



Last Updated: 03/03/2026

Referral Procedure for Autism Services-ABA Therapy

1.0 Overview

To enroll a member in Applied Behavior Analysis (ABA) therapy, two (2) documentation steps are required:

1. Referral Form – Evidence referral submission to the chosen ABA Provider.
2. Enrollment, Discharge, & Transfer Form (**EDT**) – Finalizes enrolling member with chosen ABA provider in MHWIN (DWIHN’s EMR).

2.0 Roles and Responsibilities

Required Document	Responsible Party	Key Responsibilities
1. Referral Form	<ul style="list-style-type: none"> • Clinically Responsible Service Provider (CRSP) Agency, <ul style="list-style-type: none"> ○ Support Coordinator (SC), ○ Case Manager (CM) 	Identify the chosen ABA Provider, submit and follow up on the referral, confirm with member/family, and finalize referral.
2. EDT Form	<ul style="list-style-type: none"> • ABA Provider 	Accept/Return/Deny the referral, submit EDT form to enroll in MHWIN, and initiate the Behavioral Assessment process.

3.0 Eligibility Requirements

Prior to the CRSP submitting an ABA therapy referral, the CRSP must confirm the member meets eligibility criteria for Behavioral Health Treatment (BHT):

- ✓ Active Medicaid
- ✓ Residence in Wayne County / COFR
- ✓ Under 21 years of age
- ✓ ASD diagnosis provided by a Qualified Licensed Practitioner (QLP)
 ABA therapy recommended as deemed medically necessary
- ✓ Ensure the diagnostic evaluation is uploaded to the member’s MHWIN chart and has received approval.
- ✓ The member and their family or caregiver understand the expectations for participation and the level of commitment required by the selected ABA provider.

Eligibility details are available in the *Clinical* section of the member’s MHWIN chart under the *ADOS-2 Worksheet*.

- If the worksheet status shows Pending, email AutismBenefit@dwihn.org to request an eligibility update.



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- If the worksheet status shows **Approved**, review the uploaded diagnostic evaluation in the member's MHWIN chart for the official diagnosis and treatment recommendations.
 - If the worksheet shows "Approved":
 - Click View on the right side of the row in the worksheet.
 - Scroll to the bottom of the worksheet to find the attached diagnostic evaluation.
 - Open the attachment to review the member's diagnosis and treatment recommendations, which are located near the end of the report.

Re-evaluations are only required if determined medically necessary. Eligibility for BHT/ABA therapy must be in place to make a referral and remain active with SC or CM for enrollment or transfer to occur.

4.0 Coordination of Care

The CRSP is responsible for providing education and information about behavioral health services in a manner that upholds dignity and respect, honors member choice, and supports family self-direction when desired.

Recommended Discussion Questions for Families Interested in therapy:

- How familiar are you with ABA therapy expectations?
- Which ABA Provider would you prefer your child attend?
- Is transportation a factor in selecting a provider?
- Would you be interested in home-based services?
- If your first choice is full, are there other providers you're open to?
- How flexible is your child's schedule?
- Will Medicaid be billed as primary or secondary insurance?

5.0 Reviewing ABA Provider Availability

Review DWIHN ABA Provider Availability with the Member and Family

- DWIHN sends out weekly openings for ABA Providers. The CRSP should review this information with the member and family to identify a provider whose schedule fits their needs.
- ABA therapy must begin within 90-days of enrollment.
- Each member must be assigned a trained Behavior Technician who has completed the required Medicaid and 40-hour RBT (BACB) trainings.
- Encourage families to keep their current schedule during the referral and enrollment process, as staffing changes may affect how soon services can begin.

Planning for Services

- ABA Providers are prohibited in determining the level of medical necessity at screening.



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- The number of hours, setting, and intensity of ABA services are decided during the *Initial Behavioral Assessment and Treatment Plan (97151-IN)*.
- The exact number of treatment hours cannot be confirmed until this assessment is completed, unless the member is transferring from another provider with an existing plan.

Matching Schedules

- The CRSP should compare the member's schedule with the provider's available times to make sure there's enough overlap for services to start smoothly.

6.0 CRSP Responsibilities

CRSPs Should:

- Submit **only one ABA referral** at a time to avoid confusion and ensure fair access for all members.
- Stay in communication with the family and provider within **48 hours** of the referral being sent.
- If there's no response after 48 hours, **follow up by phone or email**.
- CRSP Providers may move on to the next referral submission if there is **no contact from ABA** provider within 48 hours from submission/email.
- the referral to the bottom of their list or decline it if there's no contact.
- CRSP or ABA Providers may move the referral to the bottom of their list or decline it if there's no contact.

CRSPs Should Not:

- Submit a referral when the provider's schedule doesn't match the member's availability (for example, if the family needs evening hours but only daytime openings exist).
- In these cases, email the provider to ask about their expected timeline for openings that fit the member's needs.

Once a good match is confirmed between the member's schedule and the provider's availability, the ABA Referral Form can be submitted for the selected provider.

7.0 Submitting the ABA Referral Form – ABA Responsibilities

Each contracted ABA Provider is required to supply the following:

- Fillable electronic ABA Referral Form – ASD Enrollment, Discharge, and Transfer
- ASD Benefit Request Form – Prior Authorization Request

Once the CRSP or Case Manager submits the referral forms, ABA Providers must respond within 48 hours to:

- Confirm acceptance
- Request additional information
- Decline the referral, including a documented reason



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- If no response is received within 48 hours, the provider may place the referral on hold or delay processing until communication is re-established.
- If a referral is denied or delayed, ABA Providers must email supporting justification to the CRSP.

