code of Federal Regulations, and the Alabama Medicaid Agency Administrative Code. Failure to provide accurate and truthful information or intentional misrepresentation might result in action ranging from denial of application to permanent exclusion. Federal requirements mandate providers re-enroll periodically with ADMH Autism Services. Providers will be notified when they are scheduled to re-enroll. Failure to re-enroll and provide appropriate documentation to complete enrollment will result in an end-date being placed on the provider file. Once a provider file has been closed for failure to timely re-enroll, providers will have to submit a new application for enrollment. Re-enrollment will occur every five years in which Autism Services providers will need to complete all forms in the Agency Medicaid Application and submit to ADMH Autism Services.

Providers interested in enrolling with ADMH Autism Services can become credentialed vendors by completing applications, presenting required documentation, completing online Relias course sequence, completing in-person, service-specific ADMH training, passing a site visit, and completing the contract process with ADMH Autism Services. Providers already enrolled as ADMH providers are still required to complete this process to become an Autism Services Provider. Agencies already enrolled as ADMH providers should be in good standing with that division in order to move forward in the contract process, as well as other governing state agencies (i.e. Medicaid). Agencies will need to complete the "Medicaid Application 2019" which includes "Provider Disclosure Form", "Corporate Board of Directors Resolution Form" (if applicable), "Civil Rights Compliance Form", and "Provider Agreement Form" as well as each individual staff (staff to deliver Autism Services) complete the "Application for Autism Spectrum Disorder Performing Provider Medicaid Eligibility" along with required documentation.

Applications and information on required documentation can be obtained on the ADMH website at https://mh.alabama.gov/autism-services/.

Completed applications, required documentation, and proof of Relias coursework completion should be scanned and sent to autism.dmh@mh.alabama.gov.

Background checks will need to be completed every five years to remain in compliance with Autism Services.

Enrollment Process Breakdown

The Provider Enrollment Specialist will receive initial application for agency and/or performing providers via email or mail. Applicants must submit application material via mail, even if documentation was emailed. Original documentation/signatures must be on file with the

ADMH Autism Services Department. Application will be reviewed for completion. Based on the results of the review, applicants will receive communication via email regarding a request for additional documentation, if applicable. Once 90% of application documentation has been received, applicants will be mailed background check information. (Current)

While awaiting background check results, which can take up to 4-6 weeks to process, applicants may begin provider training.

- Required provider training include Part I Online Relias Training and Part II In-Person/Virtual Training.

Once satisfactory background check results have been received, the applicant will be notified via email within 24-48 hours to schedule a site visit with the ADMH Autism Services Compliance Officer.

- To be scheduled for a site visit the following all conditions must be met:
    - 100% of original application documentation has been received by the Office of Autism Services.
    - At least one member of the requesting agency has successfully completed the required training series.
    - Satisfactory background check.

Upon completion of site visit, applicants will be notified of findings. After receiving a satisfactory site visit, applicants will be notified of their approval status via email. The contracting phase begins.

*Potential applicants must obtain or already have a STAARS vendor account.

*Once the contracting process has been completed, the Provider Enrollment Specialist will submit application documentation to DXC/Medicaid for approval.

*Once an agency has been approved as an ADMH Autism Services Provider, the Provider Enrollment Specialist will submit application documentation for performing providers (of said agency) to DXC/Medicaid for approval.

*ADMH Autism Services Providers will receive additional training from Therap before providing and billing for services. Once an agency is trained and setup within Therap, the agency would have the ability to add new users and assign privileges; however, no new users can be created unless they have been trained and certified by ADMH Autism Services.

*All performing providers of Autism Services under Medicaid Chapter 110, must successfully complete all aspects of training.

Information Update

In the event of change of agency demographic information, the provider is responsible of completing the "Provider Update Information Form", scanning and sending to ADMH Office of Autism Services for notification of change. This form can be found on the ADMH Autism Services website at https://mh.alabama.gov/autism-services/. Any new staff must complete the "Application for Autism Spectrum Disorder Performing Provider Medicaid Eligibility" and send all required documentation.

Enrollment Training Requirements

Potential providers will be required to complete specific training to become a credentialed vendor with ADMH Autism Services. Upon receiving approval of application and documentation from ADMH Office of Autism Services, providers will be required to complete online Relias course sequence as shown below. All staff (staff to deliver Autism Services) must complete and pass each course and save the certificate to show as proof of completion. When all courses have been completed, the agency should send all required documentation and all staff (staff to deliver Autism Services) proof of completion of online Relias coursework to ADMH Office of Autism Services.

Autism Overview
Intellectual Disability Overview
Introduction to Case Management Basics
Respecting Cultural Diversity in Persons w/ IDD
Person Centered Planning for Individuals w/DD
Client/Patient Rights
Identifying & Preventing Child Abuse & Neglect
Boundaries
HIPAA Overview
Addressing the Needs of Transition Age Youth
Human Growth & Dev. Across the Lifespan
Risk Management for Individuals with IDD
Crisis Management
Positive Behavior Support for Children
Maintaining Client Dignity Thru the Behavior Change Process
Ethical Decision Making

Providers enrolled with ADMH Autism Services will be required to complete annual continuing education to show adequate and up-to-date training to deliver Autism Services. Annual refreshers of service-specific training will be required to provide Autism Services. Intensive Care Coordinators are required to maintain 16 hours of Continuing Education annually. Rehab

service providers are responsible to maintain licenses/certifications by obtaining sufficient continuing education units annually/bi-annually.

Additionally, ADMH Autism Services providers are responsible for internal training on the following topics: Rights of people served; Abuse, neglect, & mistreatment and exploitation policy & procedures; Infection control & universal precautions; CPR & First-Aid.

Training in crisis identification and services required annually (i.e. Professional Crisis Management) for staff. ADMH Autism Services seeks to provide services in a safe and appropriate manner; therefore, crisis management requires training only in de-escalation and non-restraint blocking techniques.

Billing

Information, policies and procedures regarding billing for Intensive Care Coordination (Targeted Case Management), please refer to Chapter 106 of the Alabama Medicaid Billing Manual.

Information, policies and procedures regarding billing for Rehabilitative Services, please refer to Chapter 110 of the Alabama Medicaid Billing Manual.

ADMH Autism Services specific, internal billing information is expanded below and should be followed accordingly in conjunction with Medicaid guidelines.

Upon receiving approval to be an Autism Services provider, the provider's information will be imported into Therap documentation system. All service documentation will be recorded within Therap, and therefore serve as the mechanism for billing with Autism Services. Providers will use case notes to submit claims through Therap to receive reimbursement for services.

Individuals & organizations can bill under single group NPI. For account reconciliation, please contact Autism Services Fiscal Manager at 800-499-1816 with questions and concerns.

Billable Services

For specific billable component services, refer to "Service Descriptions" section of this manual.

Activities may take place face-to-face, by phone, or through electronic communication (Zoom, email, etc.)

Examples include:

- Meeting with client & team to complete support plans (must be physically present to bill)
    - Care Plan, IEP, ISP, etc.
- Contact to gather information for an assessment
- Visiting the home/community setting to meet with client, family, & service providers to assess progress
- Communication with collaterals to develop, arrange, or coordinate supports
- Reviewing provider records
- Providing client/family with information on advocacy groups
    - ADMH Advocacy Hotline, ADAP, Parent Groups, etc.
- Documentation of assessments

Non-Billable Services

- Travel
- The scheduling of meetings with youth/family
- Transporting child/youth & family
- Documentation of case notes
- Checking an individual's Medicaid eligibility
- General Office Activities
    - Completing travel forms, leave slips, etc.
    - Copy work
    - Other clerical activities

Duplicate Billing

Autism Services providers who are enrolled with Medicaid to provide specialty services under another chapter, may not bill Autism Services to provide the same service(s) for a given client under Chapter 110 (ABA, Counseling, Psychological Services, etc.) Credentialed Autism Services providers who are also enrolled and providing services under another Medicaid chapter cannot bill duplicate services under both chapters. If a duplication of services is determined by Medicaid, a reimbursement of funds would be required.

If the recipient receives additional case management services, but the TCM services would not be duplicative, ADMH Autism Services must document in writing to Medicaid how their services would not present a duplication of services from other case management services received. Medicaid will pay for one case management fee per month and will recoup any claims paid in error unless Medicaid has determined there is no duplication of services and gives prior approval for the TCM services provided.

