

# Applied Behavioral Analysis Outpatient Treatment Request Checklist

Including the following clinical information will aid in the timely processing of the request

## For initial treatment requests:

- Comprehensive diagnostic evaluation (typically within 0-5 years) indicating diagnosis eligible for ABA treatment and recommendation for ABA from a qualified provider, if required
- Social, developmental, and medical history, including current medication(s) and comorbid diagnoses
- Information regarding prior and current services received (e.g., Early Steps, IEP, OT, PT, ST, ABA, BHOP, etc.)
- Requested codes and dates of service
  - If request exceeds the market standard of 8-10 hours for assessment/reassessment, please include rationale specific to the member's needs.
- Proposed treatment schedule, including ABA services, other therapies, school schedule, and naps
  - If there is discrepancy between hours requested and member's availability for services, please provide rationale and coordination plan with other providers.
- Assessment tool data (e.g., VB-MAPP, ABLLS-R, AFLS, EFL, etc.) that is appropriate for member based on chronological age and developmental level, along with description of current communication status (e.g., vocal, utilizes AAC device, etc.)
  - Please note: some portions of assessment tools may not meet the coverage criteria. Each case is reviewed on an individual basis and additional rationale may be requested.
- Clinically significant treatment goals that include core deficit(s) or excesses targeted, start date, measurable objective with mastery criteria, anticipated end date, and ABA techniques to be utilized
- Operational definition for behavior(s) targeted for reduction, data collection method, and baseline rates
  - If treatment plan contains behaviors targeted for reduction, include an FBA and BIP, or indicate when these will be completed.
- Specific and measurable goals to be targeted within caregiver training relevant to member and familial stressors
- Crisis Plan
- Generalization Plan

- Transition Plan that includes:
  - Specific and measurable goals that are individualized to member that outline skills needed to be achieved to allow member to be successful in lower level of care
  - Updated progress toward attainment of transition goals achieved over authorization period
  - Details indicating how hours are projected to be titrated based on achievement of transition plan goals
    - If member is school-aged but is not able to participate due to attending full time ABA, please supply transition planning to school (including communication with school system, IEP status)
- Evidence of caregiver participation in the development of the plan and their understanding of treatment plan (i.e., parent signature)
- Provider signature, per within health plan requirements

### For ongoing treatment requests:

- Additional and/or updated diagnostic testing, if previously requested
- Updated social, developmental and medical history, including current medication(s) and comorbid diagnoses
- Information regarding prior and current services received (e.g., Early Steps, IEP, OT, PT, ST, ABA, BHOP, etc.)
- Requested units by code and start date of new service request
  - If there is an increase or decrease in hours requested, include a description explaining why the hours are being modified.
  - If requesting units greater than treatment standard of 8-10 hours for assessment/reassessment, please include detailed rationale specific to member.
- Proposed treatment schedule, including ABA services, other therapies, school schedule, and naps
  - If there is discrepancy between hours requested and member's availability for services, please provide rationale.
- Updated assessment tool data, that is appropriate for member based on chronological age and developmental level, along with historical scores, and description of current communication status
  - Please note: some portions of assessment tools may not meet the coverage criteria. Each case is reviewed on an individual basis and additional rationale may be requested.
- Clinically significant treatment goals that include core deficit(s) or excesses targeted, start date, measurable objective with mastery criteria, anticipated end date, and ABA techniques to be utilized

- Update on goals within previously approved authorization:
  - Identification of goals and/or targets that were mastered during most recent authorization period
  - Progress toward continued goals and
  - Modifications to goals that did not meet mastery criteria
  
- Identification of any barriers that would impact treatment progress, as well as how these barriers are being addressed
  
- Operational definitions for challenging behaviors, data collection method, and current data, compared to historical data
  - If treatment plan contains behaviors targeted for reduction, include an FBA and BIP, or indicate when these will be completed.
    - FBA/BIP should be updated as often as necessary to achieve socially significant outcomes.
  
- Updates to caregiver training goals indicating progress and/or barriers (if applicable) and how barriers are being addressed
  
- Information regarding attendance of scheduled sessions for both member and caregivers
  
- Crisis Plan
  
- Generalization Plan
  
- Transition Plan that includes:
  - Specific and measurable goals that are individualized to member that outline skills needed to be achieved to allow member to be successful in lower level of care
  - Updated progress toward attainment of transition goals achieved over authorization period
  - Community resources that will support maintenance and generalization of skills for member and family
  - Details indicating how hours are projected to be titrated based on achievement of transition plan goals.
    - If member is school-aged but is not able to participate due to attending full time ABA, please supply transition planning to school (including communication with school system, IEP status)
  
- Evidence of caregiver participation in the development of the plan and their understanding of treatment plan (i.e., updated parent signature)
  
- Provider signature, per within health plan requirements