

**Instructions for Completing
Form DMS-641 ER – Applied Behavior Analysis (ABA) Therapy Services
INITIAL EVALUATION REFERRAL (ER)**

Referring Provider’s office must always complete the following:

- Patient Name – Enter the patient’s full name.
- Medicaid ID # – Enter the patient’s Medicaid ID number.
- Patient Date of Birth – Enter the patient’s date of birth.
- Date Patient Was Last Seen In Office – Enter the date of the patient’s last office visit. This could have been for a complete physical examination, a routine check-up, or office visit for other reasons.
- Primary Care Provider (PCP) or Substitute/Affiliated Physician Name and Medicaid ID # – Print the name of the referring PCP or substitute/affiliated physician and their Medicaid ID number.
- Is Referring Practitioner the Patient’s Arkansas Medicaid Assigned PCP – Check the box indicating whether the referring practitioner signing the DMS-641ER is the patient’s Arkansas Medicaid assigned PCP. Check the box to indicate yes or no.
 - If a substitute or affiliated PCP/physician is issuing a patient’s referral, then the name and Medicaid # of the patient’s Arkansas Medicaid assigned PCP must be provided along with the reason the assigned PCP is unavailable. See Sections 171.600 and 212.300 of the Applied Behavior Analysis Therapy Service Medicaid manual regarding permitted substitutes for a patient’s assigned PCP.
- Diagnosis/ICD 10 Code – The patient’s primary diagnosis must be autism spectrum disorder to be eligible for applied behavior analysis services, and the PCP or substitute/affiliated physician should enter any secondary (if applicable) diagnoses and corresponding international classification of diseases (ICD) – 10th revision code(s) applicable to the diagnosis.
- Licensed Professionals who Diagnosed Autism Spectrum Disorder: An ASD diagnosis (as defined by Ark. Code Ann. § 20-77-124) requires at least two (2) of the listed licensed professionals to either independently or as part of a team conclude the patient fully meets the ASD diagnostic criteria under the most recent edition of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders. The referring PCP or substitute/affiliated physician must check the boxes of the licensed professionals who diagnosed the patient’s ASD.
- Basis for Referral – Enter the reason that the PCP or substitute/affiliated physician is referring the patient for evaluation. Examples would include without limitation any maladaptive behaviors observed, the results of an administered developmental screen, a description of skill deficits, etc.
- PCP or Substitute/Affiliated Physician Signature and Date – The referring PCP or substitute/affiliated physician must sign and date the DMS-641 ER in their original signature unless electronic signature is used. Medicaid’s criteria for electronic signatures as stated in Ark. Code Ann. § 25-31-103 must be met. Providers will be compliant if a scanned copy of the original document is kept in a format that can be retrieved for a specific beneficiary.