

# Applied Behavior Analysis (ABA) Services Authorization Form

Please follow the steps below to request authorization for ABA services. **Uniform Medical Plan may deny the request if you fail to provide complete information.**

- **Print** your answers to the questions below.
- Sign and date the form.
- **Attach** the required supporting documentation:
  - A copy of the evaluation.
  - The prescription for ABA services.
  - The BCBA's assessment with the functional analysis.
  - The BCBA's treatment plan.
- Return completed form and supporting documentation to Regence BlueShield as soon as possible. Contact information is listed at the end of this form.

<input type="checkbox"/> <b>New request</b> <input type="checkbox"/> <b>Extension</b>		
Subscriber's name	Patient's name	UMP ID number (include alpha characters)
Provider's name		Provider's NPI number
Provider's telephone number	Provider's fax number	Diagnosis code

Symptom Severity Checklist		
<p><b>Instructions:</b> For each item, choose the number that best describes the child's current behavior over the past 2 weeks, taking into account all available information:</p> <p><b>0: No impairment</b> = age appropriate or typical behavior</p> <p><b>1: Mild impairment</b> = behavior that is occasionally disruptive to everyday functioning</p> <p><b>2: Moderate impairment</b> = behavior that is frequently disruptive to everyday functioning</p> <p><b>3: Severe impairment</b> = behavior that is consistently disruptive to everyday functioning</p>		
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 or reduced use of gestures to communicate	
1b	Impairments in back and forth conversation (appropriate 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 (appropriate 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	
	Social communication subtotal (sum of domain 1 scores):	

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/Insists 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	
	Behavioral subtotal (sum of domain 2 scores):	
Domain	Disruptive behavior	0, 1, 2 or 3
3	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>	

Overall Severity Assessment	
<p><b>Overall Severity Level:</b> For each domain, please indicate the level of severity by circling the number corresponding to the most appropriate descriptor:</p> <p><b>Level 0</b> = Requiring no support  <b>Level 1</b> = Requiring minimal support  <b>Level 2</b> = Requiring substantial support  <b>Level 3</b> = Requiring very substantial support</p>	
Social communication	Support level required (check one)
Behaviors in this area do not require specific supports at this time.	<input type="checkbox"/> 0
Without supports in place, deficits in social communication cause noticeable impairments. Individual 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.	<input type="checkbox"/> 1
Individual has 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.	<input type="checkbox"/> 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.	<input type="checkbox"/> 3

<b>Restricted interests &amp; repetitive behavior (RRBs)</b>	<b>Support level required (check one)</b>
Behaviors in this area do not require specific supports at this time.	<input type="checkbox"/> 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.	<input type="checkbox"/> 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.	<input type="checkbox"/> 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.	<input type="checkbox"/> 3

<b>Age of client:</b>
<ol style="list-style-type: none"> <li>1. What is the confirmation date for the diagnosis?</li> <li>2. The client may have tried and failed other therapies. What other therapy(ies) have been tried? What were the outcomes?</li> <li>3. Have other treatments been tried? If not, please explain.</li> </ol>
Additional information:

Provider signature	Provider specialty	Date
Lead behavior therapist name and qualifications		
Therapy assistant name and qualifications		
Additional therapy assistant(s) name and qualifications		

**Reminder: You must attach a copy of the evaluation, the prescription for ABA services, the BCBA's assessment with the functional analysis, and the BCBA's treatment plan to this request.**

Please submit this ABA Services Authorization form and all required supporting documentation to Regence BlueShield by fax or mail:

Fax: 1-888-496-1540

Mail: Regence BlueShield  
PO Box 1271  
MS E9H  
Portland, OR 97207-1271

UMP is administered by a third-party vendor under contract with the Washington State Health Care Authority.

HCA is committed to providing equal access to our services. If you need an accommodation, or require documents in another format or language, please call 1-800-200-1004 (TRS: 711).