Behavioral Analysis Services
PRIOR AUTHORIZATION REQUEST

Return to:
Fax: 866-821-0082, Attn: MDT Pilot Program
CLINICAL INFORMATION FORM

GENERAL INFORMATION			
Recipient Number	Last Name	First Name	Date of Birth

Type of Request:
☐ New (prior to service) ☐ Retrospective (after service due to retroactive eligibility)
☐ Modification of existing eQHealth PA ☐ Continuation of services

Answer these questions for ALL review types and ALL questions require a response		
At what age did the recipient begin receiving Behavior Analysis services? If no history of BA service, mark N/A.	☐ **Age**	☐ **N/A**
Is the recipient stable to remain and safely receive services in the home/community environment?	☐ **Yes**	☐ **No**
Is the primary caregiver willing and able to participate in the recipient's therapy?	☐ **Yes**	☐ **No**
Did the primary caregiver give consent for treatment? If yes, include signed consent form.	☐ **Yes**	☐ **No**
Have other therapy services such as occupational therapy, physical therapy, or speech therapy been provided or considered?	☐ **Yes**	☐ **No**
What other behavioral health and psychiatric services is the recipient currently receiving or has received in the past 12 months? Select all that apply.	**Currently**	**Past 12 months**
1. None	☐	☐
2. Crisis Intervention (e.g., psychiatric hospitalization, Baker Act)	☐	☐
3. Residential Treatment	☐	☐
4. Day Treatment	☐	☐
5. Intensive Outpatient Therapy	☐	☐
6. Medication Management	☐	☐
7. Cognitive Behavioral Therapies	☐	☐
8. School Based Services	☐	☐
9. Other (Specify)	☐	☐
Have medical evaluations or treatment been implemented to rule out or address possible organic etiologies for the behavior(s) of concern? Provide documentation if yes.	☐ **Yes**	☐ **No** ☐ **N/A**

Answer these questions for Continuation or Modification review types and ALL Questions require a response		
From questions 1-4, select the primary maladaptive behavior(s) to address during this period. For YES responses, select all applicable behaviors from the list :		
1. High risk to self (caused or presented imminent risk of harm in the last 6 months)?	☐ **Yes**	☐ **No**

If YES, select all below that apply and frequency of occurrence based these levels: 1 = Once a week or less often 2 = More than once a week but less than once a day 3 = More than once a day but less than 5 time a day 4 = More than 5 times a day				
Behaviors	**Frequency of occurrence levels**			
☐ Elopement (leaving house/clinic/safe area or supervision)	☐ 1	☐ 2	☐ 3	☐ 4
☐ Suicide attempts	☐ 1	☐ 2	☐ 3	☐ 4
☐ Suicidal talk or illustration - threats to cause harm to self (with ability to follow-through)	☐ 1	☐ 2	☐ 3	☐ 4
☐ Cutting self (covert, non-suicidal)	☐ 1	☐ 2	☐ 3	☐ 4
☐ Illegal drug use	☐ 1	☐ 2	☐ 3	☐ 4
☐ Prostitution	☐ 1	☐ 2	☐ 3	☐ 4
☐ Sexting (sending texts with nude or suggestive pictures)	☐ 1	☐ 2	☐ 3	☐ 4
☐ Climbing – presenting risk of fall	☐ 1	☐ 2	☐ 3	☐ 4
☐ Property misuse presenting a danger to self (e.g., electrical shock, cuts)	☐ 1	☐ 2	☐ 3	☐ 4
☐ Bruxism (teeth grinding)	☐ 1	☐ 2	☐ 3	☐ 4
☐ Trichotillomania (hair removal)	☐ 1	☐ 2	☐ 3	☐ 4
☐ Mouthing unsafe objects	☐ 1	☐ 2	☐ 3	☐ 4
☐ Pica (consuming inedibles, toxic substances)	☐ 1	☐ 2	☐ 3	☐ 4
☐ Rectal digging, feces smearing	☐ 1	☐ 2	☐ 3	☐ 4
☐ Feces eating	☐ 1	☐ 2	☐ 3	☐ 4
☐ Trichophagia (hair eating)	☐ 1	☐ 2	☐ 3	☐ 4
☐ Polyphagia (excessive eating)	☐ 1	☐ 2	☐ 3	☐ 4
☐ Polydipsia (excessive drinking)	☐ 1	☐ 2	☐ 3	☐ 4
☐ Excessive vomiting (rumination)	☐ 1	☐ 2	☐ 3	☐ 4
☐ Bulimia	☐ 1	☐ 2	☐ 3	☐ 4
☐ Anorexia	☐ 1	☐ 2	☐ 3	☐ 4
☐ Food refusal (over-selectivity that impacts nutrition and results in weight loss	☐ 1	☐ 2	☐ 3	☐ 4
☐ Failure to thrive	☐ 1	☐ 2	☐ 3	☐ 4
☐ Aerophagia (air swallowing)	☐ 1	☐ 2	☐ 3	☐ 4
☐ Biting self	☐ 1	☐ 2	☐ 3	☐ 4
☐ Nail biting, picking, removal	☐ 1	☐ 2	☐ 3	☐ 4
☐ Skin picking, pinching, scratching	☐ 1	☐ 2	☐ 3	☐ 4

