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**Form --MDHHS Waiver Support Application (WSA) Database  
NorthCare Network Autism Initial Enrollment**

**Name:**

**MCO#:**

**Medicaid ID:**

**Referral Date:**

**Date Autism Evaluation was completed (ADOS – 2):** \_\_\_\_\_

**ADOS-2 Classification: (select one)**

- ☐ Autism
- ☐ ASD
- ☐ Not Qualified

**ADOS-2: (select one)**

- ☐ Module 1 (few to no words)
- ☐ Module 1 (some words)
- ☐ Module 2 (5 years and older)
- ☐ Module 2 (younger than 5 years)
- ☐ Module 3
- ☐ Toddler Module (12 to 30 months with few to no words)
- ☐ Toddler Module (21 to 30 months with some words)

**ADOS-2 Overall Total Score:** \_\_\_\_\_

**Impairment in Social Communication & Social interaction. Lack of: (mark all that apply)**

- ☐ Multiple non-verbal behaviors (*poorly integrated verbal and nonverbal communication; abnormalities in eye contact and body language, lack of facial expressions and nonverbal communication*)
- ☐ Peer Relationships (*developing, maintaining, and understanding relationships. Difficulties in sharing imaginative play or making friends; absence of interest in peers*)
- ☐ Spontaneous sharing (*reduced sharing of interests, emotions, or affect*)
- ☐ Social or emotional reciprocity (*failure of normal back and forth conversations; failure to initiate or respond to social relationships*)

**Restricted, repetitive and stereotypical patterns of behavior, interest and activities (mark all that apply)**

- ☐ Preoccupation in intensity or focus (*fixated interests, strong attachment or preoccupation with unusual objects, excessive or perseverative interests*)
- ☐ Rituals or Routines (*insistence on sameness, inflexible adherence to routines, ritualized patterns of verbal or nonverbal behavior, difficulty with transitions, extreme distress at small changes*)
- ☐ Motor mannerisms (*stereotyped or repetitive motor movements, use of objects, or speech, lining up toys, echolalia, flipping objects*)
- ☐ Preoccupations with objects (*excessive smelling or touching of objects, preoccupation with unusual objects, hyper or hypo indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, fascination with lights or movement*)

**Notes – Additional enrollment details (Max 500 words):**