It is the provider's responsibility to ensure no duplication of services or billing occurs. Service providers can work with their ICC and DMH Autism Services staff to ensure adherence to these guidelines. The family may choose to receive services under a different chapter (ex: Ch. 110 Behavior Support v. Ch. 37 ABA).

For prior authorization from Medicaid for ABA Therapy, providers will need to complete the "ABA Non-Duplication Service Authorization" form and submit for review by intensive care coordinator at each new reporting period - at least one week prior to the 6-month case planning meeting. The ICC will approve. The ICC should then send to the Regional Autism Coordinator for approval. The Regional Autism Coordinator will approve. This form can be located on the ADMH Autism Services website at https://mh.alabama.gov/autism-services/.

When a client enters an in-patient stay at a medical institution, only ICC services can be billed, and this is only allowable for up to the first 180 days of the stay. If a client were to enter such an inpatient stay, services should be suspended until the client is discharged. Rehab providers

under Autism Services are required to maintain a client's spot for at least 30 days from admission into the medical facility.

False Claims

Federal and Alabama laws strictly forbid any health care provider from submitting false or fraudulent claims to health care payers including Medicare, Medicaid, and other Federal, State, or private health care programs.

DMH has long established policies that all Departmental personnel, contractors, agents, or other providers of services to consumers, comply with all relevant federal and state laws and regulations, including, but not limited to, those laws and regulations related to billing and billing documentation practices. Contractors, agents, or providers are subject to sanctions for violations which may include loss of contract rights, or certifications. This policy applies to all persons providing services to the DMH including employees, officers, and directors of the DMH. This policy was created to ensure compliance with the federal False Claims Act and the Deficit Reduction Act of 2005 policy and educational requirements.

Any DMH employee, contractor, agent, or provider who knows or reasonably believes that DMH or any of its facilities, divisions, or staff may be involved in any activity prohibited by the FCA, similar state laws, or other fraud and financial abuse laws, is required as a condition of employment, contract, or business relationship to immediately report such belief to their supervisor, any member of senior management.

Procedure Codes & Units

Service	Procedure Code	Unit	ADMH Annual Max Units
ICC Target 3	G9002-UA	5 Minutes	-
ICC Target 10	G9003-UA	1 Month	12
In-Home Therapy	T1027	15 Minutes	208
Behavior Support	H2019	15 Minutes	832
Thera. Mentoring	H2014	15 Minutes	416 Ind
	H2014-HQ	15 Minutes	416 Group
Psychoeducational Services	H2027	15 Minutes	104 Ind
	H2027-HQ	15 Minutes	104 Group
Youth Peer Support	H0038-HA	15 Minutes	104 Ind
	H0038-HA;HQ	15 Minutes	104 Group
Family Peer Support	H0038-HC	15 Minutes	104 Ind
	H0038-HC:HQ	15 Minutes	104 Group
Mental Health Care Coordination	H0046	15 Minutes	160
A request for Prior Approval of Hours exceeding Autism Services available units is required when an excess of limits is warranted.			

Service Rates

Service	Rate	Max Units	Caseload
ICC Target 3	$6.01 / 5 minutes	-	12
ICC Target 10	$592.17 / month	12	12
In-Home Therapy	$19.97 / 15 minutes	208	30
Behavior Support	$24.76 / 15 minutes	832	30
Therapeutic Mentoring	$17.89 / 15 minutes	416 Ind	30
	$5.11 / 15 minutes	416 Group	
Psychoeducational Services	$14.17 / 15 minutes	104 Ind	60
	$4.05 / 15 minutes	104 Group	
Peer Support	$12.25 / 15 minutes	104 Ind	YP 40 / FP 40
	$3.50 / 15 minutes	104 Group	
Mental Health Care Coordination	$22.00 / 15 minutes	160	-
A request for Prior Approval of Hours exceeding Autism Services available units is required when an excess of limits is warranted.			

Service Authorization

If client is receiving case management services within a different target group, a prior approval is required before Autism Services Intensive Care Coordination can begin for that client. If the recipient receives additional case management services, but the TCM services would not be duplicative, ADMH Autism Services must document in writing to Medicaid how their services would not present a duplication of services from other case management services received. Medicaid will pay for one case management fee per month and will recoup any claims paid in error unless Medicaid has determined there is no duplication of services and gives prior approval for the TCM services provided.

Approval is required if number of service hours will be exceeded for a particular service. All prior approvals of additional Autism Services units require approval from the Regional Autism Coordinator. All requests must be received at least 10 days prior to the anticipated date of need. All approvals for additional units are based on the individual's needs and extraordinary circumstances.

To request additional units, the provider must complete the "Request for Additional Hours" form and submit for review by intensive care coordinator. The ICC will determine need and approve if appropriate. The client/family should be made aware of request. The ICC should then send to the Regional Autism Coordinator for approval of increase. The Regional Autism Coordinator will determine need and approve if appropriate.

To access the "Request for Additional Hours" form, refer to the ADMH Autism Services website at https://mh.alabama.gov/autism-services/.

Prior Authorizations

If client is receiving case management services within a different target group, a prior approval is required before Autism Services Intensive Care Coordination can begin for that client. If the recipient receives additional case management services, but the TCM services would not be duplicative, ADMH Autism Services must document in writing to Medicaid how their services would not present a duplication of services from other case management services received. Medicaid will pay for one case management fee per month and will recoup any claims paid in error unless Medicaid has determined there is no duplication of services and gives prior approval for the TCM services provided.

Documentation

All providers must provide all information on services to recipients to Medicaid at no charge. They must permit access to all records and facilities to authorized representatives for the purposes of claims audit, program monitoring, and utilization review. Providers should maintain complete and accurate medical, psychiatric, & fiscal records that fully disclose the extent of the service.

All entries must be legible and complete and must be signed and dated by the person (identified by name **and** discipline) who is responsible for providing the service. The author of each entry must be identified and must sign his or her entry.

Documentation of Medicaid recipients' signatures may be entered on a sign-in log, service receipt, or any other record that can be used to indicate the recipient's signature and the date of service. The recipient's signature is only required one time per day that services are provided. Any non-face-to-face services that can be provided by telephone do not require recipient signatures.

All Autism Services provider records must contain name of recipient, dates of service, name of provider agency and person providing services, nature, extent, or units of services provided, and place of service. Any physical files must be kept for three years beyond the current year for record retention.

Case Notes should include the minimum information below:

- ***Who*** received services? Client
- ***What*** services were provided? Type of service, extent, units
- ***When*** were they provided? Date & Time
- ***Where*** did services take place? Place (home, school, playground)
- ***By Whom*** were services rendered? ICC/Practitioner
- ***Why*** were the services provided? Goal, diagnosis, progress monitoring
- ***How*** were they provided? Face-to-face, phone, etc.
- ***Next*** steps… linkage, referral, new goal, continue, follow-up date

Documentation should not be repetitive. Examples include, but are not limited to the following scenarios:

- Case notes that look the same for other recipients.
- Case notes that state the same words day after day with no evidence of progression, maintenance or regression.
- Treatment plans that look the same for other recipients.
- Treatment plans with goals and interventions that stay the same and have no progression.

Case Notes should match the goals on the plan, and the plan should match the needs of the recipient. The interventions should be appropriate to meet the goals. There should be clear continuity between the documentation. Case notes must provide enough detail and explanation to justify the amount of billing. Case notes are to be created by next business day after meeting with family/client.

Uploading documents into Therap's system:
Document Storage

- Utilized for long term storage of important documents related to overall client status & service eligibility
- Psychological, Physical, Birth Certificate, Medicaid Card, IEP, etc.
- Limited upload privileges

Document Attachment

- Files attached directly to case note, ISP data, etc.
- Signature page, Work Sample, Med change note, etc.

Naming

- **Client First Name.Last Name.4 Digit Year.File Type**

Common File Type Names

- Psychological Report – PsychReport
- Diagnostic Report – DxReport
- IEP – IEP
- 504 Plan – 504
- Medical Exam/Physical – Physical
- Work Sample – ISPWorkSample
- Client Provided Notes – ClientNote, FamilyNote, TeacherNote, etc.
- Meeting Notes – (type of meeting) ex: IEPNote, ISPNote
- Birth Certificate – BirthCert
- Medicaid Card – MedCard
- Social Security Card – SSCard
- Client Photo – ClientPhoto
- GER Related Document – GERNote

Limitations

- 10 MB per file/1 GB total Document Storage
- 3 MB per case note attachment- Multiple attachments up to 10 MB total per note

- Additional information regarding file size limits can be found on Therap's website at https://help.therapservices.net/app/answers/detail/a_id/2342/~/attachment-limit-for-therap-modules.

