Medical Necessity Assessment (MNA) Clinical Instruction Manual

By RethinkFirst, Inc.

The Medical Necessity Assessment (MNA) Instruction Manual provides specific standardized instructions for filling out each of the MNA Clinical Data Points.

Best Practices When Creating a New Assessment:

- If a Client has never had an MNA, begin with an Initial Service Authorization, to aid in data collection and organization of information for future submissions.
- Once the Initial MNA is completed, subsequent Service Re-Authorizations will auto-fill with pre-selected answers based on the prior MNA submission; these answers can be modified if the response has changed during the last authorization period. This will greatly reduce your manual data entry!
- Special instruction for BH provider customers who used the original MNA, prior to 7/15/24 – If you already completed an Initial or Re-Authorization on the previous version, you may begin with the Service Re-Authorization in this new release, noting that auto-fill will only apply with your subsequent assessment(s).

Clinical Data Points Instructions

*Items are only found on the Initial Service Authorization.

Data Point	MNA Item	Instructions for Completion
		Client Details
1	Client Last Name:	Enter client's last name.
2	Client First Name:	Enter client's first name.
3	Client ID:	Enter client's identification number.
4	Client Date of Birth:	Enter client's date of birth. This will auto-calculate to current age.
5	Client Sex Assigned at Birth:	Select client's sex assigned at birth.
6	Client Gender Identity:	Select client's preferred gender identity from selection box. This may differ from sex assigned at birth. Information is utilized for health equity measures.
7	Client Race/Ethnicity:	Select client's identified race/ethnicity from selection box. Information is utilized for health equity measures.
8	Total Household Income:	Select parent income range. Information is utilized for health equity measures.
9	Parent Education, Highest Level or Degree Completed:	Select highest level of education completed by parent(s). Information is utilized for health equity measures.

10	Client Zip Code:	Enter zip code for client's primary residence. Information is utilized for health equity measures.
Clinical Details		
11	Month/Year of Original Enrollment:	Enter the month and year when the client first started ABA treatment, even if started by a different treatment provider or agency.
12	# of Enrollment Years in ABA Therapy:	Total number of years client has been in ABA treatment from all providers or organizations. Keep gaps in service in mind.
13	Weekly Sessions Availability:	The hours per week the client is routinely available for ABA treatment per week; regardless of the assessed treatment frequency recommendations.
14	Treatment Setting:	Select one or more treatment settings from the list provided to indicate where ABA treatment is occurring.
15	Client Enrolled in School:	School includes grades Kindergarten- Highschool. Preschool/Daycare and Post-high school/ College are not considered school for purposes of this question.
16	Is Client Receiving Medically Necessary ABA in School Setting?	Medically necessary ABA in school setting excludes services purely targeting academics, paraprofessional support, school shadowing. Medically necessary ABA includes goals addressing core deficits of ASD, behavioral excesses, and deficits. Number of weekly hours of ABA in school should be entered to reflect accurate amount.
17	Level of Clinical Support Needed:	Based on the diagnostic evaluation report and provider treatment report: Mark "Mild" for Autism level 1, requires support Mark "Moderate" for Autism level 2, requires substantial support Mark "Severe" for Autism level 3, requires very substantial support
Provider Record		
18	Individual NPI:	Enter unique 10 digit NPI number assigned to individual provider.
19	Provider Last Name:	Enter Provider Last Name.
20	Provider First Name:	Enter Provider First Name.
21	Group Name:	Enter full legal business name of provider group. Do not use abbreviations.
22	Group NPI:	Enter unique 10 digit NPI number assigned to provider group
23	Tax ID:	Enter 9 digit Tax ID associated with provider group name.
Provider Hours Requested		

