

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 \(mpghf.org\)](https://www.mpghf.org/medicaid-portal)

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

- ☐ 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