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**MDHHS Waiver Support Application (WSA) Database
NorthCare Network Autism Re-Evaluation (Filled out by BCBA)**

This form is to be completed in its entirety and submitted to Lori Revord/Lucy Wilcox at NorthCare via fax 906-225-5149 or email lrevord@northcarenetwork.org & lwwilcox@northcarenetwork.org (All emails with PHI need to be encrypted). If information is missing, the person completing the form will be notified and responsible for immediate submission of the missing information.

CONSUMER INFORMATION:

Name: _____ DOB: _____ Medicaid ID or MI child: _____

Address: _____ City: _____ Zip: _____

CMSHSP AND SCORING

CMHSP: _____ Person Completing Form: _____ Phone: _____

Re-Evaluation Start Date: _____ Re-Evaluation End Date: _____

VABS-2 Cumulative Score: _____ Socialization Score: _____

Communication Score: _____ Motor Skills Score: _____

Daily Living Skills Score: _____ Maladaptive Behavior Score: _____

IMPAIRMENT IN SOCIAL COMMUNICATION & SOCIAL INTERACTION (Check all that apply):

- Lack of Multiple non-verbal communicative behaviors
- Lack of peer relationships
- Lack of spontaneous sharing
- Lack of social or emotional reciprocity

RESTRICTED, REPETITIVE AND STEROTYPED PATTERNS OF BEHAVIOR, INTERST AND ACTIVITIES (check all that apply):

- Preoccupation in intensity or focus
- Rituals or Routines
- Motor mannerisms
- Preoccupation with objects/sensory input or interest

NOTES/COMMENTS:

Clinician Signature: _____ Date: _____