24	Provider Hours Requested by CPT Code:	Enter hours per week requested for each CPT code. Codes not utilized can be left blank or may have "0" entered. 97151: Behavior Identification Assessment (Hours per auth) 97152: Behavior Identification Supporting Assessment (Hours per auth) 97153: Adaptive Behavior Treatment by Protocol (Hours per week) 97154: Group Adaptive Behavior Treatment by Protocol (Hours per week) 97155: Adaptive Behavior Treatment with Protocol Modification (Hours per week) 97156: Family Adaptive Behavior Treatment Guidance (Hours per week) 97157: Multiple-family Group Adaptive Behavior Treatment Guidance (Hours per week) 97158: Group Adaptive Behavior Treatment with Protocol Modification (Hours per week) 0362T: Exposure Code- Behavior Identification Supporting Assessment with Four Required Components (Hours per week) 0373T: Exposure Code- Adaptive Behavior Treatment with Protocol Modification with Four Components Required (Hours per week) If payer does not recognize these codes, user should enter hours above based on closest map to code description
Treatment Plan Considerations		
25	*Record Review of Diagnostic Evaluation Report:	Refer to the medical policy guiding authorization of ABA care to determine which components of a comprehensive evaluation need to be reviewed to mark "Present". A comprehensive review of client's multi-disciplinary diagnostic evaluation includes if completed: Physician evaluation including history and physical with a listing of all co-morbid conditions; neurological evaluation, psychological evaluation including standardized Autism Diagnostic Assessments, co-morbid behavior conditions, identified social determinants of health, and cognitive assessment. Evidence for review of Speech and language evaluation, Physical Therapy evaluation, Occupational Therapy evaluation, and Educational Evaluation may also be present, but is not required. Standardized Autism diagnostic assessments include the: Autism Diagnostic Interview revised (ADI-R), Autism Diagnostic Observation

		Schedule second edition (ADOS-2), and the Social Responsiveness Scale second edition (SRS-2). Standardized Cognitive Assessments include the: Bayley Scale of Infant Development, Kaufmann Assessment Battery for Children second edition (K-ABC-II), Leiter International Performance Scale-R, Mullen Scales of Early Learning, Test of Non-Verbal Intelligence fourth edition (TONI-4) Wechsler Intelligence Scale for Children fourth edition (WISC-IV), Wechsler Preschool and Primary Scale of Intelligence third edition (WPPSI-III)
26	*Report Type:	Choose one or more of the following used for diagnostic evaluation: Prescription for ABA completed by diagnostician. Standardized Autism diagnostic assessments include the: Autism Diagnostic Interview revised (ADI-R), Autism Diagnostic Observation Schedule second edition (ADOS-2), and the Social Responsiveness Scale second edition (SRS-2). Cognitive Developmental Evaluation: Standardized Cognitive Assessments include the: Bayley Scale of Infant Development, Kaufmann Assessment Battery for Children second edition (K-ABC-II), Leiter International Performance Scale-R, Mullen Scales of Early Learning, Test of Non-Verbal Intelligence fourth edition (TONI-4) Wechsler Intelligence Scale for Children fourth edition (WISC-IV), Wechsler Preschool and Primary Scale of Intelligence third edition (WPPSI-III). Adaptive Behavior Evaluation: Vineland-3, BASC-3, ABAS-3 SLP/Hearing/OT Evaluation: Select if 1 or more of these is required and has been completed. Review of Systems: Systems enquiry or systems review- questions designed to uncover recent symptoms, disease, or dysfunction in organ systems. Select if required and has been completed.

27	*Record Review of Therapy Evaluation:	Only one of the following items needs to be present to mark "Present". Thorough review of client's multi-disciplinary therapy recommendations including behavior therapy, prescription therapy, medical therapy, physical therapy, occupational therapy, and speech and language therapy.
28	Medical Co-morbidity:	Client has a diagnosis of medical condition(s) to mark as "Present".
29	Diagnosed Medical Condition:	Select one or more diagnosed medical conditions. If "other" is selected, indicate how many "other" diagnosed medical conditions exist (excluding any diagnoses named in the drop-down selection menu) If "other" is selected, type the name of the diagnosed medical conditions (excluding any diagnoses named in the drop-down selection menu).
30	Does Disorder Complicate Progress and/or Attendance?	Mark "present" when the medical disorder causes increased length of time to target/master goals and/or disrupts attendance (i.e., seizures causing regression, immune disorders limiting session attendance etc.).
31	Coordination of Care with other Medical Providers:	Mark "present" when provider has coordinated care with other medical providers, including but not limited to pediatrician, primary care physician, neurologist, gastroenterologist, geneticist, audiologist, nutritionist, regarding client's treatment within the previous 6 month/authorization period.
32	Behavioral Health Co-morbidity:	Client has a diagnosis of behavioral health condition to mark as "Present".
33	Diagnosed Behavioral Health Condition:	Select one or more diagnosed medical conditions. If "other" is selected, indicate how many "other" diagnosed behavioral health conditions exist (excluding any diagnoses named in the drop-down selection menu) If "other" is selected, type the name of the diagnosed behavioral health conditions (excluding any diagnoses named in the drop-down selection menu).
34	Does Disorder Complicate Progress and/or Attendance?	Mark "present" when the behavioral health disorder causes increased length of time to target/master goals and/or disrupts attendance (i.e., Anxiety requires more frequent breaks, bipolar disorder impedes attendance).

