

2.7.2

Protocol
MDHHS Waiver Support Application (WSA) Database
NorthCare Network Autism Initial Enrollment Form
(Filled out by BCBA)

Name:

MCO#:

Medicaid ID:

Referral Date: The date the referral was received.

Date Autism Evaluation was completed (ADOS – 2): _____

ADOS-2 Classification: (select one) Note: Per MDHHS policy, only children with Autism diagnosis receive EIBI. Children with an Autism Spectrum diagnosis are only eligible for the ABI. HOWEVER, children with the “Autism” diagnosis retain the options to receive ABI.

- 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):