Incident Reporting will be documented through Therap. The online guide for incident levels and descriptions can be found on the Alabama state page at www.therapservices.net. Records should include the minimum: date, time, location, parties present and involved, incident, actions taken, resolution, signature. Additional information can be found in "Incident Management" under "Monitoring and Compliance" section of this manual.

Medication information should be tracked and recorded within Therap in the event of monthly follow-ups, planning meetings, inpatient stay, change in behavior plan, observation of new behavior. Documentation should include category (Psychotropic, other prescribed, OTC, herbal) and other important information (prescriber, dose, schedule, pertinent side effects).

Referrals

All referrals will be processed through Therap. The following is the process for providers to accept clients for services:

- Receive referral from ICC
- Review provided information
- Request additional information (as needed)
- Accept or Deny Referral
    - Must record reason for denial
    - Client has ultimate choice
    - Meeting with ICC and client/family arranged to discuss outcomes of services

General Procedures

Confidentiality

ADMH Autism Services facilitates communication and collaboration with other service providers that are a part of the multi-disciplinary and multi-agency treatment plan. This is necessary to ensure that efforts are coordinated across multiple environments/services to aid in the client's success and avoid duplication of effort.

All information obtained and/or received through ADMH Autism Services is confidential. Client information should be kept in folders in monitored and locked areas for confidentiality. No information should be released without a signed Release of Information (ROI). Special authorization is required to disclose information such as treatment, payment, healthcare operations or other legal documentation. Only ADMH records are authorized to be released. Third party records (IEPs, psychological evaluations, assessments, etc.) must be requested from the party that originated the document.

A "Notice of Privacy Practices" should be provided at various times for client to keep (at or before 1st visit, when changes are made (legal, provider policy, etc.), or at client request). This notice will explain all limitations of privacy and how client information will be used.

If there is a breach in confidentiality, reporting of the violation is critical. If the violation is internal, individuals should contact their supervisor immediately, the security officer immediately, and the impacted client(s) without unreasonable delay. If the violation is external, the Secretary of Department of Health and Human Services should be contacted. If the violation impacts fewer than 500 clients, then the violation should be submitted through the Web Portal and within 60 days of the end of the calendar year in which the breach was discovered.
If the violation impacts more than 500 clients, the violation should be submitted and filed without unreasonable delay from the discovery of the breach.

E-Mail, Internet and other Network Service Usage

Professionals, staff, and data users shall adhere to proper usage of the Internet, e-mail, and other network services, to maintain the accuracy, security and confidentiality of personally identifiable information including Protected Health Information (PHI) and other sensitive data.

All Internet, e-mail, or other network service communications and related logging events that are sent, received, or otherwise generated by a data user are the property of the State of Alabama and are subject to the provisions of applicable state and federal law regarding their maintenance, access and disposition. The misuse of these services may be a violation of the Alabama Computer Crime Act and/or the Alabama Ethics Act as well as HIPAA regulations. The

State reserves the right to monitor and record the transmission, receipt or storage of Internet, e-mail, or other network service communications and to implement content filtering systems.

The following list of activities contains examples of improper or unacceptable use and is neither exhaustive nor all-inclusive. This list serves as a guide to the user, so they may avoid certain activities and actions while utilizing the e-mail, Internet, network services or other technological resources provided by DMH. If any staff member is unsure about whether an activity would be considered unacceptable, he or she should discuss the issue with their supervisor.

A. Staff shall not submit, display, store, archive, transmit or access files that violates or infringes on the rights of any other person, including the right to privacy; Staff will not create or exchange information that is in violation of copyright or any other law. The department is not responsible for any staff's use of e-mail that breaks laws.
B. Staff will not initiate personal communication that interferes with work responsibilities.
C. Staff will not open file attachments from an unknown or untrustworthy source, or with a suspicious or unexpected subject line.
D. Staff will not send confidential information or PHI to unauthorized people or otherwise violate the department's data protection policies or HIPAA guidelines, or otherwise increases the department's legal or regulatory liabilities.
E. Staff will not circulate unprotected healthcare data and personally identifiable consumer data that would violate U.S. Federal HIPAA regulations. Data users must encrypt e-mail messages or attachments containing confidential or sensitive information, including client information, PHI, or personal identifying information to any party outside the Alabama Consolidated Email (ACE) system using encryption methodologies approved by the DMH Chief Information Officer or designee.
F. Staff will report suspected security violations or other breaches of confidentiality, and any violations of this or other DMH policies and procedures occurring during the use of network services in accordance with DMH's Incident Reporting Procedures.

Substance Usage

This policy establishes a tobacco/smoke-free environment for clients and staff; therefore, the use of tobacco products is prohibited at all times. The policy applies to clients, employees, staff, contractors, and visitors. Employees who use or possess any tobacco products in violation of this policy are subject to progressive discipline.

The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance or the possession of drug paraphernalia is prohibited at all times. The Department does not differentiate between drug users and persons who distribute or sell drugs. Any employee who gives or in any way transfers a controlled substance to another person or sells or manufactures a controlled substance or possesses drug paraphernalia while on the job or on Department premises will be subject to disciplinary action. If an employee is convicted of violating any criminal drug statute while at the workplace, he or she will be subject to discipline up to and including termination. Facilities are responsible for developing procedures to

implement this policy and to obtain a drug-free workplace policy acknowledgement from each employee.

Active Participation

ADMH Autism Services providers must comply with all rules & regulations of Medicaid & ADMH Autism Services. They must complete assessments, documentation, surveys, etc. in a timely manner, attend collaboratively scheduled appointments, actively participate in planning & service activities, engage in open communication, and mutually respect all service & support staff. Consistent participation and attendance are essential for the most successful outcomes to occur.

Professionals have a duty and obligation to be at their respective place of work in accordance with their work schedule. Professionals are expected to notify their supervisor or previously designated contact before the start of their shift when they will be late. Providers are responsible for implementing policies regarding attendance, punctuality and participation. The provider is only required to wait 15 minutes after scheduled appointment for family/client to show. In the event of an absence, the provider should reschedule with family for a later time/date.

Clients/families are allowed no more than three unexcused absences or no-shows within 6 months. After five absences (in 6-month period) due to sickness, documentation of doctor's note is required. After five absences, the ICC should make a phone call and send letter to family to determine reasoning of absence. If no response, the ICC and treatment team may determine termination of services, and the individual would be required to re-enter services at beginning of enrollment process.

Initial Planning Meeting

Upon determination of eligibility and assignment of intensive care coordinator, the ICC will conduct the CANS (Child and Adolescent Needs and Strengths assessment) with the client/family and develop initial outcomes based on needs for the initial planning meeting. The ICC will send out referrals to appropriate and applicable providers for acceptance of services. The ICC and Autism Services providers will meet with the client/family for the initial planning meeting for services. In this meeting, the ICC will facilitate and guide conversation to discuss goals and determine service hours for given services. The rehab providers will determine objectives for implementation and achievement of goals.

Special Meeting Circumstances

There will be instances where providers need to hold special meetings. These meetings may address specific behaviors, events such as crises or transitions, specific providers, and may or may not require change to the care plan.

Crisis Planning should be considered for all clients**.** Clients should have a safety plan at minimum**.** Specific care team members may be on 24-Hour Phone Access (Behavior Support, In-Home Therapy). Planning is framed as family/client responds to provide stability**.** Meeting for crisis planning is intended to prevent need for out-of-home placement.

Transition Planning should be considered at specific stages of a client's life such as transitions from services, adolescence to adulthood, inpatient admission, relocation, new school, etc. Transitions from services should be addressed as goals are being met. Preparing for aging-out of services should be planned by age 14 and ongoing supports should be identified. Transition from adolescence to adulthood should be addressed beginning at age 14 until age 21. Medical, vocational, and therapeutic services and supports should be identified to provide warm handoff at transition. Other transitions (inpatient admission, relocation, new school) should address goals as they arise. These goals should be discussed at each planning meeting at minimum.