35	Coordination of Care with Other Behavioral Health Providers:	Mark “present” when provider has coordinated care with other behavioral health providers, including but not limited to psychologist, psychiatrist, social worker, counselor, outpatient therapist regarding client’s treatment within the previous 6 month/authorization period or prior to initial treatment if form being completed is for initial treatment.
36	Eating/Feeding Concerns:	Mark “present” if client exhibits food selectivity, has a feeding tube, swallowing disorder etc.
37	Sleep Concerns:	Mark “present” if client exhibits sleep concerns such as sleeping more/less than typically expected.
38	Intellectual Disability:	Mark “present” if client has a diagnosed intellectual disability and indicate applicable severity as mild, moderate, severe, profound based on diagnostic code. Select severity of diagnosed Intellectual Disability as outlined by the DSM-V: Mild 317.0, Moderate 318.0, Severe 318.1, Profound 318.2
39	Enrolled in Services Other than ABA:	Select “Present” if client is enrolled in other therapeutic services.
40	Other Service(s):	Select other services client receives, such as Speech Language Therapy, Occupational Therapy, Physical Therapy, Counseling, Other.
41	Hours:	Enter hours per week client receives/plans to receive as applicable to each service type chosen above.
42	Coordination of Care:	Select “Present” if coordination of care occurred between ABA provider and other service delivery professionals (excluding medical and/or behavioral health professionals) during the last authorization period.
Assessments		
43	Use of Norm Referenced Standardized Assessment:	Only one of the following items needs to be present to mark “Present”. Standardized Adaptive Assessment Instruments including the: Pervasive Developmental Disorder Behavior Inventory (PDDBI), Personalized System of Instruction (PSI), Social Responsiveness Scale Second Edition (SRS-2), Stress Index for Adolescents of Parents (SIPA), Vineland Adaptive Behavior Scale (VABS or Vineland -3), Behavior Assessment System for Children (BASC), Adaptive Behavior Assessment System (ABAS-3). If norm based standard assessments outside of the above list are being used, mark “Present” and recorded the name of the assessment in the Progress Tracker Form Notes. Include current (most recent) score. Previous score will auto-populate in “Previous Score” box.

		When provider changes assessment types, indicate using “Change in Assessment Used” button and enter score to new assessment.
44	Specify Measure Used:	Specify all instruments reported during the last authorization period.
45	Assessment Score:	Enter score(s) for each Norm Referenced Standardized Assessment chosen above/completed during the last authorization period. As applicable, enter the following scores: PDDBI: Composite Score PSI: Total Stress Percentile Score SIPA: Total Stress Percentile Score SRS-2: Total T-Score Vineland-3: Adaptive Behavior Composite Score BASC: Adaptive Skills Score ABAS-3: General Adaptive Composite Score
46	Use of Criterion Referenced / Development Assessment:	Only one of the following items needs to be present to mark “Present”. Criterion Reference/ Development Assessments Include: Assessment of Basic Language and Learning Skills (ABLLS), Assessment of Functional Living Skills (AFLS), Essential for Living (EFL), Promoting the Emergence of Advanced Knowledge (PEAK), and Verbal Behavior Milestones Assessment and Placement Program (VBMAPP)
47	ABA Criterion Assessment Name:	Specify all instruments reported during the last authorization period. When provider changes assessment types, select new assessment type, as applicable.
48	Criterion Referenced Assessment Score:	Enter score(s) for each Criterion Referenced/Developmental Assessment chosen above/completed during the last authorization period. * Include current (most recent) score. Previous score will auto-populate in “Previous Score” box. If VB-MAPP, 3 text boxes for scores appear (Milestones, Barriers, Transitions - NOTE, only Milestones is required.
Responsivity to Treatment		
49	Number of Parent Goals Met:	Count 1 for each parent goals met over the last authorization period.
50	Implemented 80% or more of recommended treatment:	Mark “no” if the provider indicates for any reason, including those listed above, client participated in less than 80% of goals or scheduled

