DWIHN AUTISM SERVICES

# Referral Procedure for Applied Behavior Analysis Services

*Member preference, referral coordination, authorization, and access monitoring*

**Last updated: August 12, 2026**

## 1.0 Purpose and Scope

This procedure provides a clear, standardized pathway for supporting members and families after an approved autism diagnostic evaluation. It explains how service preferences are documented, ABA referrals are coordinated, appropriate providers are identified, authorization is obtained, and access is monitored until services begin or the referral is otherwise resolved.

This procedure applies to Independent Evaluators, Support Coordinators or Case Managers, Clinically Responsible Service Provider agencies, ABA Providers, and DWIHN Autism Services. Referral coordination is an ongoing process and does not end when the initial referral is submitted. Information must be updated whenever the member's preference, referral activity, provider connection, access barrier, or participation in services changes.

## 2.0 Key Definitions

**Pathway Preference:** The standardized documentation used to record the member and family's current interest in autism services, referral status, selected provider, identified barriers, and follow up needs.

**Member Referral Profile:** The current member information used for referral coordination and matching, including location, age, schedule, setting preference, travel preference, preferred providers, language, clinical considerations, safety needs, school setting, and other factors that may affect placement.

**Referral Matching:** The comparison of a member's referral profile with provider capacity to identify appropriate provider options.

**Referral Coordination:** The communication and follow up among the member and family, Support Coordinator or Case Manager, DWIHN Autism Services, and the ABA Provider from initial interest through service initiation or resolution of the referral.

**Referral Status:** The member's current point in the referral pathway. The status may change as interest, referral activity, enrollment, access barriers, or service participation changes.

**Clinically Responsible Service Provider, or CRSP:** The agency responsible for coordinating the member's behavioral health services. The assigned Support Coordinator or Case Manager assists with referrals, authorization requests, and updates to the member's service plan.

**MHWIN:** DWIHN's electronic system for member records, document submission, and authorization requests.

**ASD Benefit Request Form:** The form completed by the ABA Provider to request authorization for an Initial Behavioral Assessment or Direct Therapy.

**Case Acceptance Date:** The date on which the ABA Provider confirms acceptance of the member. This date is used to measure assessment and service initiation timeframes and is distinct from the Enrollment Date.

## 3.0 Roles and Responsibilities

| Responsible Party | Primary Responsibility | Key Actions |
|---|---|---|
| Independent Evaluator | Initial preference education and documentation | Discuss treatment recommendations and family choice after the diagnostic evaluation. Complete the initial Pathway Preference documentation when required and identify follow up needs. |
| Support Coordinator or Case Manager | Member support and referral coordination | Confirm eligibility and family choice, verify the Member Referral Profile, submit the provider referral, maintain communication, update status, support authorization requests, and address barriers. |
| CRSP Agency | Care coordination and documentation oversight | Ensure required MHWIN documentation is complete, support the Support Coordinator or Case Manager, monitor referral progress, and coordinate authorization, IPOS, transfer, and discharge requirements. |
| ABA Provider | Referral review and service readiness | Review referrals promptly, confirm fit and capacity, respond with acceptance, a request for information, or a documented decline, submit required clinical and authorization documentation, and communicate barriers or changes. |
| DWIHN Autism Services | Access monitoring and network coordination | Review referral profiles and provider capacity, support matching, monitor referral outcomes and access barriers, maintain pathway documentation, and use trends for quality improvement and network planning. |

## 4.0 Eligibility Requirements

Before an ABA referral is submitted, the CRSP must confirm that the member meets the current eligibility requirements for Behavioral Health Treatment:

1. Active Medicaid coverage.
2. Residence in Wayne County or an applicable County of Financial Responsibility arrangement.
3. Under 21 years of age.
4. A diagnosis of Autism Spectrum Disorder provided by a Qualified Licensed Practitioner.
5. ABA services recommended as medically necessary.

The diagnostic evaluation must be uploaded to the member's MHWIN chart and the ADOS 2 Worksheet must reflect the appropriate approval status. If the worksheet remains Pending, contact AutismBenefit@dwihn.org for an eligibility status review.

Review the approved diagnostic evaluation for the diagnosis and treatment recommendations. Reevaluations should be initiated early when eligibility is approaching expiration or when otherwise required under current clinical guidance. Enrollment, transfer, and continued access cannot proceed when required eligibility is expired.