Partial Team Meetings may occur to discuss the addition of other services, a change in hours, goal revision or addition, discharge from given service, or a change in provider. Specific and applicable team members may meet to address these concerns. Amendments to care plan should be shared with entire team within 5 days.

Meetings without Addendums may occur to address non-compliance and attendance of client, specific provider concerns, family concerns, staffing issues, or major client updates. These items may not require an addendum to the client's treatment plan.

Crisis Management

In the event of crisis in the field, the crisis points of contact (found in Therap or Client Handbook) should be contacted as soon as safe to do so. If the client has no formal plan for crisis, initial goals should include: ensure/restore safety, resolve current situation/symptoms, and ameliorate contributing factors. Possible indicators of risk may include: poor relationships, previous crisis, low self-esteem, impulsivity, substance use, marginal income, MI/SED history, legal history, frequent moving, poor experiential learning.

Crisis Intervention Records should include the minimum information below:

- Date, Time, & Location
- Parties Present & Involved
- Antecedent Factors
- Behaviors Exhibited
- Actions Taken
- Resolution & Referrals

Suggestions to aid in finding resolution for crisis:
Define the "Problem"

- Try to gain client's perspective
- Identify type of crisis
    - Developmental- drastic change in one's day-to-day life (moving, graduating, divorce)
    - Situational- unforeseen or unordinary event (natural disaster, accident, out of meds)
    - Existential- internal conflict (loss of identity or freedom, unfulfilled responsibility, social strain)
- Continuously Monitor Safety
- Provide Support & Convey Care
- Evaluate Options Available to the Client with the Client
- Make a Plan
    - Identify people & resources who can help quickly to stabilize
    - Implement short-term coping skills to work through the moment
    - Long term planning to follow

Regarding crises moving forward, providers should be prevention minded. The care team should meet and review the treatment care plan to revise or develop a crisis plan. The care team may determine that additional services, supports, or resources are required to meet the particular need.

Field Safety

ADMH Autism Services are provided in home and community-based settings; therefore, proper precautions are necessary to consider before entering home and/or meeting clients/families in the community. Items to consider:

1. Be Aware of Your Surroundings (know before you go): multiple exits, where to park, local resources, stand to side of door & wait to be let in, listen for pets, stay near the exit
2. Gas Up
3. Limit What You Carry: lock up before arrival, extra baggage slows you down, avoid carrying medications
4. Consider Clothing: be comfortable, keep heels low, avoid loose jewelry and clothing
5. Actions & Words: watch body language, listen to tone
6. The Buddy System: let someone know where you will be, easy access to emergency contact, involve the supervisor, alone is not the only option

ADMH Autism Services seeks to provide services in a safe and secure environment and is a non-restraint program. De-escalation and blocking techniques only are to be used for crisis intervention.

Inpatient Transition

When a client enters an in-patient stay at a medical institution, only ICC services can be billed, and this is only allowable for up to the first 180 days of the stay. If a client were to enter such an inpatient stay, services should be suspended until the client is discharged. Rehab providers under Autism Services are required to maintain a client's spot for at least 30 days from admission into the medical facility.

If the intensive care coordinator is made aware of admission to inpatient care, the ICC should contact facility to identify self and gain information if possible. The ICC should document the client's admission within Therap as a case note. The ICC should then resume regular duties as assigned. The ICC should plan with the treatment team for discharge and continuation of services. The ICC is responsible for providing updates of client's status throughout stay to treatment team and providers. Once discharged, the treatment team should call a meeting, address crisis and develop plan for prevention of future admission. The treatment team may determine transition to different Medicaid target group is necessary based on admission, assessment scores, or adaptive needs. In the event that the ICC is unaware of admission, documentation should be completed as soon as client is discharged, fit to continue services, and has notified ICC of admission.

Transition Planning

Transition planning should be considered at specific stages of a client's life such as transitions from services, adolescence to adulthood, inpatient admission, relocation, or new school. Transitions from services should be addressed as goals are being met. Preparing for aging-out of services should be planned by age 14 and ongoing supports should be identified. Transition from adolescence to adulthood should be addressed beginning at age 14 until age 21. Medical, vocational, and therapeutic services and supports should be identified to provide warm handoff at transition. Other Transitions (inpatient admission, relocation, new school) should address goals as they arise. These goals should be discussed at each planning meeting at minimum.

Termination of Services

Termination of services should be planned and/or addressed in advance, if appropriate. Termination and/or discharge from services should be a discussion within the care team including the client/family. Potential reasons for termination include: all goals & needs met, client relocation, long-term care placement, program non-compliance, lack of participation for more than 90 days, coercion/consent withdrawn, transition/aging-out, loss of program eligibility, loss of Medicaid eligibility, decreased level of care need, safety risk, or death. Resources for future services should be provided to client/family upon discharge. If the client/family wishes to re-enter services, they must start at the beginning of the enrollment process.

Regional Autism Coordinators should follow up with client/family 30 days and 90 days after termination.

Denials & Appeals

Clients and/or families have the right to file an appeal as a response to denial of eligibility, service provision, extension of hours, etc. Individuals who receive denial of requests should be provided reasoning and necessary steps/actions to take to file an appeal to appropriate agency.

If the issue is regarding Medicaid eligibility, the appeal must be made to Medicaid, using their guidelines and processes.

Within DMH, eligibility and service appeals will initially go through Autism Services: Appeals and will progress through a multi-level process as required.

Individuals who are denied eligibility, access to services, an extension of hours/units, etc. can file an appeal to the denial within 15 days of receiving denial and send to ADMH Autism Services: Appeals.

Although rehab providers do not make decisions regarding program eligibility, they still may not limit, suspend, or deny services without cause, particularly as an act of discrimination. Clients should follow provider processes for appeals or service disputes, but such violations will be reported to the ICC and DMH staff for follow-up action as needed.

Grievances & Complaints

All complaints and grievances are accepted, reviewed, and investigated. No person is retaliated against or denied services for filing a complaint or grievance.

Complaint is defined as allegations made by clients, families, guardians, associations, or agencies concerning the delivery or receipt of services which may violate rules and policy, or adversely affect a client's health and well-being.

Grievance is defined as a problem, perceived by the client to involve unfair treatment violation of client rights accorded by law, ADMH policy, or established practice.

ADMH Autism Services providers should carry out own policy when complaint or grievance has been filed against staff or agency. The client and/or family should contact their ICC to discuss the concern. The ICC can assist with directing the client and/or family to the policies and contact person with the specific provider agency to resolve the issue. If the concern is related to an issue with the ICC, the family should contact the ICC agency and follow the agency's protocol regarding reporting of concerns. If the issue is not resolved at the provider agency level, the client and/or family should contact the Regional Autism Coordinator within their region. The

client and/or family also has the option to contact **ADMH Advocacy Services (800-367-0955)** at any time. Investigations will be handled primarily by ADMH Compliance Officer and/or advocacy staff and aided by an Autism Services Regional Autism Coordinator.

Monitoring & Compliance

Site Visits
Upon approval of application and receipt of required documentation, the provider agency will undergo an onsite visit from ADMH Autism Services conducted by ADMH Compliance Officer. The ADMH Compliance Officer will review policies and procedures regarding the protection of client rights, client dignity and respect, abuse, neglect, exploitation, mistreatment, safety, incident reporting, HIPAA, personal security, and staff resources and development. Onsite visits, thereafter, may occur announced or unannounced as appropriate for re-enrollment processes or administrative oversight. Reasons for onsite visits may include training, technical assistance, maintenance of compliance with ADMH and Medicaid regulations and guidelines, response to complaints, incident investigations, or direction from legal authorities.

Providers can prepare for visits by referencing "Site Visit Checklist" on the ADMH Autism Services website at https://mh.alabama.gov/autism-services/.

Record Reviews
Record reviews will be conducted online within Therap, where the Compliance Officer will review a selected number of records at random. Reviews may be announced or unannounced ahead of time.

Required information for client records include name of recipient, dates of service, name of provider agency and person providing services, nature, extent, or units of services provided, and place of service. All documented entries must be legible, signed, and dated to include identification by name and discipline, person responsible for ordering, providing, or evaluating the service, and physical or electronic signature.