		treatment hours. This includes staffing issues, scheduling conflicts, frequent cancelations, illness, and/or limited training opportunities.
51	Total Number of Skill Acquisition Goals Last 6 months of treatment:	Input the total number of skill acquisition goals on the client's previously approved treatment plan. If less than or more than a six-month period, reflect total number of months reviewed in the notes section.
52	Total Number of Mastered Skill Acquisition Goals Last 6 Months of Treatment:	Of the total number of skill acquisition goals on the client's previously approved treatment plan, input the total number of mastered goals. If less than or more than a six-month period, reflect total number of months reviewed in the notes section.
53	Total Number of Behavior Reduction Goals Last 6 Months of Treatment:	Input total number of behavior reduction goals on the client's previously approved treatment plan. If less than or more than a six-month period, reflect total number of months reviewed in the notes section.
54	Total Number of Mastered Behavior Reduction Goals Last 6 Months of Treatment:	Of the total number of behavior reduction goals on the client's previously approved treatment plan, input the total number of mastered goals. If less than or more than a six-month period, reflect total number of months reviewed in the notes section.
Goal Considerations		
55	*Baseline Data:	Mark "Yes" if Baseline data includes 3 or more points of baseline data. Mark "No" if 2 or fewer points of baseline data are present. Baseline data is defined as data obtained prior to or at the onset of an intervention that serves as a basis for comparison with data collected at a later point in time to assess the effects of ABA treatment.
56	Updated Treatment Data Submitted:	Mark "Yes" if data indicated goal progress and/or regression has been submitted and updated from the previous authorization request.
57	Behavior Plan Present:	Select "Present" if data containing Individualized behavior plan relevant to client's social and behavioral excesses and deficits has been submitted.
58	Level of Confidence (Percent) in Parent Ability to Implement Behavior Plan:	Enter percentage of parent(s) ability to apply client specific behavior interventions outlined by the treating provider and designed to support caregiver interventions outside of ABA therapy settings. **
59	Number of Proposed Parent Goals:	Total number of treatment goals recommended over the next authorization period to be targeted with parent.

60	Number of Goals Recommended in Treatment:	Total number of treatment goals recommended over the next authorization period (includes behavior reduction and skill acquisition).
61	Development Domains Addressed:	To count, the development domains must be addressed in the proposed treatment goals over the next authorization period. Count 1 for each category of developmental domains addressed. The six Domains of Development categories are: 1. expressive language, 2. receptive language, 3. pragmatic communication, 4. adaptive skills, 5. behaviors, 6. parent training/ consultation.
62	Number of Social Communication Goals:	To count, the social communication goal must be addressed in the proposed treatment goals over the next authorization period. Count of 1 for each goal that addresses a social communication deficit or excess. Social Communication goals focus on the ability to share information and include goals to improve language processing, use of alternative communication devices, and non-verbal language.
63	Number of Social Interaction Goals:	To count, the social interaction goal must be addressed in the proposed treatment goals over the next authorization period. Count of 1 for each goal that addresses a social interaction deficit or excess. Social Interaction goals focus on reciprocal social interactions and include goals to improve social interaction, social cognition, and pragmatic communication.
64	Number of Restricted/ Repetitive Behavior Goals:	To count, the restrictive / repetitive behavior goal must be addressed in the proposed treatment goals over the next authorization period. Count of 1 for each goal that addresses a restrictive / repetitive behavior deficit or excess. Restrictive/ Repetitive Behavior Goals address behaviors including restricted patterns of interest (e.g., having very specific knowledge of vacuum cleaners to the exclusion of other interests), adherence to

		specific nonfunctional routines (e.g., insisting on taking a certain route to school), repetitive motor manner (e.g., hand flapping), and or preoccupation with parts of object (e.g., peer at wheels on a toy car while spinning them).
65	Social and Behavioral Excesses and Deficits	If social and/or behavioral excesses or deficits are present, select “yes” and see options below. Select “no”, if not present.
66	-Elopement:	Only 1 topography of elopement is needed to be present as part of the treatment goals or evaluation information submitted to be marked “Present”. Examples include wandering; leaving safe space or designated area without caregiver supervision or permission.
67	-Noncompliance:	Only 1 topography of noncompliance is needed to be present as part of the treatment goals or evaluation information submitted to be marked “Present”. Examples include: failure to follow an instruction within a specified period of time. Can include passive noncompliance, simple refusal, direct defiance, negotiation.
68	-Rumination:	Only 1 topography of rumination is needed to be present as part of the treatment goals or evaluation information submitted to be marked “Present”. Examples include: regurgitation of previously ingested food into the mouth, re-chewing, re-swallowing and/or expelling that food.
69	-Mouthing:	Only 1 topography of mouthing is needed to be present as part of the treatment goals or evaluation information submitted to be marked “Present”. Examples include: placing inedible objects to/within the mouth. Can include licking items and/or chewing on inedible items without ingesting.
70	-Screaming:	Only 1 topography of screaming is needed to be present as part of the treatment goals or evaluation information submitted to be marked “Present”. Examples include: making noises at increased volume relevant to the environment beyond those expected for emergency or other scenarios.

