

Issue Paper



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FACING THE MICHIGAN LEGISLATURE

Autism: Sources of Funding and Historic Appropriations

by

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INTRODUCTION

Over the past three years, Medicaid-covered autism services and other autism-related programs have seen consistent discussion related to the appropriate level of funding and approach to service provision. The largest driver of funding expansion has been a Federal mandate that comprehensive autism services be provided to children between the ages of zero to 21 who were enrolled in a state's Medicaid program or Children's Health Insurance Program. Previously, Michigan had covered autism services only for children between the ages of zero and five. The rapid expansion of the eligible population has not only resulted in an exponential increase in funding in the Department of Health and Human Services (DHHS) budget, but also an increase in the need for autism service providers. The State has been faced with the need to rein in costs, while still encouraging the growth of the provider network.

This paper provides a general overview of autism spectrum disorder (ASD) as well as a seven-year funding history. Following a discussion of the diagnostic characteristics of ASD, the second section of the paper discusses applied behavioral analysis (ABA) therapy, the current benchmark for ASD treatment, and the only treatment modality covered by Michigan Medicaid. The third section covers the degree qualifications and continuing education requirements of applied behavioral analysis treatment providers. The final portion of this paper discusses the recent history of funding for Medicaid autism services and other autism funding. This portion is broken down into seven subsections covering fiscal years (FYs) 2014-15 through FY 2020-21, as well as a subsection discussing the history of the Autism Coverage Fund.

WHAT IS AUTISM SPECTRUM DISORDER?

With the publication of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) in 2013, the four previously separate diagnoses of autistic disorder, Asperger's disorder, childhood disintegrative disorder, or pervasive developmental disorder were combined under the umbrella diagnosis of ASD.ⁱ The Neurodevelopmental Work Group, which made the recommendations reflected in the DSM-5, noted that the separate diagnoses found in the versions prior to the DSM-5 were causing confusion and inconsistent application among clinics and treatment centers.ⁱⁱ Autism spectrum disorder is a developmental disability that manifests in early childhood and is characterized by difficulty with social interactions, including nonverbal communication, and repetitive patterns of movement or behavior.ⁱⁱⁱ Under the current DSM-5 definition, the "spectrum" aspect of ASD denotes that, although, all individuals exhibiting ASD must meet the same general criteria, each person may show a wide range of symptoms, differing levels of disability, and various levels of language and interpersonal skills.^{iv}

In order for a person to be diagnosed with ASD under the DSM-5, he or she must meet five broad criteria: (1) he or she exhibits persistent deficits in social interactions and communications; (2) he or she exhibits restricted and repetitive patterns of behavior, interests, or activities; (3) the symptoms were present during early childhood; (4) the symptoms interfere with social, occupational, or other important areas of functioning; and (5) the symptoms are not better explained by an intellectual disability or global developmental delay.^v The DSM-5 categorizes deficits in social interactions and communications into the subcategories of social-emotional reciprocity (inability to hold a conversation, failure to initiate or respond to social interactions, unusual social initiations, etc.), nonverbal communication behaviors (lack of facial expressions, lack of eye contact, etc.), and developing and maintaining relationships (absence of interest in peer group, inappropriate response to social cues, etc.).^{vi} Examples of restricted and repetitive patterns of behavior, interests, or activities also are broken down into four major subcategories including repetitive motor movements, inflexible adherence to routines, intense fixation of interests or objects, and inappropriate response to sensory input.^{vii} When making a diagnosis, a clinician also must assess the severity of the disorder. The severity ranges from least severe

("requiring support"), to moderately severe ("requiring substantial support"), to most severe ("requiring very substantial support").^{viii} The severity of ASD is based on the degree to which the person exhibits persistent deficits in social interactions and communications, and restricted and repetitive patterns of behavior, interests, or activities.^{ix}

According to the Centers for Disease Control and Prevention, the prevalence of ASD is approximately one in 59 children, with boys being four times more likely to be diagnosed than girls.^x Although the prevalence among non-Caucasian children is lower, studies have shown that this is because of societal factors, such as stigma surrounding behavioral health issues, and lack of access to behavioral health services and diagnosticians, rather than because of physiological differences between ethnic groups.^{xi} The cause of ASD is believed to be a combination of genetic and environmental factors.^{xii} The impact of genetics on the occurrence of ASD is supported by the following: 1) siblings of children with ASD are more likely to have ASD than siblings of children without, 2) children born to older parents have a higher likelihood of having ASD, and 3) there is a positive correlation between the occurrence of ASD and other genetic disorders such as Down syndrome, fragile X syndrome, and Rett syndrome.^{xiii} Despite fears resulting from the now-debunked study published in the *Lancet* in 1998 by Andrew Wakefield, *et al.*, there is no scientific basis for the belief that vaccines are the main cause, or a contributing cause of ASD.^{xiv}

APPLIED BEHAVIOR ANALYSIS THERAPY

According to the DHHS, ABA therapy is "a process of systematically applying a variety of evidence-based practices to improve socially significant behavior (e.g. those important for successful function in a variety of environments)".^{xv} At its core, ABA attempts to use direct observation, measurement, and functional analysis to identify environmental events and triggers and then connect them to resulting behavior. Once this connection is identified the ABA therapist designs a course of treatment aimed at modifying the behavioral reactions to those environmental events and triggers.^{xvi} According to the Behavior Analyst Certification Board (BACB) there are four core characteristics of ABA therapy:

1. The clinician observes the effect of the environment on the client's behavior and uses data collection methods to provide an objective assessment and analysis.
2. Emphasis is placed on understanding the context of the behavior and the impact the behavior has on the client and their relationships.
3. The clinician utilizes the principles and procedures of behavior analysis to improve the client's ability to interact with the world around them.
4. Data analysis and objective assessment is an ongoing process, rather than a one-time event and is used to inform clinical decisions.^{xvii}

Currently, ABA therapy is the only ASD treatment service option covered by Michigan Medicaid.^{xviii} The DHHS states that behavioral intervention services used to address ASD include, but are not limited to:

- Peer-mediated social skills training: educating non-ASD children on how to help a child acquire new appropriate behaviors and increase communication and social skills.^{xix}
- Functional-based interventions: strategy to reduce unwanted behavior by understanding and addressing the underlying purpose or communicative function of the behavior.^{xx}
- Antecedent-based intervention: strategy to reduce unwanted behavior by removing environmental triggers to prevent the behavior from occurring.^{xxi}