Providers may reference "Chart Review Checklist" on the ADMH Autism Services website at https://mh.alabama.gov/autism-services/ for information regarding record reviews.

Compliance
ADMH Autism Services Providers will be held to standards for delivering quality services to individuals and families. To ensure compliance to these standards and regulations, providers must deliver services to clients according to plans, assure client well-being and satisfaction of treatment, and comply with state and federal regulatory requirements.

Examples of noncompliance and/or violations of policies, regulations, guidelines **include but is not limited to**:

- Incidents of actual or threatened physical, emotional or sexual harm or exploitation
- Incidents of harassment or discrimination towards clients, family members, or other service supports
- Absence of plan to address dangerous behaviors of consumers or lack of training and direction for staff members working with individual
- Staff member who mistreats or neglects clients has not been subject to corrective action or is allowed to continue to work with or be in the presence of clients
- Inadequate oversight and involvement in provision of supports
- Unethical and inappropriate dual relationship that impedes the progression of treatment
- Failure to actively participate in meetings and appointments to develop treatment plans
- Service supports and treatments goals fail to teach clients needed skills to actively and effectively participate in their communities.
- Clients are provided limited opportunities to make own choices about various aspects of life.
- Client's rights are violated and inappropriately restricted
- Submitting false claims or misrepresenting treatment through insufficient documentation
- Failure to follow policies and rules regarding reporting obligations of abuse, neglect or exploitation
- Failure to follow policies and rules regarding HIPAA, confidentiality and/or privacy.
- Access to needed services is not arranged, facilitated or completed in a timely fashion

In the event that the provider is found to be noncompliant to policies, standards and regulations, the provider will be subject to progressive discipline and corrective action.

Rights Protection Compliance
All providers responsible for providing treatment and care of recipients of Autism Services are required to do so in such a manner as not to violate the rights of recipients. Every provider who has observed or who has knowledge of an incident which violates the rights of recipients has a responsibility to report such incidents to their supervisor and others as required by state and federal laws. If the incident is not resolved internally, a report should be made by the provider to Advocacy or ADMH Autism Services. All staff are responsible to cooperate with any investigations by Advocacy and/or ADMH Autism Services.

ADMH Autism Services shall investigate alleged violations of recipient's rights and shall have unlimited and unimpeded access to that recipient's records including copies thereof and related staff records. Cases of suspected recipient abuse, mistreatment or other special incidents in the field shall be investigated by ADMH Autism Services.

Civil Rights Compliance (under Medicaid)
Providers must adhere to the Civil Rights Compliance policy under Medicaid. This form and policy can be found in the ADMH Autism Services Provider Agency Application or on Alabama

Medicaid's website at https://medicaid.alabama.gov/CONTENT/9.0_Resources/9.4_Forms_Library/9.4.16_Provider_Enrollment_Forms.aspx.

Incident management

An incident is defined as, but not limited to, any recipient's death; personal injury; unusual prevalence of disease; suspected recipient abuse, mistreatment, neglect or exploitation; suspected sexual assault; serious damage to or loss of facility or personal property; serious disturbances of the peace; any situation involving local law enforcement personnel; any unauthorized disruption of facility routine/schedule including work stoppage, slow down, strikes, or other disruptive employee activities; natural disasters; and any notification of legal action.

The online guide for incident levels, descriptions, and reporting timelines can be found on the Alabama Autism state page at www.therapservices.net.

Incident Reporting will be documented through Therap. Records should include the minimum: date, time, location, parties present and involved, incident, actions taken, resolution, signature. ADMH Compliance Officer, with(out) additional staff, may investigate incident if not handled at provider level or incident warrants further investigation.

Laws, Regulations, & Ethical Considerations

Laws & Regulations

Health Insurance Portability and Accountability Act (HIPAA) - HIPAA regulates disclosure and use of an individual's health records and establishes privacy and security on those records. HIPPA also secures insurance coverage mobility if a person changes jobs. The HIPPA Privacy Rule prohibits health plans and other covered entities from disclosing any information about the patient without his consent, unless it's for payment, treatment, or operations. This federal law takes precedence over any less restrictive state legislation but allows Alabama and other states to enact laws that provide stronger privacy protection for health records.

HIPPA applies to health plans, business associates (people who work for the entity and require access to protected health info), health care clearinghouses, and most health care providers. HIPAA protects all health information a covered entity transmits in any way (oral, paper, or electronic), including the following: the individual's mental condition, the stipulated condition of individual's health care, or payment information given at any time for the individual's health care.

Americans with Disabilities Act (ADA) - The ADA protects the rights of people who have a physical or mental impairment that substantially limits their ability to perform one or more major life activities, such as breathing, walking, reading, thinking, seeing, hearing, or working. It does not apply to people whose impairment is unsubstantial, such as someone who is slightly nearsighted or someone who is mildly allergic to pollen. However, it does apply to people whose disability is substantial but can be moderated or mitigated, such as someone with diabetes that can normally be controlled with medication or someone who uses leg braces to walk, as well as to people who are temporarily substantially limited in their ability to perform a major life activity.

Title II of the ADA applies to all State and local governments and all departments, agencies, special purpose districts, and other instrumentalities of State or local government ("public entities"). It applies to all programs, services, or activities of public entities, from adoption services to zoning regulation. Title II entities that contract with other entities to provide public services (such as non-profit organizations that operate drug treatment programs) also have an obligation to ensure that their contractors do not discriminate against people with disabilities.

Olmstead Decision - Under Title II of the ADA, the Olmstead Decision of 1999 requires states to place persons with mental disabilities in community settings rather than in institutions when the state's treatment professionals have determined that: (1) community placement is appropriate, (2) the transfer from institutional care to a less restrictive setting is not opposed by the affected individual, and (3) the placement can be reasonably accommodated, taking into account the resources available to the State and the needs of others with mental disabilities.

New Freedom Initiative – The New Freedom Initiative is a comprehensive plan to ensure all Americans have the opportunity to learn and expand education, engage in productive work, access assistive and universally designed technologies, make own choices about daily lives, and participate fully in community life.

Individuals with Disabilities Education Act (IDEA) - In exchange for federal funding, IDEA requires states to provide a free appropriate public education (FAPE) in the least restrictive environment (LRE). The statute also contains detailed due process provisions to ensure the provision of FAPE. Originally enacted in 1975, the Act responded to increased awareness of the need to educate children with disabilities and to judicial decisions requiring states to provide an education for children with disabilities if they provide an education for children without disabilities.

Mandated Reporting of Suspected Abuse and Neglect - Alabama law requires the following institutions and persons to report known or suspected child abuse and neglect of individuals under the age of 18 to the Alabama Department of Human Resource: all hospitals, clinics, sanitariums, doctors, physicians, surgeons, medical examiners, coroners, dentists, osteopaths, optometrists, chiropractors, podiatrists, physical therapists, nurses, public and private K-12 employees, school teachers and officials, peace officers, law enforcement officials, pharmacists, social workers, day care workers or employees, mental health professionals, employees of public and private institutions of postsecondary and higher education, members of clergy as defined by Rule 505 of Alabama Rules of evidence (except for information gained solely in a confidential communication) which includes "any duly ordained, licensed, or commissioned minister, pastor, priest, rabbi, or practitioner of any bona fide established church or religious organization," or any other person called upon to render aid or medical assistance to any child when such child is known or suspected to be abused or neglected. (Code of Alabama 1975, Sections 26-14-1 through 26—14-13)

It is the responsibility of DMH employees and its contractors to treat all recipients with dignity and respect, to ensure that all recipients receive appropriate care and treatment, and to provide all recipients with protection from abuse and neglect, mistreatment or exploitation. Employees found in violation of this policy shall be subject to disciplinary actions.

Employees who fail to report incidents of recipient abuse, neglect, mistreatment, or exploitation or employees who withhold information regarding abuse, neglect, etc. during an investigation, or employees who withhold information regarding recipient abuse when questioned during an investigation regarding recipient abuse, neglect, etc. shall be subject to disciplinary actions ranging from a minimum of written reprimand to termination.