71	-Stereotypy:	Only 1 topography of stereotypy is needed to be present as part of the treatment goals or evaluation information submitted to be marked "Present". Examples include repetitive motor movements with or without items such as: hand/arm flapping, looking out corner of eyes, staring into lights, lining items up, repeatedly touching items in set order, spinning wheels, shaking items, rocking body, body spinning, running back/forth. Examples include repetitive vocal non-contextual or non-functional speech/sounds such as: singing, babbling, grunts, squeals, phrases unrelated to the present situation, echolalia.
72	-Fixated Interests:	Only 1 topography of fixated interests is needed to be present as part of the treatment goals or evaluation information submitted to be marked "Present". Examples include intense focus surrounding certain topic or area of interest such as: practicing a skill, reading books/watching shows about single topic repeatedly, conversations with others are limited to the topic.
73	-Limited or Exaggerated Facial Expressions:	Only 1 topography of limited or exaggerated facial expressions is needed to be present as part of the treatment goals or evaluation information submitted to be marked "Present". Examples include: difficulty making appropriate expressions at the right time, remaining expressionless, producing looks that are difficult to interpret, overly exaggerating expected expressions.
74	-Limited Vocal Verbal Communication:	Only 1 topography of limited vocal verbal communication needs to be present as part of the treatment goals or evaluation information submitted to be marked "Present". Examples include: minimal to no vocal verbal speech produced for communicative purposes. May or may have ability to communicate via pointing, pulling others to items, PECS, sign language or AAC device.
75	-Unusual Volume, Pitch, Intonation, Rate, Rhythm:	Only 1 topography of within the realm of unusual volume, pitch, intonation, rate, or rhythm need to be present as part of the treatment goals or evaluation information submitted to be marked "Present". Examples include: high-pitched or sing song voice, robotic or flat affect, hurried or slowed rate of speech, speaking loudly or whispering

76	-Poor Non-Verbal Communication Skills:	Only 1 topography of poor non-verbal communication skills need to be present as part of the treatment goals or evaluation information submitted to be marked “Present”. Examples include: avoid eye contact, unmindful of personal space, difficulty responding to/understanding facial expressions and body language, lack of use of gestures
77	-Difficulty Explaining Feelings using Words:	Only 1 topography of difficulty explaining feelings using words needs to be present as part of the treatment goals or evaluation information submitted to be marked “Present”. Examples include: deficient ability to sharing emotions in back-and-forth conversation vocally or through sign language, PECS or AAC device
78	-Inappropriate Body Postures:	Only 1 topography of inappropriate body postures need to be present as part of the treatment goals or evaluation information submitted to be marked “Present”. Examples include: holding hands/fingers are specific angles, arching back while seated
79	-Difficulty Coordinating Own Verbal and Non-verbal Communication:	Only 1 topography of difficulty coordinating own verbal and non-verbal communication need to be present as part of the treatment goals or evaluation information submitted to be marked “Present”. Examples include: gestures, body language and/or facial expressions are not meaningful to speech context and/or do not match speech intent
80	-Hypo or Hyper-reactivity to Sensory Input:	Only 1 topography of hypo or hyper-reactivity to sensory input need to be present as part of the treatment goals or evaluation information submitted to be marked “Present”. Examples include: covering ears in response to noise, closing eyes in response to light, crashing into furniture/walls, smell sensitivity, food taste/texture sensitivity, tactile sensitivity to clothing/touch/getting messy/wet
81	-Inflexible Adherence to Routines:	Only 1 topography of inflexible adherence to routines need to be present as part of the treatment goals or evaluation information submitted to be marked “Present”. Examples include: perseveration on driving route, placement of objects, use of specific utensils, food brands/types, daily schedule, inability or decreased ability to tolerate change and/or new situations