- Pivotal response training: research-based intervention that targets pivotal areas of child development (e.g., motivation, response to multiple cues, self-management, initiation of social interaction) rather than individual behaviors.^{xxii}
- Reinforcement systems: methods that provide positive consequences to reward appropriate behavior (e.g., a child earns stickers for each incidence of a specific positive behavior that that can then be exchanged for a reward).^{xxiii}
- Self-management: technique that allows a child to differentiate between appropriate and inappropriate behaviors, independently regulate and record their own behaviors, and reward themselves for appropriate behavioral responses.^{xxiv}
- Social narratives: personalized written descriptions of social situations that highlight relevant behavioral cues and offer examples of appropriate responses.^{xxv}
- Video modeling: using videotapes or other prerecorded digital resources to model live scenarios to allow the child to memorize, imitate, and adapt specific skills or behaviors.^{xxvi}
- Parent training: educating parents about an ASD diagnosis and actively engaging parents in skill acquisition or behavior change activities.^{xxvii}
- Prompting: providing verbal, visual, physical, or demonstrative cues to elicit a desired response.^{xxviii}
- Chaining: breaking down a task, such as hand washing, into smaller steps and teaching each step to gain proficiency in the whole task.^{xxix}

Although ASD treatment includes many different techniques and services, it generally can be broken down into two categories: comprehensive treatment or focused treatment. Comprehensive treatment generally is the more intensive form of treatment and focuses on treating all major behavioral areas where the individual exhibits inappropriate or underdeveloped responses. Focused treatment is targeted at no more than a few specific behavioral areas.^{xxx} For the purpose of Michigan Medicaid ABA treatment, the DHHS defines comprehensive behavioral intervention as any behavioral plan of care requiring 16 hours or more per week of treatment, while focused behavioral intervention is defined as any behavioral plan of care requiring 15 hours or less per week of treatment.^{xxxi}

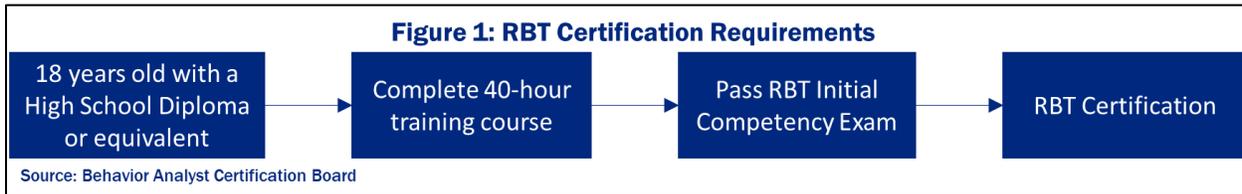
APPLIED BEHAVIOR ANALYSIS THERAPY CERTIFICATIONS

Public Act (PA) 403 of 2016 established licensure in Michigan for behavior technicians, assistant behavior analysts, and behavior analysts based upon the BACB's requirements. The BACB is a nonprofit 501(c)(3) corporation that has set standards and criteria for the credentialing of ABA therapy practitioners at four levels: registered behavior technician (RBT), board-certified assistant behavior analyst (BCaBA), board-certified behavior analyst (BCBA), and board-certified behavior analyst-doctoral (BCBA-D).^{xxxii} The Department of Licensing and Regulatory Affairs did not start issuing licenses for these certifications until 2019 and licensure was not required for all individuals until January 7, 2020.

Registered Behavior Analyst

The RBT is a paraprofessional certification that is required to work under the direct supervision of either an assistant behavior analyst, a behavior analyst, or a behavior analyst-doctoral. The supervising board-certified analyst would oversee the creation of intervention and assessment plans while the RBT is responsible for implementing ABA plans and services.^{xxxiii} In order to qualify for certification as an RBT, an applicant must be 18 years old and have completed high school or earned a high school diploma equivalent. Additionally, the applicant must complete 40 hours of training covering all items on the RBT Task List (see Appendix A). According to the BACB, there are three main options for RBTs to complete their required hours of training: as in-house training

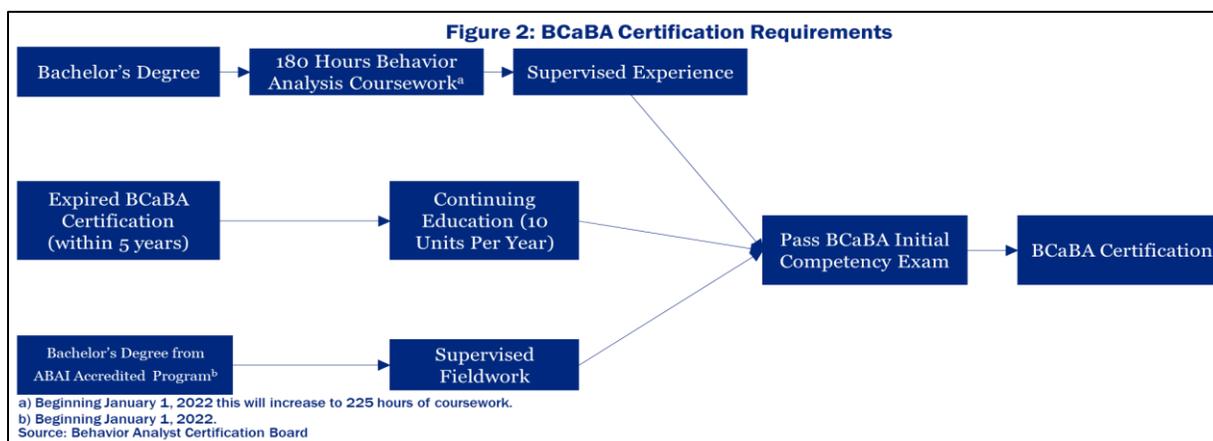
from an agency with which they are employed, as part of university coursework, or through an external agency that has developed in-person or virtual courses.^{xxxiv} After completing the required hours of training, the applicant must pass an initial competency examination and demonstrate three skills with a patient. In order to maintain his or her certification, an RBT must renew his or her certification annually by passing the RBT Renewal Competency Assessment and submitting a renewal application.^{xxxv} Figure 1 shows a summary of the requirements to obtain RBT Certification.