Duty to Warn states there shall be no monetary liability on the part of, and no cause of action shall arise against a licensed professional counselor or associate licensed counselor in failing to warn of and protect from a client who has communicated to the licensed professional counselor or associate licensed counselor a serious threat of physical violence against a reasonably identifiable victim or victims. If there is a duty to warn and protect under the

limited circumstances specified above, the duty shall be discharged by the licensed professional counselor or associate licensed counselor making reasonable efforts to communicate the threat to the victim or victims and to a law enforcement agency. No monetary liability and no cause of action may arise against a licensed professional counselor or associate licensed counselor who breaches confidentiality or privileged communication in the discharge of their duty as specified.

Informed Consent - Informed consent is described by the American Medical Association as "a process of communication between a patient and physician that results in the patient's authorization or agreement to undergo specific medical treatment." Communication should involve details of the diagnosis, the proposed treatment, the risks and benefits of the proposed treatment, alternative treatments and their risks and benefits, and the risks and benefits of delaying or forgoing all treatment. Patients' informed consent also involves doctors answering patients' questions to help the patient make an informed decision about whether to undergo or refuse treatment. Patient's consent is voluntary.

Home and Community Based Settings (HCBS) - The Home and Community Based Settings (HCBS) Standards are designed to improve HCBS programs by ensuring the quality of Home and Community Based Services, provide rights protections for participants, maximize opportunities for individuals to have full access to the benefits of community living and ensure individuals can receive services in the most integrated setting. HCBS programs serve a variety of targeted populations, such as people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses.

Family Educational Rights and Privacy Act (FERPA)
FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students." Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies. Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information. Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31): School officials with legitimate educational interest, other schools to which a student is transferring, specified officials for audit or evaluation purposes, appropriate parties in connection with financial aid to a student, organizations conducting certain studies for or on behalf of the school, accrediting organizations, to comply with a judicial order or lawfully issued subpoena, appropriate officials

in cases of health and safety emergencies, and state and local authorities, within a juvenile justice system, pursuant to specific State law. Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

Rehabilitation Act
An act to replace the vocational rehabilitation act, to extend and revise the authorization of grants to states for vocational rehabilitation services, with special emphasis on services to those with the most severe handicaps, to expand special federal responsibilities and research and training programs with respect to handicapped individuals, to establish special responsibilities in the secretary of health, education, and welfare for coordination of all programs with respect to handicapped individuals within the department of health, education, and welfare, and for other purposes.

Cultural Competency

Cultural Competence is the ability to effectively work with individuals from other cultures, contains congruent behaviors, attitudes, and policies, produces mindful adaptation of services to support client in his/her cultural context, and promotes better outcomes for clients. Providers are encouraged to make adaptations to service delivery or model, be courteous and respectful of differences, modify family involvement expectations, be mindful of practices when scheduling services, accommodate language barriers, and maintain compliance with ethical guidelines.

Professionalism

Unprofessional behavior by staff members, whether manifested actively or passively, can adversely affect patient care. Employees that are determined to have exhibited unprofessional behavior are subject to disciplinary action.

Staff refers to all persons, including medical staff, delivering services at DMH facilities, whether by employment or through contract. Acceptable behavior is behavior that is honest, courteous, fosters a culture of excellence, maintains morale and contributes to staff retention with the ultimate goal of safe and effective patient care. Inappropriate behavior means conduct that is unwarranted and is reasonably interpreted to be demeaning or offensive. For the purposes of this policy inappropriate behavior triggers an action limited to education/counseling by the supervisor/designee. However, persistent, repeated inappropriate

behavior can become a form of harassment and thereby become disruptive, and subject to treatment as “disruptive behavior”.

Examples of inappropriate behavior include, but are not limited to, the following:
• Belittling or berating statements;
• Name calling;
• Deliberate lack of cooperation without good cause;
• Intentionally degrading or demeaning comments regarding patients and their families or other support staff.

Disruptive behavior is a style of verbal or non-verbal interaction manifested actively or passively with other staff members, family members or patients that directly, indirectly or potentially interferes with patient care. Disruptive behavior includes conduct that interferes with one's ability to work with other members of the treatment care team. Disruptive behavior triggers the implementation of progressive disciplinary actions.

Examples of disruptive behavior include, but are not limited to, the following:
• Physically threatening language directed at anyone in the hospital;
• Physical contact with another individual that is threatening or intimidating;
• Throwing instruments, charts or other things;
• Threats of violence or retribution;
• Sexual harassment; and
• Other forms of harassment including, but not limited to, persistent inappropriate behavior.

Boundaries & Dual-Relationships

ADMH Autism Services is committed to creating a safe, respectful environment that is focused on the needs of the client. Relationships with ADMH Autism Services staff and contracted provider agency staff is intended to set limits and clearly define a safe, therapeutic connection, putting the needs of the client first. Professional boundaries shall be maintained at all times between clients and ADMH Autism Services staff/contracted provider staff.

Dual relationships develop when a provider has a second relationship with his or her client outside the traditional provider-client relationship. Providers are encouraged to take precaution and establish boundaries when these types of relationships arise when delivering services. Providers should consult with other professionals such as a supervisor and educate themselves on ways to navigate or avoid entering these types of relationships. Although there are clear and valid concerns (exploitation, preferential treatment, victimization, negative side effects, undo expectations for provider, and possible legal action), dual relationships are not inherently bad, can be successfully navigated when unavoidable, and may even increase trust & therapeutic relationship building.

- **Social dual relationship**—the therapist is also a friend
- **Professional dual relationship**—the therapist doubles as someone's work colleague or collaborator
- **Business dual relationship**—the therapist is also involved with someone in a business capacity
- **Communal dual relationship**—both therapist and client are members of a small community will likely run into each other or be involved in the same activities outside of the office
- **Institutional dual relationship**—the therapist serves as counselor and other roles within a particular institution, such as a prison, hospital, or in the military
- **Forensic dual relationship**—the therapist is a counselor as well as a witness in legal trials or hearings involving his or her client
- **Supervisory dual relationship**—the therapist is also responsible for overseeing and supervising the client's development as a professional therapist, as often occurs in educational settings
- **Digital, online, or Internet dual relationship**—the therapist is connected with the client on social media sites such as Facebook, Twitter, and LinkedIn
- **Sexual dual relationship**—the therapist and client are engaged in a sexual relationship

System of Care Principles

ADMH Autism Services operates as a "System of Care". A "System of Care" is a spectrum of effective, community-based services & supports for children/youth and their families with or at risk for mental health or other challenges. Services and supports are organized into a coordinated network that build meaningful partnerships and address cultural & linguistic needs. The focus is to help affected children/youth function better at home, in school, in the community, & throughout life.

Core Values include:

- **Family Driven and Youth Guided** - Strengths and needs of child, family determine type and mix of services and supports
- **Community-based** - Locus of services and system management within a supportive and adaptive infrastructure of processes and relationships at community level
- **Competent agencies and services reflect cultural, racial, ethnic and linguistic differences of those served** - Facilitates access to and use of appropriate supports

Twelve Guiding Principles include:

1. Ensure availability and access to broad, flexible array of effective, evidenced-informed, and community-based services/supports that address physical, emotional, social, and educational needs
2. Provide individualized services based on potential and needs, guided by strengths-based wraparound planning, with child and family as partners in development

3. Deliver services and supports in least restrictive and most-normative clinically appropriate environment
4. Ensure child and family are full partners in planning and delivery of services, to include policies and procedures that govern care for all in their communities
5. Ensure cross-system collaboration (to include agencies, programs, funding sources, and administration) to support system-level management, coordination, and integrated care
6. Provide care management to ensure multiple services are delivered in a coordinated and therapeutic manner that allows movement through the system with changing needs
7. Provide developmentally appropriate mental health services/supports that promote optimal social and emotional outcomes in the home and community
8. Provide developmentally appropriate services/supports to facilitate transition to adulthood and adult-service system
9. Utilize mental health promotion, prevention, early identification and intervention to improve long-term outcomes, specifically activities for youth/adolescents
10. Incorporate continuous accountability measures to track, monitor, and manage system's meeting care goals and fidelity to philosophy, as well as quality, effectiveness, and outcomes at every level
11. Protect the rights of and promote effective advocacy efforts for children, youth, and families
12. Provide non-discriminatory services that are sensitive and responsive to such differences (e.g. race, gender expression, SES, geography, religion, language)

Ten Principles of Wraparound include:

1. **Family and Youth Voice and Choice**
   Family and youth perspectives are encouraged and prioritized during all phases of the service planning process. Planning is based upon the family members' perspectives, and the team strives to provide options and choices so that the plan reflects family values and preferences.
2. **Team Based**
   The team consists of individuals chosen by the youth and family. These individuals can come from a formal network such as service providers, as well as informal team members including family, friends and community relationships.
3. **Natural Supports**
   The youth, family and other team members actively seek out and encourage the full participation of individuals chosen from the informal network to be a part of the youth and family's natural support system, such as family, friends and community relationships. These natural supports are fully involved in the activities and interventions of the plan, as it pertains to the tasks they are able to help with. The relationship between the youth and family and their natural supports must be reciprocal.
4. **Collaboration**
   Team members work cooperatively and share responsibility for developing, implementing, monitoring and evaluating a single plan. The plan reflects a blending of the perspectives, mandates and resources of the team members. The plan guides and

coordinates the work of each team member as all work towards achieving the goals set by the youth and family.

