



June 24, 2026

Dear Ms. Clorisa Adleman,

CEI CMH's response does not address the central concern raised by MiBAP. While CEI states that it does not maintain a formal "automatic exclusion" based solely on time of day, the response repeatedly advances the broader premise that Medicaid ABA services generally should not occur during periods when FAPE is available and that treatment should instead be considered after school hours.

The issue is not whether CEI has adopted a written categorical exclusion. The issue is whether CEI is applying a presumptive practice that disfavors medically necessary ABA services during school hours irrespective of individualized clinical need. Nothing in the cited Michigan Medicaid Manual language transforms the requirement for coordination with schools or the prohibition against duplication of educational services into a prohibition against providing Medicaid ABA services during the school day.

The response further relies heavily on IDEA and FAPE requirements but does not explain how educational obligations imposed upon school districts override Medicaid's requirement to provide medically necessary services through individualized assessment and treatment planning. A child may simultaneously possess rights under IDEA and rights to medically necessary Medicaid services. The existence of one does not extinguish the other.

Moreover, it is unclear why CEI views itself as the entity responsible for ensuring compliance with educational laws such as IDEA and FAPE when making Medicaid service authorization decisions. Whether a school district is appropriately meeting its obligations under IDEA, Section 504, or FAPE is a matter governed by educational law and subject to educational oversight and enforcement mechanisms. CEI's responsibility is to ensure that Medicaid beneficiaries receive medically necessary services in accordance with Medicaid requirements, EPSDT obligations, and individualized treatment planning. The determination of whether ABA services are medically necessary, and the clinically appropriate timing, setting, and intensity of those services, falls within the professional expertise of the treating Board Certified Behavior Analyst (BCBA) and supervising clinical team. CEI's role is not to substitute its judgment for that of the treating clinician regarding when and where medically necessary treatment should occur absent a clear legal or clinical basis for doing so.

More fundamentally, CEI's analysis appears to conflate educational accommodations and supports with medically necessary treatment. ABA services authorized through Medicaid are medical services prescribed and overseen through an individualized clinical process based on medical necessity. While educational teams may coordinate with treating providers and schools may provide accommodations or special education services under IDEA, those educational obligations do not convert medically necessary treatment into an educational service. Nor may the availability of educational programming serve as a basis for denying or limiting access to medically necessary treatment that has been determined by the treating clinician. The relevant question is not whether a child could be in school during a particular period, but whether the timing and setting of treatment are clinically appropriate to address the child's assessed medical needs, as determined through the individualized clinical judgment of the treating provider.

The response is also difficult to reconcile with core person-centered planning requirements under the Michigan Mental Health Code and MDHHS Person-Centered Planning policy. Person-centered planning requires that services be based on the individual's needs, strengths, preferences, desired outcomes, and informed choice. A presumptive preference for after-school treatment is not person-centered. Rather, the setting and timing of services should be determined through individualized clinical assessment and planning, not through generalized assumptions regarding school attendance or the mistaken premise that medically necessary ABA services are merely educational accommodations.

Finally, CEI's response does not address applicable disability-rights authorities, including Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. Public entities must administer services in a manner that affords individuals with disabilities meaningful access to benefits and must make reasonable modifications where necessary to avoid disability-based discrimination. Any practice that systematically limits access to medically necessary autism treatment because a child attends school warrants careful examination under these authorities.

Accordingly, MiBAP respectfully requests clarification regarding whether CEI applies any presumptive expectation that Medicaid ABA services occur outside school hours and, if so, the legal and clinical authority supporting that practice. MiBAP further requests identification of the process used to ensure that decisions regarding service timing and setting remain individualized, person-centered, and consistent with ADA, Section 504, EPSDT, and Michigan Medicaid requirements.

Should CEI continue to view ABA services delivered pursuant to Medicaid medical necessity criteria as primarily educational in nature, or should there remain uncertainty regarding the distinction between educational services and medically necessary behavioral health treatment, MiBAP would welcome the opportunity to meet directly with CEI leadership. We believe a collaborative discussion between CEI and MiBAP leadership could help clarify the medical nature of ABA services, the role of treating BCBAs in determining clinical appropriateness, and the legal frameworks governing access to medically necessary treatment for Medicaid beneficiaries with autism. MiBAP remains committed to working collaboratively with CEI to ensure policies and practices support individualized, person-centered access to medically necessary care.

Sincerely,



Holly McKee, PhD

Director

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