☐ Head slapping/hitting (e.g., hand/knee/object to self)	☐ 1	☐ 2	☐ 3	☐ 4
☐ Head banging on hard surfaces	☐ 1	☐ 2	☐ 3	☐ 4
☐ Head banging on soft surfaces	☐ 1	☐ 2	☐ 3	☐ 4
☐ Eye poking (self)	☐ 1	☐ 2	☐ 3	☐ 4
☐ Refusal to comply with medical or dental care/evaluations	☐ 1	☐ 2	☐ 3	☐ 4
☐ Refusal to comply with hygiene care/routines that impacts health and/or social acceptance	☐ 1	☐ 2	☐ 3	☐ 4
☐ Other (please describe in the space provided below)	☐ 1	☐ 2	☐ 3	☐ 4

2. Aggression to others – actual contacts and attempts ("near misses") – intensity (force), frequency and/or duration that caused or presented imminent risk of severe injury in the last 6 months? If YES, select all below that apply and frequency of occurrence based on these levels: 1 = Once a week or less often 2 = More than once a week but less than once a day 3 = More than once a day but less than 5 time a day 4 = More than 5 times a day	☐ Yes	☐ No

Behaviors	Frequency of occurrence levels			
☐ Head butt, hit, slap, pinch, scratch, hair pull, or bite adults	☐ 1	☐ 2	☐ 3	☐ 4
☐ Head butt, hit, slap, pinch, scratch, hair pull, or biter child or other vulnerable persons (aged, disabled)	☐ 1	☐ 2	☐ 3	☐ 4
☐ Striking with or throwing objects	☐ 1	☐ 2	☐ 3	☐ 4
☐ Spitting, licking, wiping saliva	☐ 1	☐ 2	☐ 3	☐ 4
☐ Contacting genitalia, breast, butt – forced kissing, licking	☐ 1	☐ 2	☐ 3	☐ 4
☐ Other (please describe in the space provided below)	☐ 1	☐ 2	☐ 3	☐ 4

3. Property destruction or disruption (caused or presented imminent risk of high value property loss or repair in the last 6 months)? *If YES, select all below that apply and frequency of occurrence based on these levels:* 1 = Once a week or less often 2 = More than once a week but less than once a day 3 = More than once a day but less than 5 time a day 4 = More than 5 times a day	☐ Yes	☐ No

Behaviors	Frequency of occurrence levels			
☐ Property destruction	☐ 1	☐ 2	☐ 3	☐ 4
☐ Throwing objects	☐ 1	☐ 2	☐ 3	☐ 4
☐ Pushing objects off tables (e.g., during instruction)	☐ 1	☐ 2	☐ 3	☐ 4

☐ Feces smearing	☐ 1	☐ 2	☐ 3	☐ 4
☐ Spitting, licking	☐ 1	☐ 2	☐ 3	☐ 4
☐ Other (please describe in the space provided below)	☐ 1	☐ 2	☐ 3	☐ 4