Board-Certified Assistant Behavior Analyst

The next level of certification is that of the BCaBA. Individuals with BCaBA certifications may provide behavior analysis services with the supervision of a board-certified behavior analyst. To obtain a BCaBA certification, an applicant must fulfill one of two requirement pathways. The first option requires the applicant to have earned a bachelor's degree from an accredited university that includes 180 hours of behavior analysis coursework. After January 1, 2022, the required hours of behavior analysis coursework will increase to 225 hours.^{xxxvi} In addition to the coursework requirements, a BCaBA must complete supervised fieldwork in ABA.^{xxxvii} Before January 1, 2022, an applicant may fulfill this requirement by completing 1,000 hours of supervised independent fieldwork, 670 hours of practicum supervision with a verified course sequence instructor, or 500 hours of intensive practicum supervision with a verified course sequence instructor.^{xxxviii} After January 1, 2022, applicants must complete 1,300 hours of supervised fieldwork or 1,000 hours of concentrated supervised fieldwork to fulfill the supervised experience requirement. After completing these requirements, the applicant must pass the BCaBA Initial Competency Exam in order to be certified.

The second way to obtain certification is through past certification. If an applicant's certification has expired within the past five years, he or she may requalify by taking the BCaBA Initial Competency Exam. To take the exam, the applicant must complete 10 continuing education units (CEUs) per year since applicant's BCaBA certification expired.^{xxxix} Beginning January 1, 2022, applicants may obtain certification by receiving a bachelor's degree from an Association for Behavior Analysis International (ABAI)-accredited program, completing 1,300 hours of supervised fieldwork or 1,000 hours of concentrated supervised fieldwork, and passed the BCaBA Initial Competency Exam, in addition to the other two pathway options. Figure 2 shows a summary of the requirements to obtain a BCaBA certification.



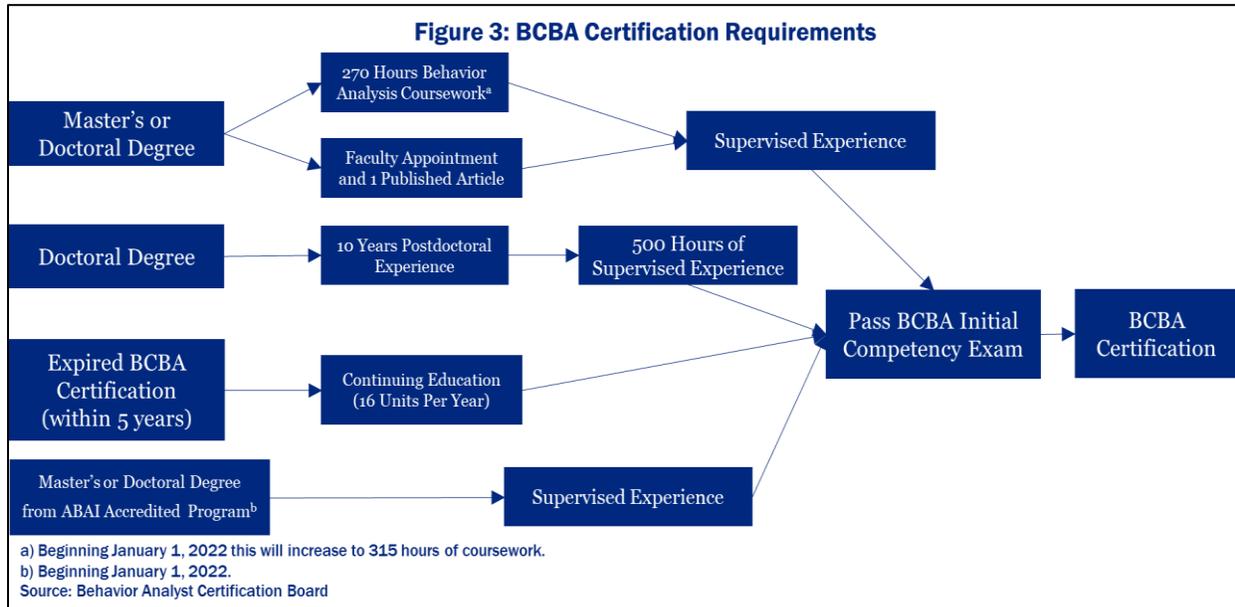
In order to maintain his or her BCaBA certification, individuals must meet all ethics and supervision requirements, complete ongoing continuing education requirements, and submit a completed recertification application every two year. For BCaBA's continuing education requirements consist of 20 CEUs for each two-year cycle with four of those CEUs in ethics. Although CEUs fall into three subcategories (learning, teaching, and scholarship) there are no restrictions as to how many CEUs may be earned through each subcategory.^{xi}

Board-Certified Behavior Analyst

The board-certified behavior analyst is a graduate-level certification that allows an individual to oversee both RBTs and BCaBAs, and to provide behavior analysis services. In order for an applicant to obtain BCBA certification, he or she must have either a master's or doctoral degree in behavior analysis, education, or psychology from an accredited university. In addition, the applicant must complete 270 hours of qualifying coursework during the completion of their degree (this will increase to 315 hours of qualifying coursework on January 1, 2022) or have a cumulative three years of full-time work as a faculty member.^{xii} In order for the time spent as a faculty member to fulfill BCBA certification requirements, his or her tenure must include teaching at least five graduate-level sections of behavior-analytic coursework that consist of instruction in at least two behavior-analytic content areas. In addition, the applicant also must have published a behavior-analytic article including an experimental evaluation in a peer-reviewed journal at some point in his or her career.^{xiii} Before being able to take the certification exam, an applicant must complete 1,500 hours of supervised independent fieldwork, 1,000 hours of practicum experience, or 750 hours of intensive practicum experience.^{xiii} Beginning January 1, 2022, the supervised fieldwork requirement will change to 2,000 hours of supervised fieldwork or 1,500 hours of concentrated supervised fieldwork.^{xiv} After fulfilling these requirements and passing the initial certification exam, the applicant will earn BCBA certification.^{xv}

The second pathway for BCBA certification requires the applicant to have obtained a qualifying doctoral degree 10 or more years before submitting his or her application. The applicant must have 10 years of post-doctoral experience in behavior analysis, including at least 10 years of full-time practice under a relevant state regulation or national professional credential. Additionally, the applicant must have completed 500 hours of supervised field experience after completing 10 years of postdoctoral experience.^{xvi} After fulfilling these requirements, the applicant must pass the initial certification exam. As with BCaBAs, individuals who had a BCBA certification that expired five or fewer years before applying for certification may recertify after successfully completing 16 CEUs for each year since the applicant's BCBA certification expired and passing the initial certification exam.^{xvii} The subcategories and documentation requirements of CEUs are the same for BCaBAs and BCBA.^{xviii} After January 1, 2022, applicants will be able to obtain a BCBA certification via a fourth pathway. Applicants who have received a master's or doctoral

degree from an ABAI-accredited program and completed either 2,000 hours of supervised fieldwork or 1,500 hours of concentrated supervised fieldwork will be eligible to take the BCBA Initial Competency Exam.^{xlix} After passing the exam, applicants will have fulfilled all requirements to attain a BCBA certification. Figure 3 shows a summary of the requirements to obtain a BCBA certification.



