

# Michigan Autism Insurance Benefit Overview

## Fully-Funded/ State Regulated/ACA Policies

Regulated by State Law  
Effective 10/15/12.

Insurers required to cover  
diagnoses, evidence based  
therapy and treatment planning.

Evaluation completed with  
in-network provider or AAEC  
Insurance company can provide  
list of providers.

Medical diagnosis is required for  
coverage and is the gateway  
to treatment and therapy.

Treatment planning and  
therapies delivered by an  
in-network, qualified providers.

## Self-Funded/ Federally Regulated/ERISA (Typically larger companies)

Not subject to Michigan Law;  
not required to provide coverage.

Can opt to adopt autism coverage.

Many have adopted  
Human Resources department can  
provide clarification.

AAOM can provide documents  
and assist in communicating  
with HR.

If company self-adopts, process  
follows state-regulated plans.

Self-funded plans may  
impose age caps.

## Medicaid 18 months up to 21 years

ABA/Behavioral Health only.  
Contracted through CMH.  
ST/OT/PT with Medicaid/HMO  
per previous eligibility.

Diagnosis starts with referral  
from PCP to CMH.

Families must work with CMH  
Case Manager to determine  
treatment and medical necessity.

Treatment subject to quarterly  
reviews by CMH.