5. **Community-based**
   The team seeks to implement services and supportive strategies in the most inclusive and most accessible settings. The team will work to maintain the youth in the least restrictive setting possible, promoting the safe integration of the youth into family, home and community life.
6. **Culturally Competent**
   The planning process demonstrates respect for the values, preferences, beliefs, culture and identity of the youth and family. The plan is built upon the lifestyle of the youth and family, reflects their strengths and includes activities that make sense and are attainable.
7. **Individualized**
   To achieve the goals in the plan, the team develops and implements a set of strategies, supports and services specifically geared to the youth and family.
8. **Strengths Based**
   The planning process and plan is built upon, and enhances the capabilities, knowledge, skills and assets of the youth and family, their community and other team members.
9. **Persistence / Unconditional Care**
   Despite challenges and possible setbacks, the team persists in working toward the goals included in the plan until the team reaches an agreement that a formal planning process is no longer required. Giving up is not an option.
10. **Outcome Based**
    The team connects the goals and strategies of the plan to indicators of success that can be observed and measured. The team monitors progress and revises the plan accordingly.

Client Eligibility, Rights & Responsibilities

Client Eligibility

Individuals enrolled into ADMH Autism Services can meet eligibility criteria within two target groups – Target 3 (Disabled Children) or Target 10 (Disabled Children with ASD). Individuals will be enrolled in either target group to receive intensive care coordination and will be assigned an intensive care coordinator accordingly.

Admission Criteria
Child/youth is between the ages of birth and twenty years old, has an Autism Spectrum Disorder diagnosis, and is enrolled in Medicaid. Child/youth has more intensive needs that require multidisciplinary intervention and monitoring designed to address challenging behaviors and/or needs in the home and community settings.

Continued Stay Criteria
The child/youth is continuing to make progress toward treatment goals and there is reasonable expectation of progress at this level of care and this level of care is required to prevent worsening of the child/youth's condition.

Exclusionary Criteria
- The needs identified in the referral to ICC does not meet admission criteria as stated above.
- The needs identified in the referral to ICC are not directly related to an ASD diagnosis.
- The person(s) with authority to consent to medical treatment for the child/youth does not voluntarily consent to participate in ICC.
- The child/youth is in a hospital, skilled nursing facility, psychiatric residential treatment facility, or other residential treatment setting at the time of the referral and is unable to return to a family home environment or community setting with community-based supports.

Case management services are comprehensive services that assist eligible individuals in gaining access to needed medical, social, educational and other services. Targeted Case Management (TCM) services assist specific eligible recipients, or targeted individuals, to access other services. Medicaid recipients may receive TCM services in more than one target group, or case management services from another program if Medicaid determines this would not present a duplication of services.

Once individual is deemed eligible, the ICC will be assigned and expected to follow timeline shown in the "Service Descriptions: Intensive Care Coordination" section.

Treatment care team meetings should evaluate goal progression, review assessment results and re-determine eligibility annually to determine if client needs to be transitioned from one target group to the other or discharged from services.

The treatment team should consider discharging individual from services only if:

- The treatment plan goals have been met to the extent that ICC is no longer needed to prevent worsening of the child/youth's condition.
- The child/youth is not engaged in treatment during a 90-day period despite multiple, documented attempts to address engagement or lack thereof.
- The child/youth is placed in a hospital, skilled nursing facility, psychiatric residential treatment facility, or other residential treatment setting and is not ready for discharge to a family home environment or community setting with community-based supports.
- Required consent for treatment is withdrawn.
- The child/youth is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care, and this level of care is not required to prevent worsening of the child/youth's condition.
- The child/youth turns 21 years of age.
- Diagnosis of ASD is not supported by subsequent comprehensive diagnostic evaluation indicated under Eligibility criteria.

Client Rights

1. Exercise one's rights as a U.S. citizen
2. Access a full array of appropriate services
3. Inclusion in the community
4. Live, work, learn, recreate alongside individuals without disabilities
5. Be presumed competent until adjudicated otherwise
6. Social interaction with individuals of both sexes
7. Vote and participate in political processes in accordance with state and federal laws
8. Exercise religion freely
9. Confidentiality of medical, legal, financial, and personal documents and records
10. Possess and own property, real and personal
11. Privacy and dignity
12. Privacy of and reasonable access to communications, visitors, mail, and calls
13. Receive only prescribed medications, drugs, and treatments in accordance with established medical standards of care
14. Use of restraints, physical or chemical, only in accordance with established medical, educational, and social standards of care and taking into account the health and safety of the individual
15. Free and appropriate education as mandated by state and federal laws
16. Freedom from neglect, abuse, or exploitation

17. Make decisions affecting one's own life
18. Access general community and neighborhood services
19. Use of services in safe and humane environments
20. Consistently receive human respect and dignity as an individual
21. Exercise all rights without retaliation or punishment
22. Access medical (to include hearing services), dental, and vision care
23. Freedom from any physical, sexual, or psychological abuse, exploitation, coercion, reprisal, intimidation, or neglect
24. Being fully informed about services, as an individual by way of appropriate language, means, and setting to ensure understanding of information
25. Be informed on how to access advocacy services, ombudsmen, and rights protection services at the program/provider, ADMH, DHR, and federal levels without fear of accessing such services
26. Adequate food and shelter in residency programs run or certified by state regulatory agencies
27. Enforce the aforementioned and other protected rights of individuals through appropriate administrative hearings, to include a competent court of law

Client Responsibilities

1. Comply with all rules and regulations of Medicaid and ADMH Autism Services
2. Complete assessments, documentation, surveys, etc. in a timely manner
3. Attend collaboratively scheduled appointments
4. Actively participate in planning and service activities
5. Engage in open communication
6. Mutually respect service and support staff
7. Notify ICC of any changes to Medicaid, contact information, medication or treatment, outside of services or supports, and legal matters (custody, conservatorship, advance directives, etc.)

Self-Determination

Self-determination gives individuals with disabilities the opportunities and rights as all people. Founding principles include freedom of choice, authority over self and life, respectful support, responsibility to others, and confirmation of others. Self-determination gives individuals with disabilities the right to make one's on choices & decisions based on his or her preferences & interests, self-monitor & regulate, direct service & support utilization, obtain needed services, choose goals and work toward them in a self-directed manner, participate in & contribute to one's community, and act & advocate on one's own behalf.

Due Process

Due Process is a course of proceedings, not necessarily legal proceedings, carried out in accordance with established rules and regulations for safeguarding a person's rights.

Recipients and their responsible party will be provided specific information prior to a right being restricted, or as soon as possible thereafter, and will be advised of the process involved, and shall also be informed of what the recipient can do to have the right restored. Recipients and others acting on their behalf will have the right to file a complaint concerning the restriction of a recipient's rights. The recipient's ability to exercise a right will be based upon the individual needs, skills, and abilities of the recipient as determined by the treatment care team.

