

# Initial Treatment Request

- **Comprehensive Psychological Assessment/Testing Report**

- DOE 7/1/2017 Forward
  - Clinical Interview with the beneficiary and/or family/caregiver
  - Review of presenting of problems, symptoms, functional deficits, strengths and history including past psychological assessment reports and records
  - Behavioral observation in one or more settings
  - ADOS
  - Standardized measure of intelligence (e.g. WISC, WAIS, Stanford-Binet, Bayley Scales, Mullen, KBIT-2, DP-3 if all five scales are used [physical, adaptive bx, social-emotional, cognitive & communication], Leiter, CTONI-2, UNIT-2, WNV, WPPSI 3, DAS-II etc.)
  - Diagnosis from current edition of DSM, including severity levels
  - Completed by a licensed psychologist, school psychologist or developmental pediatrician
- DOE 6/30/2017 and earlier
  - Clinical Interview with the beneficiary and/or family/caregiver
  - Behavioral observation in one or more settings
  - At least 3 of the following (one of which must be an ASD specific diagnostic tool): ADOS, Autism Diagnostic Interview (ADI), CARS, GARS, Vineland, ABLLS-R, SRS, BASC, SCQ, standardized measure of intelligence, screening checklists (e.g., MCHAT, STAT, ASQ etc.)
  - Referral question and/or reason for assessment
  - Diagnosis from DSM
  - Completed by a licensed psychologist, school psychologist, developmental pediatrician or DDSN Autism Consultant (bachelors or masters level)
- **Presumptive Diagnosis for Beneficiaries Under the Age of Four**
  - Must reflect a presumptive diagnosis
  - Observation of behavior in multiple settings
  - Clinical interview with parents/guardians/significant individuals involved in the child's care
  - Completed by a licensed psychologist, school psychologist or developmental pediatrician

- **Behavior Identification Assessment Results**

- Detailed behavior history
- Patient observation
- Caregiver interview
- Test results
- Discussion of findings
- Recommendations
- Must include:
  - Vineland
  - Two of the following: PDD-BI, SRS, PEAK-CA, VBMAPP, AFLS, Essentials for Living, or ABLLS

- **Individualized Plan of Care**

- Beneficiary's strength, needs, abilities, and preferences
- Beneficiary's assessment and evaluation results
- Goals and objectives of treatment which must tie into the child's assessment and evaluation results
- Outline to address the assessed needs of beneficiary, including, but not limited to, specific description of the recommended amount, type, frequency, setting and duration of ASD treatment services needed to meet the needs of the beneficiary.
- Amount and type of parent/caregiver participation, as applicable to beneficiary
- The date of every completed progress summary and annual re-development
- Signature, title and date by the multidisciplinary team members including the parent and/or caregiver

- SCDHHS ABA Prior Authorization Request (if submitting via fax)