



## Applied Behavior Analysis (ABA) Services Required Document Components Checklist

The following information is required for review for re-authorization of ABA Services. Of note, the checklist identifies the specific information crucial to making a determination of eligibility for the service and is based on the standards delineated in Applied Behavior Analysis Treatment of Autism Spectrum Disorder Practice Guidelines for Healthcare Funders and Managers Second Edition issued by the BACB and/or the Council of Autism Service Providers. It is not intended to dictate a format for each specific document itself. Existing documentation submission is encouraged so long as it contains all the required components delineated below.

[Please upload forms/documentation to Qualitrac via the Medicaid Utilization Review Portal: Medicaid Portal - Home - Mountain - Pacific Quality Health \(mpqhf.org\)](https://mpqhf.org)

### Treatment Plan

All treatment plans must meet the standards established in ABA Treatment of Autism Spectrum Disorder Practice Guidelines for Healthcare Funders and Managers Second Edition. These are listed below and taken directly from that reference.

- 1. Patient Information
- 2. Reason for Referral
- 3. Brief Background Information
- 4. Clinical Interview
  - a. problem behaviors
  - b. operational definitions of primary area of concern
  - c. information regarding possible function of behavior
- 5. Review of Recent Assessments/Reports
- 6. Assessment Procedures & Results\* (acceptable tools include those considered standard of practice for the relevant diagnosis)
  - a. accompanying grids, tables, or graphs
  - b. date the tool was administered
  - c. brief description of the tool and its purpose
  - d. summary of the findings
- 7. Treatment Plan
  - a. treatment setting
  - b. definitions for behavior, goal and skills
  - c. behavior management procedures/interventions
  - d. instructional methods
  - e. data collection methods
  - f. proposed goals and objectives\*\*
- 8. Parent/Caregiver Training
  - a. training and data collection procedures
  - b. proposed goals and objectives\*\*
- 9. Coordination of Care
- 10. Transition Plan
- 11. Discharge Plan

\*The same tool should be utilized for the entire treatment span. Preferred tools include VB-MAPP, ABLLS-R, AFLS, or ABAS.

\*\*Each goal and objective must meet the standards established in ABA.Treatment.of.Autism.Spectrum.Disorder;Practice. Guidelines.for.Healthcare.Funders.and.Managers?Second.Edition..

## Behavior Identification Assessment

- 1. Treatment History of ABA
  - a. response and date spans of treatment
  - b. lapses in service and reasons for them
- 2. Assessment Tool Utilized\* - acceptable tools include those considered standard of practice for the relevant diagnosis
  - a. accompanying grids, tables, or graphs
  - b. date the tool was administered
  - c. brief description of the tool and its purpose
  - d. summary of the findings
- 3. Current Identified Problem Behaviors
  - a. objectively identified and measured
  - b. baseline provided
- 4. Behavior Reduction Goals and Objectives\*\* (must be measurable and clearly defined)
- 5. Current Skill Deficits
  - a. minimum of 3
  - b. objectively identified and measured
  - c. baseline provided
- 6. Skill Acquisition Goals and Objectives\*\*
  - a. minimum of 3
  - b. measurable and clearly defined
- 7. Parent Goals/Goals for Generalization
  - a. minimum of 3
  - b. measurable and clearly defined
- 8. Other Professional Assessment Results relevant to ABA Treatment (OT, PT, Speech, Other)
  - \*The same tool should be utilized for the entire treatment span. Preferred tools include VB-MAPP, ABLLS-R, AFLS, or ABAS.
  - \*\*Each goal and objective must meet the standards established in ABA.Treatment.of.Autism.Spectrum.Disorder;Practice.Guidelines.for.Healthcare.Funders.and.Managers?Second.Edition.

## Diagnostic Evaluation

Applies only to Autism Spectrum Disorder (ASD) and Serious Emotional Disturbance (SED) provisional qualifying diagnoses.

- 1. Performed by qualified health care professional with expertise in the diagnostic area
- 2. Establishes qualifying diagnosis
- 3. Indicates medical necessity of ABA services to ameliorate symptoms of the qualifying diagnosis
- 4. Documents the Functional Impairment Criteria met by the member at the time of evaluation

## Clinical Re-Assessment

Required annually and applies only to SED.

- 1. Confirms qualifying diagnosis from Diagnostic Evaluation
- 2. Indicates medical necessity of continued ABA services to ameliorate symptoms of the qualifying diagnosis
- 3. Documents the Functional Impairment Criteria met by the member at the time of re-assessment

## DD Eligibility

Applies only to individuals being served under a Developmentally Disabled (DD) Eligible category.

- 1. DD eligibility letter confirming the individual has been determined eligible; or
- 2. Evaluation Determination Stand-Alone document from Care Management System with state review section affirming person is eligible for Montana Milestones Part C or Family Education and Support Services, dated within 365 days.