

**Questions asked of the provider at the time of submitting a Prior Authorization Request (PAR) for Pediatric Behavioral Therapy**

- Did the client receive eligibility for Medicaid after some of the requested services were provided?
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- Is this an Early Intervention Service?
- Is there an IFSP in effect?
- Untimely PAR request? If yes, explain on the Summary Tab.
- Has the child received behavioral therapy services from your organization in the past 0-6 months?
- Has the child received behavioral therapy services from a different organization in the past 0-6 months?
- How long was the child on a wait list prior to scheduling the assessment?
- Has the child been diagnosed with a condition for which behavioral therapy services are recognized as therapeutically appropriate?
- What screening tool was used to determine the need for behavioral therapy?
- Does the child behavior or skill deficit interfere with participation in home, school, or community activities?
- Does the child present a safety risk to themselves or others? Select all that apply
  - Injury to self
  - Aggression towards others
  - Destruction of property
  - Stereotyped or repetitive behaviors
  - Elopement tendencies
  - Is the child medically stable and can remain in a home environment without the need for 24-hour monitoring?
  - Is the primary caregiver willing and able to support the child's therapy?
  - What percentage of progress overall has the child made toward previous goals?

Have less intrusive or less intensive behavior interventions been provided or considered?

Have other therapy services such as occupational therapy, physical therapy, or speech therapy been provided or considered?

Is it your professional opinion that no equally effective alternative is available for reducing interfering behaviors, increasing prosocial behaviors, or maintaining desired behaviors?

Additionally the Provider is asked to provide:

1. A signed comprehensive diagnostic evaluation performed within the previous 12 months by a qualified health care professional such as the client's physician, nurse practitioner, or psychologist who prescribed/recommends behavioral therapy services.
2. The name of the completed and signed screening questionnaire, including the date completed and significant results.
3. Documentation that the client is medically stable and with a need for 24 hour monitoring or procedures provided in a hospital or intermediate care facility.
4. A signed current treatment plan to include meaningful, measurable, functional improvement changes, or documentation of significant interfering events if applicable. Please include the before mentioned criteria and how behavioral changes have been used outside the treatment setting including the client's residence and the larger community within which the client resides and a plan to address challenges encountered during the previously authorized services.