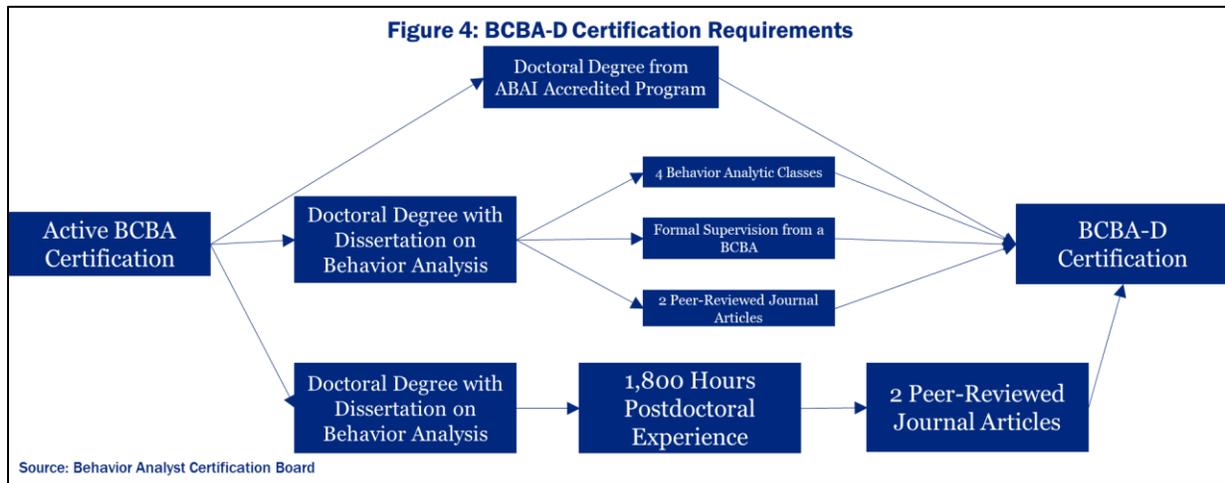
Board-Certified Behavior Analyst-Doctoral

The board-certified behavior analyst-doctoral is not considered a separate certification from the BCBA and does not confer any additional responsibilities or benefits. In order to be certified as a BCBA-D, an applicant must have an active board-certified behavior analyst certification and then meet one of three additional requirements. The BCBA-D must:

- Hold a doctoral degree from an ABAI-accredited graduate program;
- Hold a doctoral degree from a qualifying institution, completed a dissertation on behavior-analysis, and either completed four behavior-analytic courses during completion of the doctorate or received formal supervisions from a faculty member holding a BCBA certification or authored two peer-reviewed journal articles related to behavior analysis; or
- Hold a doctoral degree from a qualifying institution, completed at least 1,800 hours in qualifying behavior analysis postdoctoral employment or fellowship experience beyond that required to attain a BCBA certification, and authored two peer-reviewed journal articles related to behavior analysis as a result of the training experience.

Figure 4 shows a summary of the requirements to obtain a BCBA-D Certification.

The certification maintenance requirements are the same for BCBA and BCBA-Ds. As with BCaBAs, an individual must meet all ethics and supervision requirements, complete ongoing continuing education requirements as well as submit a completed recertification application every two years. However, in order to maintain either a BCBA or BCBA-D certification, the individual must complete 32 CEUs, with four of those CEUs being in ethics.^l



RECENT FUNDING HISTORY

Although the majority of funding related to ASD has flowed through the Medicaid Autism Services appropriation, there are a number of smaller appropriations within the DHHS budget. This paper breaks down Medicaid funding, university funding, and other autism-related one-time appropriations by fiscal year for the previous five years. Beginning in FY 2013-14, the enacted budgets have included an appropriation for university autism centers and services with the goal of the funding being to increase the number of ABA therapists within the State. Along with this recurring appropriation, the past five budget years have included various one-time appropriations to address different autism-related issues. Additionally, this paper will provide a brief history of the Autism Coverage Fund housed within the Department of Insurance and Financial Services (DIFS).

FY 2014-15

The initial FY 2014-15 budget recommendation by the Governor reduced the Autism Services line item by \$10.0 million Gross to \$25,171,800 Gross, a 28% decrease from the enacted FY 2013-14 funding level of \$35,171,800 Gross. Although both the Senate and House concurred with the Governor's recommended level of funding, the Senate proposed budget assumed a statutory change that would allow the use of \$4.0 million in Autism Coverage Fund dollars to be used to pull down Federal Medicaid match. The Autism Coverage Fund dollars would have been used to offset an equal amount of General Fund/General Purpose (GF/GP); however, this proposal was rejected by the Conference Committee. The Governor's budget transferred \$500,000 Gross of funding for Eastern Michigan University's Autism Center from the Special Projects line item within the Family, Maternal, and Children's Health Services unit to the Behavioral Health Program Administration line item within the Behavioral Health Program Administration and Special Projects unit (this funding was first included in the Department of Community Health (DCH) budget in FY 2011-12). Both the House and Senate concurred with the program transfer.

There were two Autism related line-items within the One-Time Appropriations Unit in FY 2014-15. The Executive Recommendation increased funding for the University Autism Programs line item from \$2.0 million Gross to \$3.0 million Gross. Of this \$3.0 million total, Western Michigan University, Eastern Michigan University, and Michigan State University would have received \$1.0 million apiece. The Senate increased funding within this line item to \$5.5 million Gross, concurring with the Executive's proposed funding distribution. Additionally, of the \$5.5 million total, \$500,000 apiece would have gone to the Central Michigan University Central Assessment Lending Library and the Oakland University Centre for Autism Research, Education, and Support, while the remaining \$1.5 million would have funded efforts to guide families to the best available autism

services. The House proposal reduced the funding recommendation from \$3.0 million Gross to \$1.5 million Gross with Western Michigan University, Eastern Michigan University, and Michigan State University would have received \$500,000 apiece. The final Conference Committee agreement moved the Senate-proposed \$1.5 million Gross for efforts to guide families to autism services to the Autism Family Assistance Services line item and funded the entire amount using Autism Coverage Fund revenue. The Conference Committee agreement increased the University Autism Programs line item to \$7.0 million Gross (\$4.0 million from the Autism Coverage Fund and \$3.0 million GF/GP) with \$500,000 apiece for the Central Michigan University Central Assessment Lending Library and the Oakland University Centre for Autism Research, Education, and Support; \$1.0 million apiece for Eastern Michigan University and Michigan State University; and \$4.0 million for Western Michigan University. The specific funding levels for each entity were laid out in boilerplate Section 1902 and are summarized in the table below.

