

DWIHN ASD Benefit Document Label Requirements in MH-WIN

Document Type	Responsible Person	Document Label in MH-WIN	Requirement
ABA Assessment & Plan (ABLLS, VB-MAPP, AFLS)	ASD Provider	<i>ASD Behavior Assessment</i>	Every 180 Days (6 months)
ABLLS, VBMAPP, AFLS Grids	ASD Provider	<i>ASD Behavior Assessment</i>	Every 180 Days (6 months)
Functional Behavioral Assessment	ASD Provider	<i>Behavior Management Document</i>	As Medically Necessary
IPOS	IPOS Case Holder	<i>IPOS</i>	Every 365 Days (1 Year)
Monthly SC & BCBA/QBHP Contact Notes	ASD Provider & IPOS Case Holder	<i>Continuity of Care Record</i>	Every 30 Days (1 month)
Quarterly IPOS Service Reviews	CRSP	<i>IPOS</i>	Every 90 Days (3 months)
Comprehensive Diagnosis Evaluation & Form	ASD Provider	<i>ASD Diagnosis Evaluation</i>	7 Days following Diagnosis Feedback
ADOS-2/DD-CGAS Re-evaluations	ASD Provider	<i>ASD Diagnosis Evaluation</i>	Annual MDHHS Approval Anniversary Date
Transfer/Re-entry Form	ASD Provider	<i>Behavior Management Document</i>	As needed
ASD Benefit Request Form	ASD Provider	<i>Consultation Forms</i>	As needed
Adverse Benefit Determination	ASD Provider	<i>Due Process</i>	At Discharge

Revised: 6.20.20