

APPLIED BEHAVIOR ANALYSIS OUTPATIENT TREATMENT REQUEST CHECKLIST

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

For initial treatment requests:

1. Comprehensive diagnostic evaluation (typically within 0-5 years) indicating diagnosis eligible for ABA treatment and recommendation for ABA from a qualified provider, if required
2. Social, developmental, and medical history, including current medication(s) and comorbid diagnoses
3. Information regarding prior and current services received (i.e., Early Steps, IEP, OT, PT, ST, ABA, BHOP, etc.)
4. Requested codes and dates of service
 - *If the request exceeds the market standard of 8-10 hours for assessment/reassessment, please include rationale specific to the member's needs*
5. Proposed treatment schedule, including ABA services, other therapies, school schedule, and naps
 - *If there is a discrepancy between hours requested and members' availability for services, please provide a rationale and coordination plan with other providers*
6. Assessment tool data (i.e., VB-MAPP, ABLLS-R, AFLS, EFL, etc.) appropriate for members based on chronological age and developmental level, along with a description of current communication status (i.e., 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*
7. 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
8. The operational definition for behavior(s) targeted for reduction, data collection method, and baseline rates
 - *If the treatment plan contains behaviors targeted for reduction, include an FBA and BIP, or indicate when these will be completed*
9. Specific and measurable goals to be targeted within caregiver training relevant to member and familial stressors
10. Crisis Plan
11. Generalization Plan
12. Transition Plan that includes:
 1. Specific, individualized, and measurable goals for the member that outline skills needed to be achieved to allow the member to be successful in the lower level of care
 2. Updated progress toward attainment of transition goals achieved over the authorization period
 3. Details indicating how hours are projected to be titrated based on achievement of transition plan goals.

If the 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 the school system, IEP status)
13. Evidence of caregiver participation in the development of the plan and their understanding of treatment plan (i.e., parent signature)
14. Provider signature, per within health plan requirements

For ongoing treatment requests:

1. Additional and/or updated diagnostic testing, if previously requested
2. Updated social, developmental, and medical history, including current medication(s) and comorbid diagnoses
3. Information regarding prior and current services received (i.e., Early Steps, IEP, OT, PT, ST, ABA, BHOP, etc.)
4. Requested units by code and start date of new service request

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4. *If there is an increase or decrease in hours requested, include a description explaining why the hours are being modified*
5. *If requesting units are greater than the treatment standard of 8-10 hours for assessment/reassessment, please include detailed rationale specific to the member*
5. Proposed treatment schedule, including ABA services, other therapies, school schedule, and naps
 6. *If there is a discrepancy between hours requested and member's availability for services, please provide rationale.*
6. Updated assessment tool data that is appropriate for the 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*
7. 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
8. Update on goals within previously approved authorization:
 - Identification of goals and/or targets that were mastered during the most recent authorization period
 - Progress toward continued goals and
 - Modifications to goals that did not meet mastery criteria
9. Identification of any barriers impacting treatment progress and how these barriers are being addressed
10. Operational definitions for challenging behaviors, data collection method, and current data, compared to historical data
 - *If the 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*
11. Updates to caregiver training goals indicating progress and/or barriers (if applicable) and how barriers are being addressed
12. Information regarding attendance of scheduled sessions for both member and caregivers
13. Crisis Plan
14. Generalization Plan
15. Transition Plan that includes:
 - Specific, individualized, and measurable goals for the member that outline skills needed to be achieved to allow the member to be successful in the lower level of care
 - Updated progress toward attainment of transition goals achieved over the authorization period
 - Community resources that will support maintenance and generalization of skills for the member and family
 - Details indicating how hours are projected to be titrated based on achievement of transition plan goals

If the 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 the school system, IEP status)
16. Evidence of caregiver participation in the development of the plan and their understanding of treatment plan (i.e., updated parent signature)
17. Provider signature, per within health plan requirements