82	-Inappropriate Sexual Behavior:	Only 1 topography of inappropriate sexual behavior needs to be present as part of the treatment goals or evaluation information submitted to be marked “Present”. Examples include: hyper-masturbation, public masturbation, inappropriate romantic gestures, inappropriate arousal, and exhibitionism.
83	-Aggression:	Only 1 topography of aggression needs to be present as part of the treatment goals or evaluation information submitted to be marked “Present”. Examples include: any completed, attempted, or blocked response that could cause injury to another person. This includes but is not limited to slapping, scratching, kicking, pinching, pushing, head butting, and throwing objects at people. Non-example includes: giving high-five, giving someone a hug.
84	-Property Destruction:	Only 1 topography of property destruction needs to be present as part of the treatment goals or evaluation information submitted to be marked “Present”. Examples include: any completed or blocked response that could cause damage to materials or any other objects or surfaces within the immediate environment. This includes throwing objects, kicking/hitting objects, over-turning furniture, climbing on objects, and swiping objects from a table or other surface. Non-example includes: Playing catch during play or bumping into table and knocking off materials.
85	-Pica:	Only 1 topography of PICA needs to be present as part of the treatment goals or evaluation information submitted to be marked “Present”. Examples include: repeated eating of things that are not food like paper, plants, plastic or stones.
86	-Self Injury:	Only 1 topography of self injury needs to be present as part of the treatment goals or evaluation information submitted to be marked “Present”. Examples include: any completed or blocked response that is self-directed such that repetition of the behavior over time has or will

		cause bodily injury. This includes but is not limited to head banging, self-hitting, biting, eye-poking, hair pulling, and punching. Non-examples includes: scratching head, tapping foot against floor.
87	-Other:	Select this option if client engages in social or behavioral excesses or deficits not captured in the choices above.
88	Has a Functional Behavior Assessment been Conducted:	Provider record must indicate that an FBA has been completed for at least one target behavior to mark "Yes". On Initial Service Form, mark "Yes" if provider plans to complete an FBA within the first 3 months of treatment. Not applicable applies when there are no target behaviors within the treatment plan which would require an FBA. Functional Behavior Assessment: comprises descriptive assessment procedures designed to identify environmental events that occur just before and just after the occurrences of potential target behaviors and that may influence those behaviors. That information may be gathered by interviewing the client's caregivers; having caregivers complete checklists, rating scales, or questionnaires; and/ or observing and recording occurrences of targe behaviors and environmental events in every situations. (AMA CPT, 2021).
		Barriers to Treatment/Progress
89	Frequent Illness:	Mark "Present" if the provider indicates client illness does not allow client to routinely attend or fully participate in ABA treatment sessions for greater than 20% of scheduled treatment hours.
90	Frequent Cancellations:	Mark "Present" if the provider indicates client/ caregiver canceled scheduled ABA treatment routinely and missed greater than 20% of scheduled treatment hours. This does not include instances where the provider is unable to staff for scheduled sessions.
91	Limited Parent Training Opportunities	Mark "Present" if the provider indicates limited training opportunities impact greater than 20% of treatment goals. Limited Training Opportunities is evidenced by the routine unavailability to focus on treatment goals due to environmental limitations. For example, unable to work on peer social interactions because peers are not available to complete target objectives or target behaviors only occur in a situation not conducive or available for ABA interventions.

92	*Waitlisted Prior to Current Treatment Request:	Mark “yes” if client has been waitlisted, without receiving full recommendation of treatment hours, in the 6 months preceding the current treatment request. Estimated Waitlist Length: Select applicable time frame for how long client was placed on waitlist prior to initiating current treatment.
93	Medication Change:	Mark “Present” if client experienced a medication change within the authorization period AND the change affected treatment adherence, attendance, progress, maintenance of skills or other detrimental effect.
94	Is Coordination of Care Occurring:	Mark “Present” if coordination of care is occurring between ABA provider and prescribing physician which may include but is not limited to data collection, discussion of behavioral excesses/deficits affected by medication, sharing of graphs/notes.
95	Social Determinants of Health Concerns	Select applicable areas of concern if client/family encounters the following: • Inability to access quality health care (accessing providers due to waitlists, geography, network) and/or other health problems not being addressed. • Lack of access to appropriate, quality education due to geography, inappropriate school placement, social discrimination, bullying • Limited community involvement, such as within social groups, hobbies, Special Olympics, access to cultural or religious groups Economic instability: ability to afford food/housing/co-pays, bills. • Neighborhood: limited access to healthy food/water, safety concerns due to housing location, poor quality of housing If none of the above are applicable, mark “None”- for no concerns related to Social Determinants of Health.

Diagnostic Symptom Considerations

Symptom Severity- The five Autism Symptom severity criteria per the DSMV-R are listed. Choose the category of symptoms that best fits the information submitted by the provider as reflected in the submitted ABA evaluation and treatment plan.

