



Applied Behavior Analysis Provider Treatment Report Guidelines: Initial Authorization Request

The following is a guide to what is expected in the individual **assessment treatment plan** for members with Autistic Spectrum Disorder.

- I. Member's identifying information
 - a. Name
 - b. Date of birth
 - c. Age
 - d. Member's insurance ID #
 - e. Service address
 - f. Parent/Caregiver name
 - g. Diagnosis, include date, name & title of the professional
 - h. Date(s) of original assessment
 - i. Name, title and credential of the assessor
 - j. Name of the supervising BCBA – If there was a change in supervisor, indicate date of change and name of prior supervisor
 - k. Current report date

- II. Basic biopsychosocial information
 - a. Family composition
 - b. Family primary concerns
 - c. Medical and mental health history, including treatment and medication, if applicable
 - d. Current or prior services (i.e., ABA, speech, occupational, social skills group, etc.)
 - e. Overall school functioning

- III. Member's capabilities / strengths and family's support system

- IV. Member's current problem areas / skills deficits relating to their ASD diagnosis. If there is no skill deficit in an area, indicate normal / average or further assessment is required.
 - a. Cognitive / Pre-academic Skills
 - b. Language / Communication Skills
 - c. Reduction of interfering or mild inappropriate behaviors
 - d. Severe Behavior (aggression, property destruction)
 - e. Safety Skills
 - f. Social Skills
 - g. Play and Leisure Skills
 - h. Independent Living / Self-Help Skills
 - i. Community Integration
 - j. Coping and Tolerance Skills
 - k. Other

- V. List dates and data source / assessment tools used
- a. Indirect observations used
 - i. Family/caregiver(s) interview (in-person, telephone)
 - ii. Records reviewed (i.e., IEP, psychological evaluations, reports from other ABA providers, etc.)
 - iii. Functional Assessment Screening Tool
 - iv. Other – Please specify
 - b. Direct observations used – minimum of two direct observations of the member is recommended
 - i. ABC charting
 - ii. Functional Behavioral Assessment (Direct and Indirect)
 - iii. Verbal Behavior Milestones Assessment & Placement Program, include grid
 - iv. Assessment of Basic Language & Learning Skills – Revised, include grid
 - v. Other – Specify other methods to systematically evaluate abilities and development of structured program.

Note: If further assessment is needed or will be used during the first authorization period, specify tool / type and why

- VI. List skills to be targeted for increase (Goals):
- a. Identify skills to be taught by area (See Section IV)
 - b. Each objective should be measurable, observable, age appropriate and achievable. The statement of the objectives should include the baseline measurement, current level of performance, and the anticipated level of achievement of the member at the end of the authorization period.

Note: Objectives should neither be educational in nature nor overlap IEP objectives. Please provide justification if objectives are included in the plan which would fit into the formerly mentioned categories.

- VII. Functional Behavior Assessment (FBA) of target behaviors / presenting problems (identified above)
- a. Description of the problem (topography, onset/offset, cycle, intensity, severity)
 - b. History of the problem (long-term and recent)
 - c. Antecedent analysis (setting, people, time of day, events)
 - d. Consequence analysis
 - e. Impression and analysis of the function of the problem
- Note: If a FBA was not conducted, provide an explanation and time frame as to when a FBA will be administered.

- VIII. Recommended behavioral intervention plan
- a. Instructional methods to be used (i.e., DTT, PRT, natural environment)
 - b. Behavioral methods to be used (i.e., DRA, DRO, behavioral momentum)
 - c. Treatment setting
 - d. Program observable and measureable behavior goals, including
 - i. Baseline data / Direct observation data described and graphically displayed
 - ii. Operational definition for each behavior / skill
 - iii. Format of each goal should include the following components:
 1. Goal introduction date



2. The situation or circumstance in which the behavior should occur
3. The observable response the member is expected to demonstrate or exhibit
4. The standards (mastery criteria) of performance expected when performing the task (e.g. frequency, duration, percentage, etc...) and target date for when the goal will be mastered

Example: Given at least five opportunities for social interactions with peers during a 1 hour social skills session, John will demonstrate appropriate social proximity (3-5 feet) to peers on 80% observed intervals on 3 consecutive weekly observations. Goal introduction date: 04/03/2013
Goal target mastery date: 12/03/2013

VIII. Preference Assessment:

- a. Identify assessment method used (i.e., forced-choice, checklist, anecdotal reporting from care giver, etc.)
- b. Specify reinforcers and potential reinforcers identified for use

IX. Description of parent / caregiver behavioral management training / knowledge transfer plan

- a. Condition and frequency of parent / caregiver trainings
- b. Observable and measureable goals for the parent /caregiver. Refer to section VII, iii for goal components.
- c. Describe barriers to parent / caregiver involvement, if applicable

Note: Goals should align with member's program goals and help the parent / caregiver generalize and reinforce mastered goals.

X. Describe how coordination of care with other professionals, such as occupational therapist, psychotherapist, and / or psychiatrist will be facilitated

- a. Have you communicated with the member's prescriber of psychotropic drugs?
- b. Have you communicated with the member's PCP?
 - i. Have you documented the communication or member declination?
- c. Have you been in communication with other Behavior Health (BH) providers for this member?
 - i. If yes, please indicate the type of BH provider.

