

Applied Behavioral Analysis Outpatient Treatment Request Checklist

Provider Guide

The following recommended clinical information will aid in the timely processing of the request as applicable.

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.
 - 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.).
- 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.

Support

We are committed to the care and well-being of our members. We are also committed to working with you as a partner to develop the best possible treatment plans for all patients.

Please view the Provider section of our website at network.carolinacompletehealth.com for additional tools and resources. You may also contact your [Provider Engagement Administrator](#) directly, or contact Provider Relations for assistance at **1-833-552-3876 (TTY 711)**.

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