

## Applied Behavior Analysis (ABA) Provider Checklist

### Initial Applied Behavior Analysis (ABA) Therapy Assessment (Functional Behavior Assessment)

The following must be submitted with requests for an initial ABA therapy assessment:

- Date(s) of service (evaluation period not to exceed 15 hours over a 30-day period)
- Patient information, including demographics (name, age, gender, living situation, home/school/work information)
- Comprehensive assessment establishing the diagnosis of autism, including severity and recommended treatment
- Developmental history and educational assessment, including, If applicable, a copy of the child's Individualized Education Plan (IEP)
- Prior therapies (e.g., clinical child and family therapy, residential treatment, or previous ABA therapies) and dates of service
- Certification and credentials of the professional(s) performing the ABA assessment

### Initiation of Applied Behavior Analysis (ABA) Therapy

The following must be submitted with requests for initiation of ABA therapy:

- Dates of service
- Number of hours requested
  - Number of hours needed for each service
  - Clinical summary that justifies hours requested
  - Billing codes requested (CPT, HCPCS)
- Functional behavioral assessment, including assessment of targeted behaviors
- Treatment plan
  - Proposed goals and objectives:
    - Current level (baseline)
    - Behavior individual is expected to demonstrate, including condition under which it must be demonstrated and mastery criteria (the objective or goal)
    - Instructional methods to be used
    - Date of introduction
    - Estimated date of mastery
    - Specify plan for generalization
  - Treatment setting
  - Description of data collection procedures
- Parent/guardian training
  - Proposed goals and objectives
  - Specific parent training procedures
  - Description of data collection procedures
- Coordination of care
  - List any other services member is receiving (e.g., PT, OT, ST, school, behavioral health) and coordination of care with other providers
- Measurable member specific discharge criteria and transition plan
- Certification and credentials of the professional(s) providing the ABA therapy

**Continuation of Applied Behavior Analysis (ABA) Therapy**

The following must be submitted with requests for continuation of ABA therapy:

- Dates of service
- Number of hours requested
  - Number of hours needed for each service
  - Clinical summary that justifies hours requested
  - Billing codes requested (CPT, HCPCS)
- Summary of goal progress from baseline to current reporting period, including graphs
- Treatment plan and all revisions to the treatment plan, including objective and measurable goals, as well as parent training
- Daily progress notes:
  - Place of service
  - Start and stop times
  - Person rendering the service
  - The specific service (e.g., parenting training, supervision, direct service)
  - People attending the session
  - Interventions that occurred during the session
  - Barriers to progress
  - Response to interventions
- Coordination of care
  - List any other services member is receiving (e.g., PT, OT, ST, school, behavioral health) and coordination of care with other providers
- All documentation related to supervision of paraprofessionals
- If applicable, progress notes related to Early Intervention Plan or Pre-school/Special Education Program or allied health services
- Measurable member specific discharge criteria and transition plan
- Certification and credentials of the professional(s) providing the ABA therapy