** Detroit Wayne Integrated Health Network**

**AUTISM BEHAVIORAL HEALTH TREATMENT BENEFIT**

# COMPRENSIVE DIAGNOSTIC EVALUATION & RE-EVALUATION FORM

**Evaluation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medicaid #:\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Provider:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evaluator Name/Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tools Administered:** ADOS-2 ☐ ADI-R ☐ Cognitive ☐ Adaptive ☐ DD-GAS ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADOS-2 Module Administered:** Todd A☐ Todd B ☐ Mod 1A☐ Mod 1B ☐ Mod 2A☐ Mod 2B☐ Mod 3☐Mod 4☐

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

***\*Mod. 4 Only*:** Communication Score: \_\_\_\_\_\_\_\_ Social Interaction Score: \_\_\_\_\_\_\_\_ Comm. + Soc.Int Score: \_\_\_\_\_\_\_\_\_

**Diagnosis / ADOS-2 Classification:**

☐ Autism Disorder **(Comprehensive)**

☐Autism Spectrum Disorder **(Focused)**

☐ Non-Spectrum

**Medical Necessity Criteria for this child:**

1. **Currently demonstrates substantial functional impairment in social communication and social interaction across multiple contexts, Lack of:**

|  |  |
| --- | --- |
|  | **Social-emotional reciprocity**, *ranging, for example, from abnormal social approach and failure of normal back and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.* |
|  | **Nonverbal communicative behaviors used for social interaction**, *ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.* |
|  | **Developing, maintaining, and understanding relationships***, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.* |

1. **Currently demonstrates substantial restricted, repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by the following:**

|  |  |
| --- | --- |
|  | **Stereotyped or repetitive motor movements, use of objects, or speech** (*e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).* |
|  | **Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal nonverbal behavior** *(e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat food every day).* |
|  | **Highly restricted, fixated interests that are abnormal in intensity or focus** (*e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interest).* |
|  | **Hyper- or hypo activity to sensory input or unusual interests in sensory aspects of the environment** *(e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).* |

**Date Feedback Session Completed with Family:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Case Action Requested:** ☐ Not Qualified ☐ Evaluation Only ☐ Enrollment into ASD Benefit

**Name of Person Submitting & Date of Submission:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**