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Behaviors	Frequency of occurrence levels			
☐ Fire setting or play with matches, lighters or other inflammables	☐ 1	☐ 2	☐ 3	☐ 4
☐ Verbal or illustrated threats to cause harm to others	☐ 1	☐ 2	☐ 3	☐ 4
☐ Coercion of other child or other vulnerable persons (aged, disabled)	☐ 1	☐ 2	☐ 3	☐ 4
☐ Property theft, extortion	☐ 1	☐ 2	☐ 3	☐ 4
☐ Lying	☐ 1	☐ 2	☐ 3	☐ 4
☐ Vandalism	☐ 1	☐ 2	☐ 3	☐ 4
☐ Truancy	☐ 1	☐ 2	☐ 3	☐ 4
☐ Verbal threats of sexual nature	☐ 1	☐ 2	☐ 3	☐ 4
☐ Saying inappropriate words (e.g., swear, racial slur, LGBTQ slur, name calling, sexual terms)	☐ 1	☐ 2	☐ 3	☐ 4
☐ Undressing in public, exposing own genitalia, or masturbation in public	☐ 1	☐ 2	☐ 3	☐ 4
☐ Voyeurism (watching people inappropriately)	☐ 1	☐ 2	☐ 3	☐ 4
☐ Tantrums - not age typical for a 2-3-year-old recipient	☐ 1	☐ 2	☐ 3	☐ 4
☐ Verbal refusal	☐ 1	☐ 2	☐ 3	☐ 4
☐ Physical refusal to move (e.g., laying on ground, squatting)	☐ 1	☐ 2	☐ 3	☐ 4
☐ Screaming, yelling, crying	☐ 1	☐ 2	☐ 3	☐ 4
☐ Bolting (running away from instruction or activity, but remaining in safe area)	☐ 1	☐ 2	☐ 3	☐ 4
☐ Saliva play or smearing	☐ 1	☐ 2	☐ 3	☐ 4
☐ Enuresis	☐ 1	☐ 2	☐ 3	☐ 4
☐ Encopresis	☐ 1	☐ 2	☐ 3	☐ 4
☐ Feces play or smearing	☐ 1	☐ 2	☐ 3	☐ 4
☐ Perseverative behaviors	☐ 1	☐ 2	☐ 3	☐ 4

☐ Ritualistic, intense preoccupation with, obsessive repetition of actions (e.g., hand washing, checking lights off, door locked)	☐ 1	☐ 2	☐ 3	☐ 4
☐ Repeating task to obtain perfection	☐ 1	☐ 2	☐ 3	☐ 4
☐ Movement (motor) tics	☐ 1	☐ 2	☐ 3	☐ 4
☐ Movement stereotypy (e.g., hand flapping, spinning objects, spinning self, rocking)	☐ 1	☐ 2	☐ 3	☐ 4
☐ Non-typical toy play	☐ 1	☐ 2	☐ 3	☐ 4
☐ Lining up objects	☐ 1	☐ 2	☐ 3	☐ 4
☐ Counting	☐ 1	☐ 2	☐ 3	☐ 4
☐ Hoarding objects	☐ 1	☐ 2	☐ 3	☐ 4
☐ Difficulty with expressive language (communicating what the recipient wants/needs or does not want/need)	☐ 1	☐ 2	☐ 3	☐ 4
☐ Difficulty with receptive language	☐ 1	☐ 2	☐ 3	☐ 4
☐ Difficulty with initiating, sustaining, and/or responding to communicative and social interactions with others	☐ 1	☐ 2	☐ 3	☐ 4
☐ Poor understanding or use of non-verbal communication	☐ 1	☐ 2	☐ 3	☐ 4
☐ Vocal tics	☐ 1	☐ 2	☐ 3	☐ 4
☐ Vocal or auditory stereotypy (e.g., delayed echolalia, singing, noises)	☐ 1	☐ 2	☐ 3	☐ 4
☐ Echolalia	☐ 1	☐ 2	☐ 3	☐ 4
☐ Selective mutism	☐ 1	☐ 2	☐ 3	☐ 4
☐ Ritualistic, intense preoccupation with topics (verbal)	☐ 1	☐ 2	☐ 3	☐ 4
☐ Gazing stereotypy	☐ 1	☐ 2	☐ 3	☐ 4
☐ Hyper-reactivity to sensory input	☐ 1	☐ 2	☐ 3	☐ 4
☐ Hypo-reactivity to sensory input	☐ 1	☐ 2	☐ 3	☐ 4
☐ Hyperactivity	☐ 1	☐ 2	☐ 3	☐ 4
☐ Impulsivity	☐ 1	☐ 2	☐ 3	☐ 4
☐ Inattention	☐ 1	☐ 2	☐ 3	☐ 4
☐ Severe insomnia, excessive sleeping during day (sleep disorder)	☐ 1	☐ 2	☐ 3	☐ 4
☐ Other (please describe in the space below)	☐ 1	☐ 2	☐ 3	☐ 4

