

Oregon Medicaid Prior Authorization Request



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

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

CLINICAL INFORMATION

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

SERVICE SUPPORT ASSESSMENT

Domain 1: Social interaction and relationships skill deficits		Severe	Moderate	Mild	None
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"/>
Subtotal					
Domain 1 Total					
Domain 2: Assistance needed for verbal and non-verbal communication		Full	Moderate	Mild	None
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"/>
Subtotal					
Domain 2 Total					

Domain 3: Assistance needed to engage in activities, play or school/work		Full	Moderate	Mild	None
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"/>
Subtotal					
Domain 3 Total					

Domain 4: Assistance needed to manage symptoms or acquired behaviors that disrupt expectation of home, school or community		Full	Moderate	Mild	None
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"/>
Subtotal					
Domain 4 Total					

Domain 5: Assistance needed to manage tactile and sensory reaction that inhibits engagement in daily home and community activities		Full	Moderate	Mild	None
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"/>
Subtotal					
Domain 5 Total					

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