FY 2014-15 Gross Proposed Funding Amounts for University Autism Programs and Services				
	Executive Recommendation	Senate-Proposed	House-Proposed	Conference Agreement
Western Michigan University	\$1,000,000	\$1,000,000	\$500,000	\$4,000,000
Eastern Michigan University	1,000,000	1,000,000	500,000	1,000,000
Michigan State University	1,000,000	1,000,000	500,000	1,000,000
Central Michigan University	0	500,000	0	500,000
Oakland University	0	500,000	0	500,000
Autism Navigators	0	1,500,000	0	1,500,000 ^a

^a This item was moved to a separate line item in the Conference agreement.

In April 2015, Governor Snyder signed PA 8 of 2015, which amended the Autism Coverage Reimbursement Act to allow for the one-time appropriation and expenditure of an additional \$3.0 million from the Autism Coverage Fund. This bill, in conjunction with PA 84 of 2015, replaced \$3.0 million GF/GP with Autism Coverage Fund revenue. In addition to the previously mentioned GF/GP swap, base and caseload adjustments made at the 2015 May Consensus Revenue Estimating Conference (CREC) were reflected in PA 84 of 2015, resulting in a net decrease of \$171,800 Gross in the Autism Services line item. The final adjustment made to the Autism Services line was through Legislative Transfer 2015-8. In order to address an anticipated shortfall in the line due to an uptick in the number of services provided, an additional \$18,000,000 Gross was appropriated. This brought the year-end appropriation for the Autism Services line item to \$43,000,000 Gross.

FY 2015-16

In July 2014, the Federal government issued a Centers for Medicare and Medicaid Services Informational Bulletin (CIB) mandating that comprehensive autism services be covered for all children (beneficiaries between the ages of zero and 21) enrolled in Medicaid or the Children's Health Insurance Plan.ⁱⁱ In a further CIB released in September 2014, the Centers for Medicare and Medicaid Services (CMS) stated that although there was "no specific time frame for CMS review of state practices in this area", states should "complete this work expeditiously and should not delay or deny provision of medically necessary services".ⁱⁱⁱ The Governor's budget reflected this mandate by increasing the Autism Services line item to \$36,769,400 Gross, a \$11,597,600 Gross increase over the FY 2014-15 initially enacted appropriation level. The Executive Recommendation also moved the Autism Services line item from the Medical Services Unit to the Behavioral Health Services Unit. The Senate and House concurred with the movement of the line

item and the recommended appropriation level. The Conference Committee reflected the 2015 May CREC recommendations and reduced the appropriation to \$36,418,500 Gross.

The Governor's budget recommendation removed or reduced a number of initiatives from the previous year; the \$500,000 for Eastern Michigan University funded through the Behavioral Health Program Administration line item and the \$1.5 million in the Autism Family Assistance Services line item, which went to the Autism Alliance of Michigan to provide guidance services, were eliminated. The Senate and House concurred, and these items were eliminated in the final Conference budget as well. The Governor recommended reduced funding for the University Autism Programs line item from \$7.0 million Gross to \$2.5 million Gross and funding the line entirely with GF/GP. The Governor's intent was that all five universities that had received funding in the previous year would receive \$500,000 apiece. While the Senate concurred with the Governor's recommendation, the House reduced total funding to a place holder. Ultimately, the Conference Committee funded the University Autism Programs line item at \$2.5 million Gross but moved the line to the Behavioral Health Services unit. Additionally, the Conference Committee rewrote boilerplate Section 1902, which had directed the funding to specific universities in previous years, to require this funding be distributed through a grant process in order to increase the number of applied behavioral analysis therapists, autism diagnostic centers, autism treatment centers, and employment programs, as well as increase the autism clinical expertise of health care providers. Additionally, Section 1902 was moved to Section 460 to reflect that the funding had been moved from the one-time appropriation unit to an ongoing appropriations unit.

As in the previous year, the Autism Services line item saw both supplemental and transfer adjustments over the course of FY 2015-16. Included in the supplemental portion of PA 268 of 2016 was a \$14,581,500 Gross increase to reflect updated consensus numbers from the 2016 May CREC. Legislative Transfer Requests 2016-7 and 2016-10 included \$6,700,000 Gross and \$12,200,000 Gross respectively for the Autism Services line item to address a faster-than-expected increase in demand for services resulting from the Federal government's mandated coverage expansion. The year-end appropriation for the Autism Services line item was \$69,900,000 Gross.

FY 2016-17

The FY 2016-17 Executive Recommendation included \$63,036,800 Gross for the Autism Services line consisting of increased base and caseload estimates, and the carve-in of the MiChild Program into the Medicaid health maintenance organizations. Since the Medicaid behavioral health services, including the autism benefit, are overseen by the prepaid inpatient health plans (PIHPs) and provided through the community mental health service providers, the MiChild behavioral health costs were transferred to the appropriate behavioral health line items. The Senate and House concurred with the Governor's proposed funding level. Reflecting the 2016 May CREC recommendations, the Conference Committee reduced the appropriation for this line by \$1,868,400 to \$61,168,400 Gross.

Governor Snyder included \$1,125,000 Gross in a new Autism Navigator line item in the One-Time Basis Only Appropriations unit for an assessment of the State's expansion of the Medicaid autism benefit up to age 21 and to provide support for families of autistic children seeking services. The Senate reduced funding for this initiative to a placeholder while the House included full funding. Ultimately, the Conference Committee included \$565,000 Gross for the Autism Alliance of Michigan.