## 5.0 Pathway Preference and Member Referral Profile

The Pathway Preference should be completed after the diagnostic evaluation and updated throughout the member's service pathway. The selected category must reflect the member's current status:

6. **Pre Referral:** The member or family is interested in ABA services and is reviewing options or looking for a provider. No formal referral has been submitted.
7. **Referral in Progress:** A referral has been submitted or provider review, intake, or related coordination is underway.
8. **Waitlist or Access Barrier:** The member is interested and ready to proceed, but staffing, schedule, location, capacity, transportation, or another barrier is delaying access. This is a monitoring category and does not represent a DWIHN maintained provider waitlist.
9. **Actively Engaged:** The member is enrolled and participating in ABA services.
10. **Declined Services:** The member or family has declined ABA services at this time.
11. **Care Coordination Only:** The member requires ongoing care coordination but is not pursuing ABA services through the current referral pathway.

The Member Referral Profile should be completed or verified before matching begins. Information must be updated when the family's schedule, setting preference, transportation, provider preference, communication needs, clinical considerations, or other relevant circumstances change.

## 6.0 Provider Capacity Review and Referral Matching

ABA Providers must report current and anticipated openings through the ABA Provider Availability Form. When a provider has no openings or has an ongoing staffing or capacity limitation, the provider must submit the ABA Provider Capacity Form. The Capacity Form must be updated monthly while the limitation remains in effect.

DWIHN Autism Services compares the Member Referral Profile with information reported through the Availability Form and Capacity Form to identify potential matches. The Support Coordinator or Case Manager reviews appropriate options with the member and family and confirms the preferred provider before the referral is sent.

12. Only one ABA referral should be active at a time unless DWIHN provides alternate direction for a specific access concern.
13. A referral should not be sent when the provider's known schedule or service model does not reasonably match the member's needs.

14. Members documented as interested and looking for a provider may be included in referral matching and placement outreach.
15. DWIHN does not maintain an ABA provider waitlist. Providers may collect information when a family contacts them, but the formal referral should be coordinated through the Support Coordinator or Case Manager, the provider, and DWIHN.

## 7.0 Referral Submission and Provider Response

After the member and family select a provider, the Support Coordinator or Case Manager accesses the provider's required referral link or document under **ASD Forms, Guidelines, and Tools** on the DWIHN Autism Services webpage and submits it according to the provider's instructions. The referral should include the information needed to determine service fit while following applicable privacy and minimum necessary standards.

The ABA Provider must respond within 48 hours of receiving the referral by:

16. Confirming acceptance.
17. Requesting additional information needed to complete the review.
18. Declining the referral and documenting the reason.

If no response is received within 48 hours, the Support Coordinator or Case Manager should follow up by phone or email. If the referral is declined or cannot move forward, update the Pathway Preference and Referral Status, communicate the outcome to the member and family, and begin coordination of another appropriate option.

The Case Acceptance Date must be documented when the provider confirms acceptance of the member. This date is used to measure assessment and service initiation requirements and is distinct from the Enrollment Date.

## 8.0 Authorization and Service Initiation

Following referral acceptance, the ABA Provider and CRSP must complete the following documentation and authorization steps before services begin:

19. The ABA Provider submits the current ASD Benefit Request documentation for 97151, Initial Behavioral Assessment, through the approved MHWIN process and notifies the Support Coordinator or Case Manager.
20. The Support Coordinator submits the official authorization request in MHWIN after receiving the complete ASD Benefit Request documentation.
21. The request should be submitted early enough to allow at least 14 days for authorization review before the desired start date or before an existing authorization expires.
22. The ABA Provider begins the Initial Behavioral Assessment within 14 days of the Case Acceptance Date, subject to authorization approval and current contractual requirements.
23. The ABA Provider completes and uploads the assessment and treatment plan and coordinates goals for the IPOS Addendum.

24. After the Initial Behavioral Assessment is completed, the ABA Provider submits the ASD Benefit Request documentation for 97153, Direct Therapy. The Support Coordinator submits the corresponding authorization request in MHWIN.
25. All required documentation must be uploaded to the appropriate section of the member's MHWIN record. Provider access and document upload permissions must be confirmed before submission.

**Authorization review:** ASD Benefit Request documentation is reviewed by DWIHN Utilization Management through MHWIN. Authorizations must be approved before the corresponding service is delivered or billed. If assistance with the authorization review process is needed, contact Jennifer Ardley at Jardley@dwihn.org.

## 9.0 Transfers, Discharges, and Authorization Coordination

26. For a transfer, the previous ABA Provider must complete the required discharge notification, submit the ABD when applicable, and request early termination of the existing authorization before the new provider begins services.
27. Authorizations for the same service period must not overlap between providers.
28. The Support Coordinator or Case Manager confirms the transfer status with the member and family and updates the Pathway Preference and Referral Status.
29. An ABD is required when applicable for graduation, provider discharge, suspension, or a family decision to discontinue services.
30. All parties should coordinate effective dates so that access is maintained without creating duplicate authorization or billing periods.