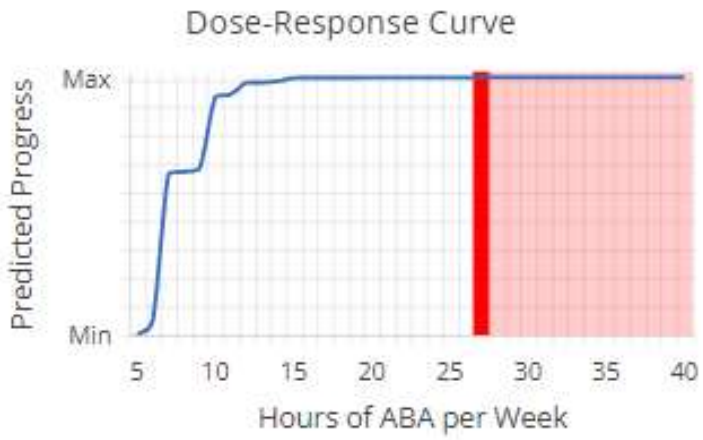
	Area	N/A	Minor	Major	Severe
96	Repetitive and Restricted Behaviors: Stereotyped or	Not an active symptom	Some stereotyped/ repetitive motor movements, use of	Stereotyped/ repetitive motor movements, use of	Extreme difficulty coping with

	repetitive motor movements, use of objects or speech. Insistence on sameness, inflexible adherence to routines or ritualized patterns of verbal or nonverbal behavior. Highly restricted, fixated interests that are abnormal in intensity or focus.		objects or speech. Trouble adhering to routines, some restricted interests.	objects or speech are obvious to casual observer. Narrow, specific interests; difficulty coping with change to routine and surroundings.	unexpected changes to routine/environment, trouble changing behaviors
97	Communication: Deficits in 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	Not an active symptom	Verbal language observed but obvious communication difficulty exists	Poorly integrated verbal and nonverbal communication, abnormalities in eye contact/body language. Deficits in understanding and use of gestures	Highly visible lack of verbal and nonverbal communication
98	Relationships: Deficits in 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	Not an active symptom	Some difficulty adjusting behavior to suit various social contexts and creating relationships	Obvious difficulty developing, maintaining, understanding relationships, imaginative play and making friends.	Absence of interest in others, including peers. Very limited desire to form or maintain relationships

99	Social: Deficits in 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	Not an active symptom	Decreased interest in social interactions. Ability to engage in social skills but may struggle to maintain interactions	Unusual responses to social cues, reduced sharing of interests, emotions, or affect. Decreased ability to initiate interactions with others.	Failure to initiate or respond to social interactions.
100	Sensory: Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment	Not an active symptom	Unusual but limited hyper- or hyporeactivity to sensory input or unusual interest. Does not impede or interfere with relationships or learning.	Unusual hyper- or hyporeactivity to sensory input or unusual interests that are easily redirected, may not interfere with learning but may interfere with peer interactions	Hyper- or hyporeactivity to sensory input or unusual interest are significant and often impede learning.

Form Results Screen		
Summarizes information, hours recommendation and client details to validate information prior to completion and confirm provider's agreement.		
101	MNA Recommendation	Table shows minimum direct treatment hours recommended by Rethink's AI driven Medical Necessity Assessment, comparison to the preliminary hours provider indicated they would request for direct service codes and a summary of hours of other services the client receives per week (speech, OT, PT, Counseling). ABA Type Recommended: • If 5-9 hours are recommended, Consultative Treatment is recommended • If 10-25 hours are recommended, Focused Treatment is recommended • If 26-40 hours are recommended, Comprehensive Treatment is recommended

		Note: More hours may be recommended by the provider for clinical considerations not captured in the MNA. Examples: high frequency/intensity/duration of aggressive/destructive/self-injurious behavior, change in family dynamic such as divorce where additional hours are needed to train across settings/caregivers, recent regression of skills, preparing to transition to less restrictive environment etc. When submitting to 3rd party payors, the provider may want to provide additional clinical rationale in circumstances where more hours are requested than the MNA recommends.
102	Dose Response Curve	This graph shows the predicted progress to be made (y-axis) based on the number of hours of ABA they would receive (x-axis), between 5 and 40. The solid red line shows the minimum hours recommended by the algorithm for optimal progress. The objective of this Dose Response curve is to increase transparency around predicted progress for all possible weekly ABA hour amounts. Weekly Minimal ABA Hours Recommended (Red line) equates to the actual optimal number of hours of ABA when optimal is defined as predicted progress made relative to hours of ABA delivered. As hours of treatment increase, predicted progress typically continues to increase until this value. Optimal Predicted Progress Range (Pink band) outlines minimal to highest weekly ABA Hour Recommended that maximize predicted progress. There may be clinical considerations not currently captured that would result in an authorization request higher than the Weekly Minimal ABA value specified in the Results Screen.