In the Governor's Recommendation, the funding for the University Autism Programs line item was maintained at the \$2.5 million Gross level. Although, the Senate concurred with this level of funding, the House reduced the funding to \$1.0 million Gross. The Conference Committee

concurrent with the House and the enacted appropriation for university autism programs was \$1.0 million Gross. Section 460 was moved to Section 960 after the merger of the Department of Community Health and the Department of Human Services into the DHHS. The boilerplate maintained the grant process for fund distribution but modified the goals to require that the funding be used to increase the number of ABA therapists, diagnostic services provided, and employment of those with autism (Section 960 of PA 268 of 2016). A requirement also was included that required universities receiving grants to track and report on the outcomes stated above to the Department.

There were no changes to the Autism Navigator or University Autism Programs line items during the fiscal year, but there were two changes to the Autism Services line item. Public Act 107 of 2017 increased the line item by \$27,136,500 to reflect updated projections from the 2017 May CREC. A second adjustment was included in Legislative Transfer 2017-7 for year-end book closing. In order to address a large increase in demand and the average cost for services, the line item was increased by \$37.5 million Gross bringing the year-end appropriation to \$125,804,900.

FY 2017-18

In his initial budget recommendation, Governor Snyder included \$105,097,300 Gross in the Autism Services line item with all adjustments resulting from updated base and caseload estimates, including an assumed 12.0% increase in the fee schedule. While the Senate concurred with the Governor's recommended funding level, the House assumed a 5.0% increase in the fee schedule and included \$100,097,300 Gross for the Autism Services line item. After the 2017 May CREC, the Conference Committee concurred with the Governor's initial funding recommendation of \$105,097,300 Gross.

Although FY 2016-17 funding for the Autism Navigator line item was included in the One-Time Basis Only Appropriations Unit, the Executive Recommendation maintained the funding of \$565,000 Gross. The Senate reduced the funding for these services by \$164,900 Gross to \$400,100 Gross. The House and, ultimately, the Conference Committee concurred with the Executive Recommendation and maintained funding of \$565,000 Gross for a second year. Governor Snyder also recommended maintaining \$1.0 million Gross funding for the University Autism Program line item but moved it to the One-Time Basis Only Appropriations Unit with the understanding that it would be phased out in the next budget. Both the Senate and House agreed with the movement of the line item, but the House reduced the funding by half to \$500,000 Gross. The Conference Committee concurred with the House and renumbered the related boilerplate Section from 960 to 1906.

Legislative Transfer Request 2018-3 increased the Autism Services line item by \$35.0 million Gross to help address the unexpected growth caused by the Federal government mandated expansion of ASD services. The final adjustment to the Autism Services line item was included in the supplemental appropriation portion of the FY 2018-19 budget omnibus (PA 207 of 2018). An additional \$46,943,100 Gross was included, bringing the year-end appropriation for this line to \$187,040,400 Gross.

FY 2018-19

The FY 2018-19 Executive Recommendation included \$199,841,400 Gross for the Autism Services line item in the Behavioral Health Services Appropriations unit. The Senate included a net increase over the Governor's Recommendation of \$5,309,400 Gross, consisting of a \$25.0 million Gross increase from base and caseload adjustments and a \$19,690,600 Gross decrease from cost control initiatives, for a total appropriation of \$205,150,800 Gross. In order to achieve

the claimed cost control savings, the Senate included a new boilerplate Section 959, which directed the Department to require a second opinion if treatment would cost more than a monthly threshold set by the Department or if the diagnosis and treatment were provided by the same provider, and to require the Department to make recommendations on how to reduce administrative overhead costs. The House claimed \$39,968,300 Gross in savings from the Governor's Recommendation by reducing autism services reimbursement rates by 20%. The House included a new boilerplate Section 924 that implemented the 20% rate cut by reducing autism services reimbursement rates to 75% of the rates paid by the Federal Department of Defense's TRICARE insurance program. The House-passed appropriation for the Autism Services line item was \$159,873,100 Gross. The Conference Committee used elements of both the Senate and House approaches in the Conference budget. After increasing the Autism Services line item by \$27,646,700 Gross over the Governor's Recommendation to reflect the 2018 May CREC caseload agreement, the Conference Committee reduced the line by \$34,597,400 Gross for an initial appropriation of \$192,890,700 Gross. Of the total reduction, \$19,945,100 Gross of savings was from the implementation of a statewide autism services fee schedule. The remaining \$14,652,300 Gross reduction was from a 10% reduction in the rates for behavioral technicians, although the rate could not be less than \$50 per hour. The Conference Committee rewrote the House-passed boilerplate Section 924 to require the implementation of the fee schedule by October 1, 2018, and to include the behavioral technician rate reduction. Additionally, the Conference Committee rewrote the Senate Section 959 to require the Department to establish a workgroup to make recommendations to ensure appropriate cost and service provision within the Autism Services line item.

Governor Snyder proposed increased funding for the Autism Navigator line item within the One-Time Appropriations unit from \$565,000 Gross to \$1,025,000 Gross. The Senate retained the current year funding level, while the House concurred with the Governor. The Conference Committee concurred with the House and Governor. The Governor reduced the funding by half for the University Autism Programs line item, to \$250,000 Gross. The Senate removed all funding, while the House included \$250,000 Gross. The Conference Committee concurred with the Senate and removed all remaining funding as well as boilerplate section 1906. For FY 2018-19, the Senate included a placeholder in the One-Time Appropriations unit for a train-the-trainer autism pilot. The Conference Committee fully funded this program with \$55,000 Gross and included boilerplate Section 1917 stating that the purpose of this pilot was to train school employees the principles and practices of ABA. Specifically, the pilot was established to train paraprofessionals and teachers in behavioral analysis skills and research-based intervention strategies, as well as to train teacher consultants, school social workers, school psychologists, and other school personnel in methods for implementing behavior plans, and strategies for sharing understanding of evidence-based behavioral health approaches.

In December, Governor Snyder signed PA 618 of 2018 which provided supplemental appropriations for various items within the budget, including \$45,000 Gross for the Autism Train the Trainer line item, which brought total funding for this program to \$100,000. The supplemental also included \$466,000 Gross for an autism diagnostic and therapy recommendation pilot to implement fidelity reviews and secondary approvals of Medicaid autism diagnostic and therapy recommendation in three counties or CMHSPs.

The final adjustment to the Autism Services line item was included in the supplemental appropriation portion of the FY 2019-20 General Government budget (PA 56 of 2019). An additional \$7,913,600 Gross was included, bringing the year-end appropriation for this line to \$200,804,300 Gross.

