



PATIENT INFORMATION

Provider One #		Date of Birth	
Last Name		First Name	

WAC REQUIREMENTS FOR ASD EVALUATIONS AND ABA ORDERS:

- Diagnostic Evaluation completed by a Center of Excellence (COE) or qualified health professional. The evaluation should have test results/findings or clinical findings/ observations confirming the member’s diagnosis and a referral for Applied Behavioral Health (ABA) services, WAC 182-531A-0500.
- Documentation from a COE that indicates the following: Less intrusive or less intensive behavioral interventions have been tried and were not successful AND there is no equally effective alternative available for reducing interfering behaviors, increasing prosocial behaviors, or maintaining desired behaviors, WAC 182-531A-0500. This may be found within a diagnostic evaluation or order for ABA therapy from a COE.

IF YOU WOULD LIKE TO ORDER ABA THERAPY FOR YOUR PATIENT, PLEASE COMPLETE THE FOLLOWING:

I am recommending as a medical necessity that _____ participate in an Applied Behavior Analysis (ABA) program. Behavioral therapy utilizing the method of Applied Behavioral Analysis is the accepted “mainstay” of treatment in autism by the vast majority of experts in our field. _____’s current neurological impairment is inadequately responding to lesser interventions and warrants this recommendation. Without this increase in treatment interventions, it is less likely we will see substantial improvements in _____’s condition. There is no equally effective alternative available for reducing severe interfering behaviors, increasing pro-social behaviors, and achieving desired improvements. ABA services are reasonably expected to result in measurable improvements in _____’s skills and behavior.

PROVIDER INFORMATION

Provider Name	
Title of Provider	
Contact Number	
Signature	
Date	