Was medical evaluation or care required as a result of the behavior? If yes, please describe below.	☐ Yes	☐ No
Was another recipient or vulnerable person involved, assaulted or injured? If yes, please describe below.	☐ Yes	☐ No

Was a law enforcement officer involved as a result of the behavior? If yes, please describe below.	☐ **Yes**	☐ **No**

If property was damaged or lost, what was the estimated value?

- ☐ **More than $1000**
- ☐ **$500-$1000**
- ☐ **$250-$500**
- ☐ **$100-250**
- ☐ **Less than $100**

What treatment model will be provided? (as shown in BACB guidelines)

- ☐ **Focused**
- ☐ **Comprehensive**

Where will treatment be provided?

- ☐ **Home**
- ☐ **School & Community**
- ☐ **Clinic/Outpatient**
- ☐ **Residential**
- ☐ **Hospital/Inpatient**
- ☐ **PPEC (Prescribed Pediatric Extended Care)**

Have restrictive or crisis management procedures been implemented in the last 6 months? Select all that apply and provide the average time per behavioral event in the space provided.

- ☐ **Seclusion _____**
- ☐ **Mechanical restraint _____**
- ☐ **Manual restraint _____**
- ☐ **Restricting movement or access to reinforcers or normal environment with devices, barriers, furniture, locks _____**
- ☐ **Behavior protective equipment (e.g., helmet for headbanging, gloves for hand-mouthing, padded clothing, belt, strap, harness, splint)_____**
- ☐ **Dietary manipulations _____**

During the last treatment period were any sessions or parent training/coaching sessions missed? If yes, provide the number of missed sessions in the textbox.	☐ **Yes**	☐ **No**
	☐ **Number of Missed Sessions**	

What was the primary or most often cause for the missed session?

- ☐ **Staffing Issue**
- ☐ **Recipient/Parent/Legal Guardian Schedule**
- ☐ **Recipient Illness**
- ☐ **Parent/Legal Guardian Illness**
- ☐ **Staff Illness**
- ☐ **Caregiver Refusal**
- ☐ **Elopement**
- ☐ **Other, Specify**

Does the behavior support plan include any form of punishment interventions?	☐ **Yes**	☐ **No**
A. If yes, have all reinforced based reduction tactics have been tried and failed?	☐ **Yes**	☐ **No**

Does the behavior support plan include any form of restrictive or crisis management procedure?	☐ **Yes**	☐ **No**

Specify procedures included in the behavior support plan. Select all that apply.

- ☐ **Time Out (exclusionary)**
- ☐ **Contingent Observation (non-exclusionary)**
- ☐ **Response Blocking**
- ☐ **Response Cost**
- ☐ **Overcorrection (e.g., positive practice, restitution)**
- ☐ **Contingent Exercise**
- ☐ **Contingent Aversive (i.e., noxious, painful) Stimulus Presentation (e.g. bitter substance for mouthing, water mist)**
- ☐ **Dietary Manipulations**
- ☐ **Satiation or Deprivation Procedures**
- ☐ **Systematic Desensitization (gradual exposure – in vivo, flooding)**
- ☐ **Other, Specify**

Did the caregiver provide a written approval for punishment, restrictive or crisis management procedures interventions?	☐ **Yes**	☐ **No**
Does the behavior support plan include custodial or respite care?	☐ **Yes**	☐ **No**

REMINDER: A signed behavior support plan must be provided with the review request that describes the following:

- **Outlines specific and measurable goals**
- **How the direct treatment hours will be delivered at a sufficient intensity to achieve treatment plan goals**
- **Evaluation plan to measure the impact of the treatment on the recipient's behavior/skills**
- **Measure of functional improvement changes that have proven to be durable past the treatment session, confirmed through data and documented in charts and graphs**

Printed Name/Credentials	**Signature**	**Date**

Form date May 2019