## 10.0 Ongoing Monitoring and Documentation

Referral coordination continues until services begin, the identified barrier is resolved, or the member's preference changes. The Support Coordinator or Case Manager should maintain communication with the member and family and document significant status changes.

31. Update the Pathway Preference when interest, referral activity, provider selection, enrollment, staffing, schedule, access barriers, engagement, or service preference changes.
32. Document provider acceptance, decline, requests for information, intake activity, authorization progress, and unresolved barriers.
33. Notify DWIHN Autism Services when a referral remains unresolved or requires additional matching support.
34. DWIHN Autism Services reviews pathway updates, referral outcomes, and provider capacity to identify access barriers, reduce delays, and support network planning and quality improvement.

## 11.0 Timelines and Expectations

| Action | Responsible Party | Timeframe or Expectation |
|---|---|---|
| Referral response | ABA Provider | Within 48 hours of receipt |
| Case acceptance determination | ABA Provider | Within 4 days, when required information is available |
| Referral follow up | Support Coordinator or Case Manager | Within 48 hours when no provider response is received |
| Authorization preparation | ABA Provider and Support Coordinator | Allow at least 14 days before the desired start date or authorization expiration |
| Initial Behavioral Assessment, 97151 | ABA Provider | Begin within 14 days of the Case Acceptance Date, subject to authorization approval |
| Direct service initiation | ABA Provider | Within applicable contractual requirements and no later than 90 days after acceptance |
| 97153 request | ABA Provider and Support Coordinator | Promptly after completion of the Initial Behavioral Assessment and treatment plan |
| Pathway status update | Support Coordinator or Case Manager | Whenever the member's preference, referral, barrier, or engagement status changes |

**Capacity expectation:** Providers should not accept referrals they cannot reasonably begin within the required timeframe and should promptly communicate staffing or scheduling barriers.

## 12.0 Summary of the Referral Process

35. Confirm Medicaid eligibility, autism approval, diagnosis, and treatment recommendation.
36. Complete or update the Pathway Preference and verify the Member Referral Profile.
37. Review provider capacity and identify appropriate options based on member and family preference.
38. Submit one referral to the selected ABA Provider using the current provider referral form or document.
39. Obtain the provider response and establish the Case Acceptance Date when accepted.
40. Submit the 97151 clinical documentation and authorization request through the approved MHWIN process.
41. Complete the Initial Behavioral Assessment and treatment plan, then submit the 97153 documentation and authorization request.
42. Coordinate service initiation and update the pathway status through active engagement or resolution of the referral.

## Appendix A: Forms and Resources

43. DWIHN Autism Services webpage: Access current autism forms, guidelines, tools, provider resources, and referral documents.
44. **Current ASD Enrollment, Discharge, and Transfer Form**: Use until DWIHN issues the effective date for the revised MHWIN process.
45. **ABA Provider Referral Forms Directory:** Access each provider's referral link or referral document and submission instructions under **ASD Forms, Guidelines, and Tools** on the DWIHN Autism Services webpage.
46. **Pathway Preference Form:** Document the member and family's current service preference, referral status, barriers, and follow up needs.
47. **Member Referral Profile:** Document the information needed to support provider matching and referral coordination.
48. **ABA Provider Availability and Capacity Forms:** Access the current forms for provider openings and capacity reporting under **ASD Forms, Guidelines, and Tools** on the DWIHN Autism Services webpage.

## References


49. Provider contractual referral and discharge requirements, including Section 13, subsection 8, as applicable.
50. DWIHN Access Policy.
51. NCQA QI 3 and NCQA QI 4, Element A.
52. Current DWIHN Autism Services forms, guidance, and MHWIN instructions.


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| Acorn Health of Michigan Referral Form |
| Advance ABA Referral Form |
| Akoya Behavioral Health Email: intake@akoyabh.com |
| Apex Referral Form |
| Avid ABA Referral Form |
| Behavior Frontiers Referral Link |
| BlueMind Therapy Referral Form |
| Bright Behavior Therapy Referral Form |

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| Brightview care Referral Form.url |
| Centria Healthcare Referral Form |
| Downriver Therapy Associates Form |
| Emagine Referral Form .url |
| Gateway Pediatric Therapy Form |
| Golden Steps ABA Referral Form |
| HealthCall Referral Form.url |
| Integrative Pediatric Therapy~ |
| Illuminate ABA Therapy Referral Form |
| IOA Referral Form.url |
| Karing Kids Referral Form |

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| KD Care Referral ~ |
| Lumen Pediatric Therapy Form |
| Merakey Referral Form |
| MetroEHS Referral Form |
| Patterns Behavioral Services~ |
| Peak Autism Center Email: meganpiwonski@peakautismcenter.com |
| Positive Behavior Referral Form DWIHN.doc |
| Total Spectrum Referral Form |
| Zelexa Referral Form |