



Applied Behavioral Analysis Outpatient Treatment Request Checklist

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

For i	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 a bigued to allow many boats be assessed in leaves boats.
	 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
 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