

## Applied Behavior Analysis (ABA) Level of Support Requirement

Please fax response to: 1-866-668-1214, Attn: Medical Request Authorization Unit

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 Request

Extension

DATE OF REQUEST	CLIENT NAME	PROVIDER ONE CLIENT ID
PROVIDER'S NAME		BILLING PROVIDER NPI NUMBER
TELEPHONE NUMBER	FAX NUMBER	DIAGNOSIS CODE

### Symptom Severity Level Assessment

**For each item, rate the child's current behavior over the past two weeks, taking into account all available information.**

- 0** = No impairment (age appropriate or typical behavior);
- 1** = Mild impairment (behavior that is occasionally disruptive to everyday functioning);
- 2** = Moderate impairment (behavior that is frequently disruptive to everyday functioning);
- 3** = Severe impairment (behavior that is consistently disruptive to everyday functioning).

Domain	Social communication and interaction	0, 1, 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.g., responding to name, acknowledging others)	
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	
1c	Delays in, or lack of, varied age-appropriate play with peers	
	<b>Social communication subtotal:</b>	
Domain	Restricted, repetitive patterns of behavior, interests, and activities	0, 1, 2 or 3
2a	Has atypical speech characteristics (e.g., echoing, jargon, unusual rhythm 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 particular way)	
2c	Has specific interests that are unusual in focus (e.g., traffic lights, street signs)	
2c	Has specific interests that are unusual in intensity (e.g., hobby of unusual intensity)	
2c	Engages in a limited range of activities/Has a limited behavioral repertoire	
2d	Shows hyper-reactivity to sensory input	
2d	Shows hypo-reactivity to sensory input	
2d	Shows unusual sensory interests and preferences	
	<b>Behavioral subtotal:</b>	
Domain	Disruptive behavior	0, 1, 2 or 3
<b>3</b>	Engages in aggressive and/or destructive behaviors toward self, others, or objects <i>If score &gt; 0, please list behaviors below (e.g. self-injury, elopement, property destruction):</i>	

**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**

<b>Social communication</b>	<b>Support level required (circle one)</b>
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
<b>Restricted interests and repetitive behavior (RRBs)</b>	<b>Support level required (circle one)</b>
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 spheres. Marked distress when rituals or routines are interrupted; very difficult to redirect from fixated interest or returns to it quickly.	3

1. What is the confirmation date for the diagnosis?
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	Provider Specialty	Date
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**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: **1-866-668-1214**  
 Or mail to: Medical Authorization Unit  
 PO Box 45535  
 Olympia, WA 98504-5535

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