



Magellan - Screening for ABA

I, _____, have reviewed the following documentation for patient _____, DOB: _____ (select all that apply):

Language of member _____

- Recent treatment plan from patient’s ABA provider
- Diagnostic report from a licensed professional (PhD, PsyD, MD) that is older than 24 months
- Individual Education Plan (IEP) with diagnostic testing detailed
- Diagnostic report
- Diagnostic report from a non-licensed professional from any time period

I have interviewed the parent and the following concerns were expressed by the parent:

- Lack of expressive communication
- Poor eye contact
- Self-stimulatory behaviors (i.e. rocking back and forth, hand flapping, humming, etc.)
- Self-injurious behaviors (i.e. biting self, hitting self, etc.)
- Elopement (running away from home/parent)
- Non-compliance
- Excessive crying/whining/tantrums (outside of age normative levels)

After review of the patients documentations and parent interview the following have been confirmed:

- Diagnosis of Autism and a recommendation of ABA (Attach report)
- Diagnosis of Autism and no recommendation of ABA (other services that are more appropriate are _____)
- CDE needed to determine if member has Autism
- No diagnosis of Autism; follow up testing to rule out (list other mental/behavioral health concerns): _____

Name – Printed

Date

Name – Signed