		 *NOTE: Algorithm recommends the minimal number of hours per week at which optimal progress is expected (red line). In select cases, the graph may appear to plateau before the red line. Minor incremental increases in progress are seen at those hours and may be difficult for the graph to show.*
103	Provider Consideration Flags	The consideration flags are items frequently assessed by health plans during their review of medically necessary services. These flags can be used by providers to assist in writing requests for authorization, to include rationale for treatment decisions and/or to indicate areas of need for the client/family such as resources or referrals. See definitions and recommendations for each flag in the section below.
104	Form Summary	Used to summarize data input into the form and for user to verify accuracy of data entry.
105	Provider Agreement	Used to measure provider agreement with MNA recommendation. The agreement range is shown on the screen. If provider agrees that the medically necessary hours for direct ABA services falls within the presented range, select yes. If the provider does not agree and believes the medically necessary hours for direct ABA services fall outside of the presented range, select no. If no is selected, indicate primary reason for disagreement from drop down • Scheduling/Availability • Parent Request • Speed of Skill Acquisition/Generalization

		• Level of Interfering Behaviors • Transitioning into or out of treatment • Other (please write) Indicate specific number of hours provider recommends for direct services per week (1:1 and/or group). Comments can be entered to expand on agreement/disagreement rationale as needed.

Consideration Flag Definitions:

Consideration Flag Name	Definition
School Enrollment Concern	Provide information on how/where/when client receives academic education
Length in Treatment	Review for historical progress, developmental appropriateness of goals, transition planning
Age with High Availability	Detail how/when client receives this amount of treatment when client receives academic education
Age and Severity with Low Availability	Consider if treatment level is sufficient for clinically significant progress
No Functional Behavior Assessment	Indicate how behavior plan was developed based on function(s) of aberrant behavior if FBA not completed to ensure quality of care
No Criterion Assessment	Provide information to show how goals were developed for treatment plan and how progress will be shown in quantitative measure
Medical Co-Morbidity Present	Provide information on how barriers related to progress/attendance are being addressed by provider, levels of coordination of care with medical provider
Behavioral Health Co-Morbidity Present	Provide information on how barriers related to progress/attendance are being addressed by provider, levels of coordination of care with behavioral health provider(s).
Intellectual Disability Present	Monitor for progress, coordination of care
Parent Participation Concern	Provide information to show how skills are being generalized and maintained across caregivers and settings, how aberrant behaviors are being handled in home/community by parents to ensure consistency of care
No Services Other than ABA	Consider indicating if referrals are needed.
No Coordination of Care for Other Services	Monitor for rate of progress over time and potential need to coordinate care. Consider providing rationale for lack of care coordination.

Missing Baseline Data	Detail any information as basis for comparison with data collected at a later point in time so as to assess the effects of ABA treatment
No Goals Recommended	Provide information to show how provider is actively treating symptoms of ASD for the requested hours/week.
No Developmental Domains Addressed	Provide information to show how provider is actively treating symptoms of ASD for the requested hours/week.
Waitlisted	Monitor for access to care and potential need for referrals to other network providers
Medication Change with no Coordination	Provide information to show how BCBA informs prescribing physician of behavioral changes (progress, regression, new aberrant behaviors etc.), if BCBA considers side effects of medication when treatment planning.
Social Determinant(s) of Health	Include details if applicable
Potential Regression Concern	Monitor for regression and cause. Consider the appropriateness of transition plan.
No Action Plan	Action plan to address lack of progress may be needed.
Provider Hours 97155	Provide rationale for higher than typical usage of protocol modification.
Provider Hours 97156	Provide information to show how skills will generalize to parents/caregivers and across settings. Rationale for lack of parent training.
Clinical Review Needed 0362T	Provide clinical rationale to describe destructive behavior including details of assessment environment customized to the client's behavior
Clinical Review Needed 0373T	Provide clinical rationale for frequency, intensity, severity of destructive behaviors, details regarding environment, plan for transitioning away from 2:1 and how both therapists are actively involved in treatment protocol including treatment plan for training alternate responses to severe destructive behaviors.
Waitlist Time Frame/Expected Start of ABA	Ensure client has adequate access to treatment. If timeframe is extensive, referrals to other providers may be needed.