8.0 Enrollment and Authorization Process

After a referral is accepted, the ABA Provider completes the following steps to finalize enrollment in DWIHN Autism Services:

1. Complete the **ASD Enrollment, Discharge, Transfer (EDT) Form**
 - a. [Access the form here](#)
2. Submit the **ASD Benefit Request Form (Prior Authorization Request)** for 97151 – *Initial Behavioral Assessment – Initial Behavioral Assessment*
 - a. The form can be found on the DWIHN website under [Autism Forms, Guidelines, and Tools](#)
 - b. ABA Providers may enter authorizations for 97151-IN directly into MHWIN
 - i. Upload the form in MHWIN under Scanned Documents → Consultation Forms
 - c. Notify the CRSP once it has been submitted
 - d. Submit the request at least 14 days before the desired start date or before the current authorization expires
 - e. Only request services needed for the current authorization period
3. The Support Coordinator (SC) must submit the official authorization request in MHWIN once the ASD Benefit Request Form has been received from the ABA Provider.
4. Coordinate with the CRSP to:
 - a. Establish the Case Acceptance Date
 - b. Confirm who will submit each required portion**
 - c. Set target dates for completing the assessment, uploading goals, and holding the IPOS Addendum meeting
5. Once the Initial Behavioral Assessment (97151) is completed and uploaded to MHWIN, the ABA Provider submits the second ASD Benefit Request Form for 97153 – Direct Therapy.
6. The CRSP confirms the goals in the IPOS Addendum and submits the corresponding authorization request in MHWIN.
7. Upload all required documentation (including the Assessment, Treatment Plan, and Benefit Request Form) in MHWIN under the appropriate sections once completed.

*Note: - The ASD Benefit Request Form is reviewed and approved by the Utilization Management Department.
- Contact: Jennifer Ardley – Jardly@dwhin.org*



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9.0 Timelines and Expectations

Action	Responsible Party	Timeframe
Referral Response	ABA Provider	Within 48 hours
Authorization Request in MHWIN	Support Coordinator	Within 14 business days
Case Start	ABA Provider	Within 90 days of acceptance
Initial Behavioral Assessment (97151-IN)	ABA Provider	Within 14 days of authorization start date
Second ASD Benefit Request Form (97153)	ABA Provider/ Support Coordinator	Within 14 days of authorization start date

Note: Providers should not accept cases they cannot begin within 90 days.

10.0 Summary of Referral Process

1. **CRSP confirms** Medicaid **eligibility** and Autism Service approval.
2. **CRSP reviews** provider **availability** and member preference.
3. **CRSP submits referral** to one ABA Provider.
 - a. *ABA Referral Form (online)*
4. **ABA Provider responds** within 48 hours.
 - a. ABA Provider **confirms** acceptance
 - i. Submits enrollment documentation - *EDT Referral Form*
 - ii. Submits authorization documentation - *ASD Benefit Request Form*
 - b. ABA Provider **denies** acceptance
 - i. Submits denial email to CRSP/DWIHN
 1. Explanation of denied referral uploaded into MHWIN
5. **ABA Provider conducts & writes** assessment (97151-IN)
6. **ABA Provider coordinates** with SC to complete the **PCP process** (H0032/T1017).
 - a. ABA Provider submits the second ASD Benefit Request Form for 97153 – Direct Therapy.
 - b. CRSP submits the **related authorization request**, uploads the **Ability to Pay** and **In-Service Training forms in MHWIN**, and notifies the provider once authorizations are approved.
 - c. CRSP and ABA Provider coordinate to begin services within the required timeframe.
 - d. Train them on the IPOS..



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7. Plan 6months...
8. submits the authorization request in MHWIN once the Benefit Request Form is received.



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Appendix A – Referral & Enrollment Forms

- ASD Enrollment, Discharge, Transfer Form – <https://forms.office.com/g/G3zdGuu55T>
- ASD Prior Authorization Request Form – [Autism Forms, Guidelines, and Tools](#)
- ABA Provider Referral Forms Directory – [Autism Forms, Guidelines, and Tools](#)

Acorn Health of Michigan Referral Form	Brightview care Referral Form.url	KD Care Referral ~
Advance ABA Referral Form	Centria Healthcare Referral Form	Lumen Pediatric Therapy Form
Akoya Behavioral Health Email: intake@akoyabh.com	Downriver Therapy Associates Form	Mansach Enterprises
Apex Referral Form	Imagine Referral Form .url	Merakey Referral Form
Attendant Care Referral Form	Gateway Pediatric Therapy Form	MetroEHS Referral Form
Behavior Frontiers Referral Link	Golden Steps ABA Referral Form	Patterns Behavioral Services~
BlueMind Therapy Referral Form	HealthCall Referral Form.url	Peak Autism Center~
Bright Behavior Therapy Referral Form	Integrative Pediatric Therapy	Positive Behavior Referral Form DWIHN.doc
	Illuminate ABA Therapy Referral Form	Strident Healthcare~
	IOA Referral Form.url	Total Spectrum Referral Form
	Karing Kids Referral Form	Zelexa Referral Form

Reference(s)
<ul style="list-style-type: none"> • Section 13, subsection number 8: Provider has a policy to address the referral process and discharge expectations. • Access Policy, NCQA QI 3 NCQA QI 4 Element A