

## SAMPLE

### Autism Screening Protocol – with Medicaid Insurance

#### MEDICAL HOME:

Provider advises parent to call CMH 000-000-0000 to schedule intake appointment for child with Case Manager. Case manager at CMH will gather background information from parent at this appointment. The Case Manager determines if the child qualifies for CSDD services and ADOS. If so, a second appointment will be schedule for the evaluation.

Provider prints MCHAT (for age appropriate child) for parent to take to CMH appointment

Provider indicates “Autism Screening” on checkout form

Referral Document is opened in EMR – documentation of the following will occur:

- Referral Coordinator will follow up with parent in one week to see if an appointment has been scheduled with CHM for the child.
- Referral Coordinator will inform provider of the appointment date/time or that an appointment has not been made.
- IF an appointment has been made, Referral Coordinator will fax Release of Information, MCHAT and current VISIT NOTE to CMH. Referral document is closed.
- IF an appointment had NOT been scheduled, referral coordinator will call parent again in one week to determine status of an appointment unless advised otherwise by referring provider.
- IF, after two attempts, an appointment is not scheduled, Referral document is closed and routed to Peds Nurse for further follow up with family.

#### Front Office Staff at checkout

- Have parent sign a Release of Information form and fax to CMH (the number on the form) and give to Referral Coordinator
- Copy MCHAT and give to Referral Coordinator
- Give parent instruction sheet

#### PARENT:

- Call the “ACCESS” program at 000-000-0000 (located at CMH) to schedule an intake appointment for your child with Case Manager. Mention “autism evaluation”.
- Take MCHAT provided by MSU Child Health to scheduled appointment
- Call our office to tell our referral coordinator that you have scheduled an appointment.
- Upon arrival to scheduled appointment at CHM, please inform Case Manager that you would like a copy of the intake sent to your child’s Primary Care Physician (PCP) and sign a Release of Information for CMH to release the intake information and any other information to your child’s PCP.