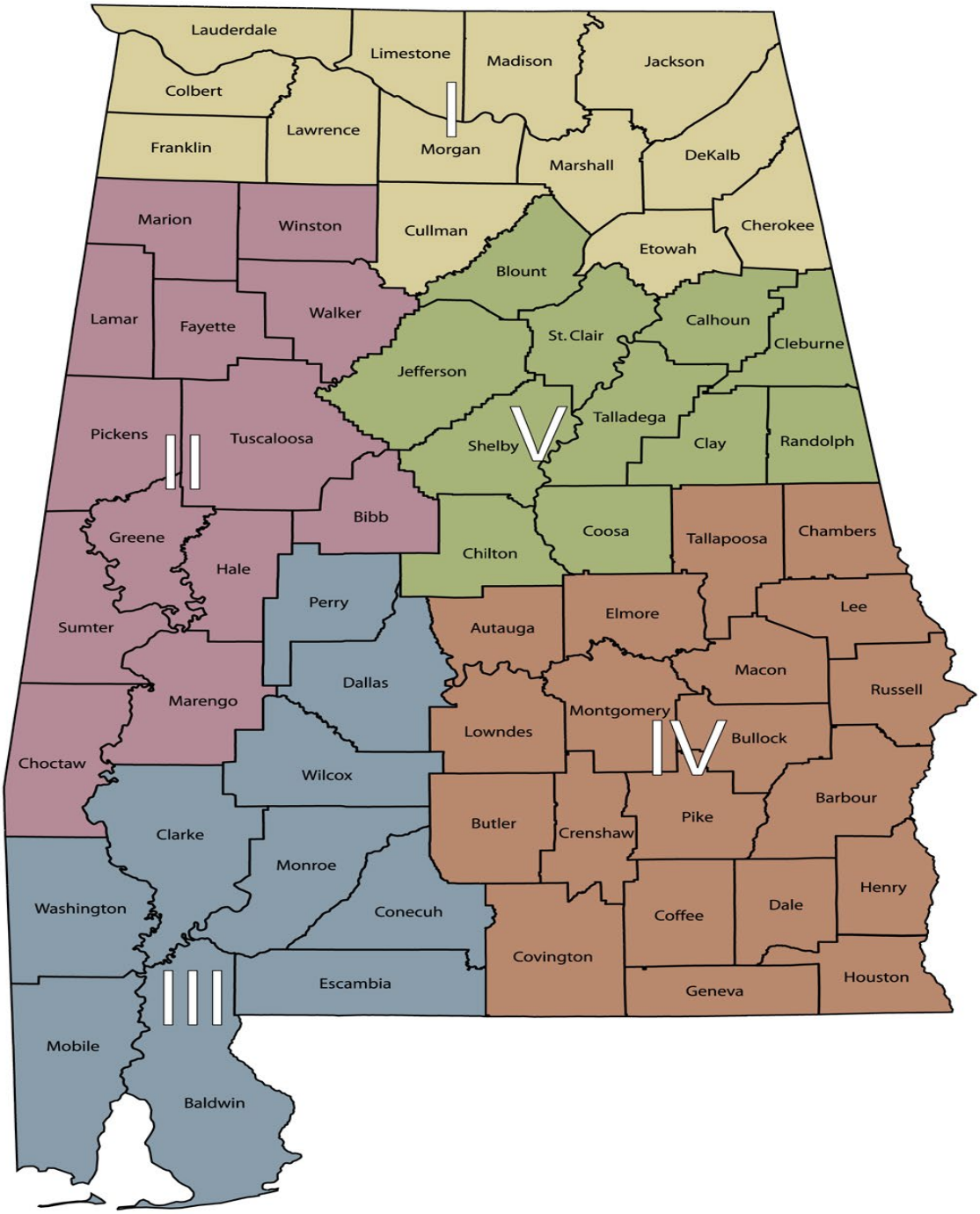
When a right has been restricted, the treatment care team shall review and document, at least quarterly, the continuing need for the restriction. Treatment or care deemed appropriate by the treatment care team for removal of the restriction shall also be provided. A recipient's rights will be restored when the team determines that criteria has been met to justify restoration and this will be documented in the individual's record.

Resources

Counties Covered by Autism Services Regional Office

Region 1	Region 2	Region 3	Region 4	Region 5
Cherokee	Bibb	Baldwin	Autauga	Blount
Colbert	Choctaw	Clarke	Barbour	Calhoun
Cullman	Fayette	Conecuh	Bullock	Chilton
DeKalb	Greene	Dallas	Butler	Clay
Etowah	Hale	Escambia	Chambers	Cleburne
Franklin	Lamar	Mobile	Coffee	Coosa
Jackson	Marengo	Monroe	Covington	Jefferson
Lauderdale	Marion	Perry	Crenshaw	Randolph
Lawrence	Pickens	Washington	Dale	Shelby
Limestone	Sumter	Wilcox	Elmore	St. Clair
Madison	Tuscaloosa		Geneva	Talladega
Marshall	Walker		Henry	
Morgan	Winston		Houston	
			Lee	
			Lowndes	
			Macon	
			Montgomery	
			Pike	
			Russell	
			Tallapoosa	

Department of Mental Health
Autism Services



Region I Autism Services - Kelly Mason, Regional Autism Coordinator
Region II Autism Services - Andrea McCoy, Regional Autism Coordinator
Region III Autism Services - Deon Gatson, Regional Autism Coordinator
Region IV Autism Services - Robyn McQueen, Regional Autism Coordinator
Region V Autism Services - Cody Farmer, Regional Autism Coordinator

ADMH & Community Contacts

ADMH Regional Autism Coordinators are a point of contact within their regional area

- Anna McConnell-State Autism Coordinator -Anna.mcconnell@mh.alabama.gov
- Kelly Mason-Region I Huntsville Kelly.mason@mh.alabama.gov
- Andrea McCoy-Region II Tuscaloosa Andrea.mccoy@mh.alabama.gov
- Deon Gatson-Region III Mobile Deon.gatson@mh.alabama.gov
- Robyn McQueen- Region IV Montgomery Robyn.mcQueen@mh.alabama.gov
- Cody Farmer-Region V Birmingham Cody.farmer@mh.alabama.gov

ADMH Autism Services	www.mh.alabama.gov	1-800-499-1816
Autism Society of Alabama	www.autism-alabama.org	877-4-AUTISM
Autism Resource Foundation	www.theautismresourcefoundation.org	256-975-0411
Making Connections ASD Networking group	www.makingconnectionsasd.org	256-541-1542
Alabama Lifespan Respite		866-RESTALA
DHR BCBA Services		Sabrina.franks@dhr.alabama.gov
Emotional Distress		800-SUICIDE or 800-273-TALK
Autism ID Card - form available on Autism Society of Alabama website-take completed form to any county health department		
Safety Net Campaign	www.projectlifesaver.org	877-580-LIFE
Alabama Disability Advocacy Program (ADAP)	www.adap.ua.edu	205-348-4928
Help Me Grow		211

Regional Autism Networks

Region I – University of Alabama in Huntsville	uahran@uah.edu	256-824-5700
Region II – University of Alabama	ua-ran@ua.edu	205-348-3131
Region III – University of South Alabama	usaran@health.southalabama.edu	251-410-4533
Region IV – Auburn University	auran@auburn.edu	334-844-2004
Region V – University of Alabama at Birmingham	uabran@uab.edu	205-934-1112

Commonly Used ADMH Acronyms and Abbreviations

ADA	Americans with Disabilities Act
ADAP	Alabama Disabilities Advocacy Program
ADMH	Alabama Department of Mental Health
ADRS	Alabama Department of Rehabilitation Services
ALSDE	Alabama State Department of Education
AMA	Alabama Medicaid Agency
ASA	Autism Society of Alabama
ASD	Autism Spectrum Disorder
BCBA	Board Certified Behavior Analyst
CANS	Child and Adolescent Needs and Strengths
CASS	Certified Autism Support Specialist
DHR	Department of Human Resources
DSM	Diagnostic and Statistical Manual
DYS	Department of Youth Services
FERPA	Family Educational Rights and Privacy Act
GER	General Event Report
HCBS	Home and Community Based Settings
HIPAA	Health Insurance Portability and Accountability Act
I/DD	Intellectual and/or developmental disability
ICC	Intensive Care Coordinator
ICD	International Statistical Classification of Diseases and Related Health Problems
IDEA	Individuals with Disabilities Education Act
IDF	Individual Data Form
IEP	Individualized Education Plan
ISP	Individualized Service Plan
MHSA	Mental Health Substance Abuse
PASS	Professional Autism Services Specialist
PHI	Protected Health Information
RAC	Regional Autism Coordinator
RAN	Regional Autism Network
ROI	Release of Information
SED	Serious Emotional Disturbance
SMI	Serious Mental Illness

Appendix A: Client Planning Meetings Workflow