

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:

- ☐ Completion of an Initial Diagnostic Interview (IDI) from a qualified provider
- ☐ 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 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