

Applied Behavior Analysis (ABA) Level of Support Requirement

Please fax response to: 1-866-694-3649, Attn: Washington State UM Department. Please provide the information below. PRINT your answers, attach the required supporting documentation, sign, date, and return to our office as soon as possible to expedite this request. **Without this information, the request may be denied in 30 days.**

New Req	uest Extension				
DATE OF RE	EQUEST CLIENT NAME	PROVIDERONE CLIENT ID			
PROVIDER'	SNAME	BILLING PROVIDER NPI NUMBER			
TELEPHONI	E NUMBER FAX NUMBER	DIAGNOSIS CODE			
	Symptom Severity Level Assessm	ent			
0 = No impa 1 = Mild im 2 = Modera	em, rate the child's current behavior over the past two weeks, taking intairment (age appropriate or typical behavior); pairment (behavior that is occasionally disruptive to everyday functioning te impairment (behavior that is frequently disruptive to everyday functio mpairment (behavior that is consistently disruptive to everyday functioni); ning);			
Domain	Social communication and interaction	0, 1, 2	2 or 3		
1a	Impairments in the use of eye contact during social interactions				
1a	Deficits in the use of facial expressions to communicate				
1a	Lack of or reduced use of gestures to communicate				
1b	Impairments in back-and-forth conversation (relative to language level)				
1b	Lack of, reduced, or impaired responses to social initiations of others (e. acknowledging others)	g., responding to name,			
1b	Lack of, reduced, or impaired initiations of interactions with others				
1c	Lack of or reduced interest in peers (relative to developmental level)				
1c	Reduced preference for some peers over others/impaired friendships				
1 c	Delays in, or lack of, varied age-appropriate play with peers				
	Socie	al communication subtotal:			
Domain	Restricted, repetitive patterns of behavior, interests, and activities	0, 1, 2	2 or 3		
2a	Has atypical speech characteristics (e.g., echoing, jargon, unusual rhythr	n or volume)			
2a	Has repetitive body mannerisms				
2a	Uses objects in a repetitive or rigid manner				
2b	Reacts negatively to changes in schedule/on sameness				
2b	Has behavioral rituals				
2b	Has verbal rituals (e.g., has to say things, or have others say things, in a				
2c	Has specific interests that are unusual in focus (e.g., traffic lights, street	,			
2c	Has specific interests that are unusual in intensity (e.g., hobby of unusual				
2c	Engages in a limited range of activities/Has a limited behavioral repertoi	re			
2d	Shows hyper-reactivity to sensory input				
2d	Shows hypo-reactivity to sensory input				
2d	Shows unusual sensory interests and preferences				
		Behavioral subtotal:			
Domain	Disruptive behavior	0, 1, 2	2 or 3		
κ	Engages in aggressive and/or destructive behaviors toward self, others, If score > 0, please list behaviors below (e.g. self-injury, elopement, property)	-			

Scoring directions:

Calculate social communication subtotal: Sum the 9 questions in Domain 1. Calculate behavioral subtotal: Sum the 12 questions in Domain 2.

Overall Severity Level Assessment

For each domain, please indicate the level of severity by circling the number corresponding to the most appropriate descriptor.

Level 0 = Requiring no support;

Level 1 = Requiring minimal support;

Level 2 = Requiring substantial support;

Level 3 = Requiring very substantial support

Social communication	Support level required (circle one)
Behaviors in this area do not require specific supports at this time.	0
Without supports in place, deficits in social communication cause noticeable impairments. Has difficulty initiating social interactions and demonstrates clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions.	1
Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions and reduced or abnormal response to social overtures from others.	2
Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning; very limited initiation of social interactions and minimal response to social overtures from others.	3
Restricted interests and repetitive behavior (RRBs)	Support level required (circle one)
Behaviors in this area do not require specific supports at this time.	0
Rituals and repetitive behaviors (RRBs) cause significant interference with functioning in one or more contexts. Resists attempts by others to interrupt RRBs or to be redirected from fixated interest.	1
RRBs and/or preoccupations or fixated interests appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress or frustration is apparent when RRBs are interrupted; difficult to redirect from fixated interest.	2
Preoccupations, sensory fixated rituals and/or repetitive behaviors markedly interfere with functioning in all	

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- 2. The client may have tried and failed other therapies. What other therapies have been tried? What were the outcomes?
- 3. If no other treatments have been tried, please explain why not, if ABA is to be used in conjunction.
- 4. Age of client:

Additional information

Provider's Signature Provid	er Specialty Date	

A copy of the COE evaluation, the prescription for ABA services, the Board Certified Applied Behavior Analyst's (BCABA) assessment with the functional analysis, and the BCBA's treatment plan must be attached to this request.

Fax to: **1-866-694-3649**Or mail to: Coordinated Care
1145 Broadway Suite 300
Tacoma, WA 98402

A typed and completed *General Authorization for Information* form (13-835) must be the coversheet for this request.