FY 2019-20

In her first budget recommendation, Governor Whitmer included \$221,718,600 Gross for the Autism services line item in the Behavioral Health Services appropriations unit with all adjustments resulting from updated base and caseload estimates, including an assumed 5.75% increase in rates paid to PIHPs as an actuarial soundness adjustment. The Senate included a net decrease from the Executive Recommendation of \$13,537,500 Gross consisting of \$6,581,500 Gross in savings from a lower actuarial soundness increase (3.0% rather than 5.75%) and \$6,956,000 Gross in savings from updated cost containment language included in Section 959 of the Senate-passed budget (the Senate-passed Section 959 was rewritten to reflect the language in the Senate-passed FY 2018-19 budget). The House concurred with Governor Whitmer's recommended funding level for this line item. The Conference Committee concurred with the recommended 5.75% actuarial soundness increase, restored the Senate's cost containment savings, and reflected the base and caseload estimates agreed upon at the 2019 May CREC. The enacted appropriation for the Autism Services line item was \$230,679,600 Gross.

In her recommendation, Governor Whitmer removed all funding for the autism related projects in the One-Time Appropriations unit, including \$466,000 Gross for the Autism Diagnostic and Therapy Recommendation Pilot Project line item, \$1,025,000 Gross for the Autism Navigator line item, and \$100,000 Gross for the Autism Train the Trainer Grant line item. Although the Senate concurred with the removal of funding for the Autism Diagnostic and Therapy Recommendation Pilot Project line item, it fully funded the Autism Train the Trainer Grant line item and included a \$100 placeholder for the Autism Navigator line item. The House concurred with Governor Whitmer's removal of funding for the Autism Diagnostic and Therapy Recommendation Pilot Project line item, and the Autism Train the Trainer Grant line item, but included \$1,025,000 Gross for the Autism Navigator line item. Ultimately, the Conference Committee fully restored funding for the Autism Navigator line item and the Autism Train the Trainer Grant line item but concurred with the Governor's removal of funding from the Autism Diagnostic and Therapy Recommendation Pilot Project line item. After signing the FY 2019-20 DHHS budget bill, Governor Whitmer vetoed the one-time funding for both the Autism Navigator line item and the Autism Train the Trainer Grant line item.

In December 2019, Governor Whitmer signed PA 154 of 2019, which provided supplemental appropriations for the FY 2019-20 budget to restore many of the items vetoed from the original FY 2019-20 budget. Included in these restorations was funding for both one-time autism-related items.

Due to the COVID-19 pandemic and its effects on revenue, the Senate Fiscal Agency, House Fiscal Agency and Administration representatives from the State Treasury and State Budget Office held a CREC in both May and August 2020 in order to allow for the collection of additional revenue and caseload data to inform caseload related expenditure estimates. As a result of the May CREC, PA 144 of 2020 increased Gross funding for the Autism Services line by \$21,846,100 Gross but included a GF/GP reduction. During each quarter of the Federal COVID-related emergency, the Federal Medical Assistance Percentage is increase by 6.2%.^{liii} This resulted in a reduction in the GF/GP needed to support the State's Medicaid program, including costs related to autism. The supplemental that was included in the FY 2020-21 budget, PA 166 of 2020, included an increase of \$5,014,800 Gross to the Autism Services line item, which brings year-to-date funding for this line item to \$257,540,500 Gross.

FY 2020-21

In her recommendation for the FY 2020-21 budget, Governor Whitmer included \$278,006,400 Gross for the Autism services line item in the Behavioral Health Services appropriations unit. All adjustments were the result of updated base and caseload estimates, including an assumed 6.0% increase in rates paid to PIHPs as an actuarial soundness adjustment. As a result of the large changes in expected revenue and caseload due to the COVID-19 pandemic, the Senate and House did not pass separate budget bills for FY 2020-21. Instead, shell bills were passed out of each chamber and sent to Conference Committee. The Conference Committee concurred with the recommended 6.0% actuarial soundness increase and reflected the base and caseload estimates agreed upon at the 2020 May and August CRECs. The enacted appropriation for the Autism Services line item was \$271,721,000 Gross.

In her recommendation, Governor Whitmer removed \$100,000 Gross for Autism Train the Trainer Grant line item and maintained the \$1,025,000 Gross for the Autism Navigator line item in the One-Time Appropriations unit. The Conference Committee concurred with the Governor's recommendation for the Autism Navigator line item but increased the funding for the Autism Train the Trainer Grant line item to \$244,800 Gross. Section 1930 specified that the Autism Train the Trainer Grant would be used to operate a pilot project in Houghton Lake Community Schools, West Bloomfield School District, Bloomfield Hills, Cheboygan-Otsego-Presque Isle Educational Service District, and the five constituent districts of the Manistee Intermediate School District. Previously, the pilot program had been operated in the Walled Lake School District.

Initial and Year-End Autism Related Appropriations								
		Autism Services	Autism Navigators	University Autism Funding	Autism-Train-the-Trainer	Diagnostic and Therapy Recommendation Pilot	Eastern Michigan University Autism Center	Total
FY 2014-15	Initial	\$25,171,800	\$1,500,000	\$7,000,000	\$0	\$0	\$500,000	\$34,171,800
	Year-End	43,000,000	1,500,000	7,000,000	0	0	500,000	52,000,000
FY 2015-16	Initial	36,418,500	0	2,500,000	0	0	0	38,918,500
	Year-End	69,900,000	0	2,500,000	0	0	0	72,400,000
FY 2016-17	Initial	61,168,400	565,000	1,000,000	0	0	0	62,733,400
	Year-End	125,804,900	565,000	1,000,000	0	0	0	127,369,900
FY 2017-18	Initial	105,097,300	565,000	500,000	0	0	0	106,162,300
	Year-End	187,040,400	565,000	500,000	0	0	0	188,105,400
FY 2018-19	Initial	192,890,700	1,025,000	0	55,000	0	0	193,970,700
	Year-End	200,804,300	1,025,000	0	100,000	466,000	0	202,395,300
FY 2019-20	Initial	230,679,600	0	0	0	0	0	230,679,600
	Year-End ^{a)}	257,540,500	1,025,000	0	100,000	0	0	258,665,500
FY 2020-21	Initial	271,721,000	1,025,000	0	244,800	0	0	272,990,800
	Year-End	N/A	N/A	N/A	N/A	N/A	N/A	N/A

^{a)}Note: Year-End for FY 2019-20 only represents year-to-date appropriations. There is a bookclosing supplemental request still pending.

