

# Oregon Medicaid Prior Authorization Request



Form **KF-004**: Service Support Assessment for Applied Behavioral Analysis Services

|                               |                                     |   |
|-------------------------------|-------------------------------------|---|
| <b>Assessing agency name:</b> |                                     | <b>Assessment date:</b>   |
| <b>Member's name:</b>         | <b>Member's Oregon Medicaid ID:</b> | <b>Age:</b><br><input type="checkbox"/> 0-3 <input type="checkbox"/> 4-12 <input type="checkbox"/> 13 or over |

## CLINICAL INFORMATION

|  |                                  |                           |
|--|----------------------------------|---------------------------|
| <b>Diagnosis:</b>  |                                  | <b>Date of diagnosis:</b> |
| <b>Diagnosing physician:</b>   | <b>Physician phone or email:</b> |                           |
| <b>History of previous therapies (mark all that apply):</b><br><input type="checkbox"/> Currently in services but may require additional or more intensive services<br><input type="checkbox"/> Attempted and recipient or family did not participate or respond<br><input type="checkbox"/> Attempted but outcome not achieved                    |                                  |                           |
| <b>Home placement status change due to symptoms</b><br><input type="checkbox"/> Currently in the home with no history of out of home placement<br><input type="checkbox"/> Currently at risk of out of home placement<br><input type="checkbox"/> Currently placed outside the home  |                                  |                           |
| <b>School placement status change due to symptoms</b><br><input type="checkbox"/> If school age, currently in school with no history of out of school placement<br><input type="checkbox"/> If school age, currently at risk of out of school placement<br><input type="checkbox"/> Currently not attending school or attending school alternative |                                  |                           |

## SERVICE SUPPORT ASSESSMENT

| <b>Domain 1: Social interaction and relationships skill deficits</b>       |   | <b>Severe</b>           | <b>Moderate</b>         | <b>Mild</b>             | <b>None</b>             |
|--|---|-------------------------|-------------------------|-------------------------|-------------------------|
| 1  | Non-verbal communication skills                           | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| 2  | Eye contact, facial expression, body posture              | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| 3  | Establish and maintain relationship with same age peers   | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| 4  | Interest in or ability to enjoy other people              | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| 5  | Ability to empathize or relate to others                  | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| 6  | Ability to maintain physical boundaries with others       | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| 7  | Tolerates physical contact or close proximity to others   | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| 8  | Interest in setting and achieving goals                   | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| 9  | Verbal communication skills                               | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| 10   | Response to verbal and non-verbal communication           | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| <b>Subtotal</b>  |   |                         |                         |                         |                         |
| <b>Domain 1 Total</b>  |   |                         |                         |                         |                         |
| <b>Domain 2: Assistance needed for verbal and non-verbal communication</b> |   | <b>Full</b>             | <b>Moderate</b>         | <b>Mild</b>             | <b>None</b>             |
| 11   | Speak or verbally communicate                             | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| 12   | Verbalize and communicate clearly                         | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| 13   | Understanding others verbal and non-verbal communication  | 3 <input type="radio"/> | 2 <input type="radio"/> | 4 <input type="radio"/> | 0 <input type="radio"/> |
| 14   | Initiate and maintain conversation                        | 4 <input type="radio"/> | 3 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> |
| 15   | Understanding vocal, visual, gestural or physical prompts | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| <b>Subtotal</b>  |   |                         |                         |                         |                         |
| <b>Domain 2 Total</b>  |   |                         |                         |                         |                         |

| <b>Domain 3: Assistance needed to engage in activities, play or school/work</b> |  | <b>Full</b>             | <b>Moderate</b>         | <b>Mild</b>             | <b>None</b>             |
|---|--|-------------------------|-------------------------|-------------------------|-------------------------|
| 16  | Engagement or play with same-age peers               | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| 17  | Engagement and participation in home routines        | 4 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| 18  | Engagement and participation school routines         | 4 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| 19  | Engagement and participation in community activities | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| <b>Subtotal</b>   |  |                         |                         |                         |                         |
| <b>Domain 3 Total</b>   |  |                         |                         |                         |                         |

| <b>Domain 4: Assistance needed to manage symptoms or acquired behaviors that disrupt expectation of home, school or community</b> |  | <b>Full</b>             | <b>Moderate</b>         | <b>Mild</b>             | <b>None</b>             |
|---|--|-------------------------|-------------------------|-------------------------|-------------------------|
| 20  | Regimented behavior                                    | 5 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| 21  | Ruminating behavior                                    | 5 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| 22  | Stereotyped behaviors                                  | 5 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| 23  | Repetitive non communicative gestural or vocal actions | 5 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| 24  | Preoccupation with topic or item                       | 5 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| 25  | Non intentional self-injury                            | 7 <input type="radio"/> | 5 <input type="radio"/> | 4 <input type="radio"/> | 0 <input type="radio"/> |
| 26  | Ability to maintain personal safety                    | 7 <input type="radio"/> | 5 <input type="radio"/> | 4 <input type="radio"/> | 0 <input type="radio"/> |
| 27  | Symptoms that episodically pose a risk to others       | 6 <input type="radio"/> | 4 <input type="radio"/> | 3 <input type="radio"/> | 0 <input type="radio"/> |
| 28  | Symptoms that episodically pose risk to property       | 5 <input type="radio"/> | 4 <input type="radio"/> | 3 <input type="radio"/> | 0 <input type="radio"/> |
| 29  | Symptoms that reduce the personal sexual safety        | 7 <input type="radio"/> | 6 <input type="radio"/> | 5 <input type="radio"/> | 0 <input type="radio"/> |
| 30  | Symptoms that reduce sexual safety of others           | 7 <input type="radio"/> | 6 <input type="radio"/> | 5 <input type="radio"/> | 0 <input type="radio"/> |
| <b>Subtotal</b>   |  |                         |                         |                         |                         |
| <b>Domain 4 Total</b>   |  |                         |                         |                         |                         |

| <b>Domain 5: Assistance needed to manage tactile and sensory reaction that inhibits engagement in daily home and community activities</b> |   | <b>Full</b>             | <b>Moderate</b>         | <b>Mild</b>             | <b>None</b>             |
|---|---|-------------------------|-------------------------|-------------------------|-------------------------|
| 31  | Speak or verbally communicate                             | 4 <input type="radio"/> | 3 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> |
| 32  | Verbalize and communicate clearly                         | 4 <input type="radio"/> | 3 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> |
| 33  | Understanding others verbal and non-verbal communication  | 4 <input type="radio"/> | 3 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> |
| 34  | Initiate and maintain conversation                        | 4 <input type="radio"/> | 3 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> |
| 35  | Understanding vocal, visual, gestural or physical prompts | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 0 <input type="radio"/> |
| <b>Subtotal</b>   |   |                         |                         |                         |                         |
| <b>Domain 5 Total</b>   |   |                         |                         |                         |                         |

**Service Support Composite Score:**

## SIGNATURES

By signing below, the member's health care provider (Provider) and/or Community Mental Health Program (CMHP) verify that they have reviewed the above services and recommend them for this member.

|                                   |                |      |
|-----------------------------------|----------------|------|
| Assessor signature                | Name and title | Date |
| Parent/guardian signature         | Name and title | Date |
| Provider Representative signature | Name and title | Date |