Autism Coverage Fund

The Autism Coverage Reimbursement Act, which provides for the Autism Coverage Fund, was established by Public Act 101 of 2012 in order to assist health insurance carriers with offsetting the costs of offering autism benefits for the diagnosis and treatment of ASD. In FY 2012-2013, \$15.0 million Gross was appropriated to DIFS for the Autism Coverage Fund. This amount dropped in FY 2013-14 to a total appropriation of \$11.0 million. Money remaining in the Fund at the end of the fiscal year does not lapse but carries forward into the next fiscal year. The FY 2014-15 budget, and all subsequent budgets did not include an appropriation in DIFS for the Autism Coverage Fund.

In the definition section of the Act, "paid claim" means "actual payments, net of recoveries, made for the diagnosis of autism spectrum disorders and treatment of autism spectrum disorders whether made to a provider or reimbursed to an individual by a carrier, third party administrator, or excess loss or stop loss carrier".^{liv} More importantly, the definition included the caveat that, beginning January 1, 2014, a paid claim did not include claims paid for services that are included in the essential health benefits (EHBs) as required under the Affordable Care Act.

The Affordable Care Act required all nongrandfathered individual and small group health insurance plans, offered on and off the Health Insurance Marketplace (aka: Exchange), to provide coverage in ten categories of EHBs, one of which was rehabilitative and habilitative services. Federal guidance stated that if a state's benchmark plan did not include habilitative services, then the state was allowed to determine the services to be included in this category.^{lv} On January 7, 2013, the Commissioner of the Michigan Office of Financial and Insurance Regulation released Order No. 13-003-M requiring that ABA treatment for autism be included in Michigan's EHB "habilitative services" category. Any qualified health plan offered through an Exchange in Michigan was required to include ABA treatment for autism. The order stated that "this will ensure that ABA treatment is available in all health insurance policies in Michigan, whether offered on or off the Exchange".^{lvi}

This order created a direct conflict with the Autism Coverage Reimbursement Act definition of what a paid claim could be, essentially making it impossible for there to be any valid claims for Fund reimbursement. The Legislature passed Public Act 310 of 2016 in order to address this conflict. This bill amended the Autism Coverage Reimbursement Act to add the following conditions that must be met in order for DIFS to reimburse a health insurance carrier or third-party administrator for paid claims from the Autism Coverage Fund:

- The services were provided before the beginning of calendar year 2016;
- The application was submitted to DIFS before May 1, 2016;
- The Department approved the application before August 1, 2016; and
- The Department has not already fully reimbursed the carrier or third-party administrator for the claim.

At the end of FY 2014-15, there was a \$6.0 million available Fund balance in the Autism Coverage Fund, which was completely spent by the end of FY 2015-16; there has not been any money put into the Fund since then. The Commissioner's order, combined with the provisions of Public Act 310 of 2016 and the zero-dollar balance in the Autism Coverage Fund, have created a situation in which it is impossible to make a claim for reimbursement to the Fund and no money with which to pay those claims anyway.

CONCLUSION

Although it was initially expected that the Medicaid Autism line would see a rapid increase in expenditures before settling at a new equilibrium, it becomes clearer with each new Executive budget recommendation that the growth in the line is still significant. While service provider infrastructure that is insufficient to address the buildup of unmet need within the State, inappropriate service provision, or a different reason, could explain this growth, determining the exact cause (or causes) would require additional research. This paper has provided an in-depth examination of the history of the Medicaid Autism services program and other autism-related programs, coupled with an explanation of the credentialing structure for service providers. As the State continues to face an increasing demand for these services it is likely that the program will come under greater levels of scrutiny. The Senate Fiscal Agency will follow future developments (in particular, those pertaining to legislative or budget adjustments) related to Medicaid coverage of ASDs.

APPENDIX A

A. Measurement		
	A-1	Prepare for data collection.
	A-2	Implement continuous measurement procedures (e.g., frequency, duration).
	A-3	Implement discontinuous measurement procedures (e.g., partial & whole interval, momentary time sampling).
	A-4	Implement permanent-product recording procedures.
	A-5	Enter data and update graphs.
	A-6	Describe behavior and environment in observable and measurable terms.
B. Assessment		
	B-1	Conduct preference assessments.
	B-2	Assist with individualized assessment procedures (e.g., curriculum-based, developmental, social skills).
	B-3	Assist with functional assessment procedures.
C. Skill Acquisition		
	C-1	Identify the essential components of a written skill acquisition plan.
	C-2	Prepare for the session as required by the skill acquisition plan.
	C-3	Use contingencies of reinforcement (e.g., conditioned/unconditioned reinforcement, continuous/intermittent schedules).
	C-4	Implement discrete-trial teaching procedures.
	C-5	Implement naturalistic teaching procedures (e.g., incidental teaching).
	C-6	Implement task analyzed chaining procedures.
	C-7	Implement discrimination training.
	C-8	Implement stimulus control transfer procedures.
	C-9	Implement prompt and prompt fading procedures.
	C-10	Implement generalization and maintenance procedures.
	C-11	Implement shaping procedures.
	C-12	Implement token economy procedures.
D. Behavior Reduction		
	D-1	Identify essential components of a written behavior reduction plan.
	D-2	Describe common functions of behavior.
	D-3	Implement interventions based on modification of antecedents such as motivating operations and discriminative stimuli.
	D-4	Implement differential reinforcement procedures (e.g., DRA, DRO).
	D-5	Implement extinction procedures.
	D-6	Implement crisis/emergency procedures according to protocol.
E. Documentation and Reporting		
	E-1	Effectively communicate with a supervisor in an ongoing manner.
	E-2	Actively seek clinical direction from supervisor in a timely manner.
	E-3	Report other variables that might affect the client in a timely manner.
	E-4	Generate objective session notes for service verification by describing what occurred during the sessions, in accordance with applicable legal, regulatory, and workplace requirements.
	E-5	Comply with applicable legal, regulatory, and workplace data collection, storage, transportation, and documentation requirements.
F. Professional Conduct and Scope of Practice		
	F-1	Describe the BACB's RBT supervision requirements and the role of RBTs in the service-delivery system.
	F-2	Respond appropriately to feedback and maintain or improve performance accordingly
	F-3	Communicate with stakeholders (e.g., family, caregivers, other professionals) as authorized.
	F-4	Maintain professional boundaries (e.g., avoid dual relationships, conflicts of interest, social media contacts).
	F-5	Maintain client dignity.
Source: Behavior Analyst Certification Board		

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