XI. Describe how supervision (direct and indirect) and direct services will be delivered

XII. Crisis Plan

- a. Emergency situation (i.e., weather, medical, behavioral)
- b. Names and numbers of contacts that can assist in resolving the crisis

XIII. Summary and program recommendations, include program hours, parent training, supervision, social skills group (if applicable), etc.

- a. A summary of the assessment should be included with justification for treatment recommendations.
 - i. Include breakdown of number of hours requested for services by CPT code:
 1. CPT Code – i.e., 97153
 2. Description of Service – i.e., ABA Therapy by Para
 3. # of total hours – i.e. 260
 4. Breakdown per week – i.e. 10 hours per week
 5. Location where services are to be delivered – i.e. in home

XIV. Signature, title and credential of the author of the report as well as the supervising BCBA, if different than the author. Parent signature is also recommended.



Applied Behavior Analysis Provider Treatment Report Guidelines: Concurrent Authorization Request

Specific guidelines to what is expected in the **concurrent (progress) report**. All progress reports are due, at minimum, two weeks prior to, and no more than 30 days, to the authorization end date.

- I. Member's identifying information
- II. Identify changes in biopsychosocial information since last assessment/concurrent report
- III. History of program summary
 - a. Treatment start date
 - b. Current authorization end date
 - c. Current program hours and setting(s)
 - d. If applicable gaps in treatment such as vacation, change in staff, etc.
- IV. Re-Assessment description and tools used
- V. Progress per domain / goal
 - a. Goal identified in the assessment report (or prior progress report)
 - b. Progress data
 - i. Baseline data
Status of current goal (in progress, met, cancelled, modified), include skill(s) introduction date. Note: If no or minimal progress was made or if a goal was modified, provide clinical rationale and what adjustments were or will be made.
 - ii. Projected mastery, include date
 - iii. Graphic representation of the data collected during the current authorization period, per goal, including baseline data and parent goals.
 - iv. Interpretation of graph / data

Note: Item iii above is mandatory. If a mastery criterion was defined as per session or per week, then the data on the graph must be displayed as per session or per week. Do not aggregate or average data such as per month or per quarter unless goal was written in that way.

Example 1: Client will initiate and reciprocate various forms of the greetings “hi” and “bye” with adults and peers, in 80% or more opportunities, across three consecutive days, by June 2013.

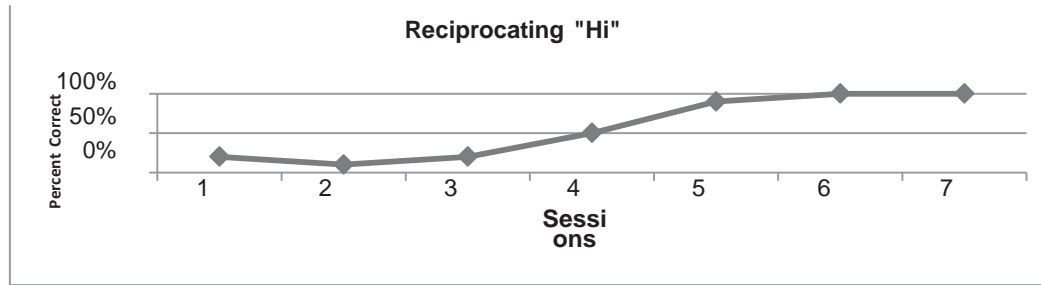
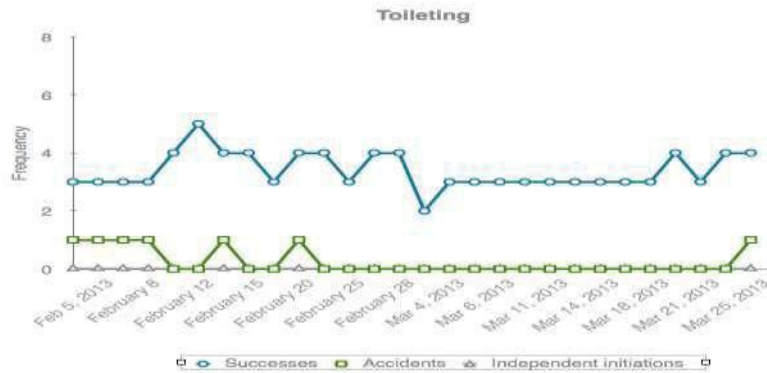


Figure 1. Client’s performance per session with the target Reciprocates “Hi”

Example 2: By January 2013, client will decrease her toileting accidents (urinating and bowel movements) to 1 time per week, across three consecutive weeks, as measured by therapist and parent data.

Status: *Goal Not Achieved.* More time is needed to achieve this goal. Client has zero accidents during sessions with her therapist, although she occasionally has accidents when outside of therapy sessions. New goal target date September 2013. Client is currently on a 30-minute toileting schedule.



VI. Preference Assessment:

- a. Note any changes to previously identified reinforcers, i.e. fading from food rewards to tokens system.

VII. Parent / Caregiver Behavioral Training

VIII. Report in the same fashion as described in section *Progress per domain / goal* (IV.b)



- IX. Coordination of Care between other providers such as psychotropic drug prescriber, PCP, other BH providers as applicable and maintain documentation of communications:
 - a. Have you communicated with the member's prescriber of psychotropic drugs?
 - b. Have you communicated with the member's PCP?
 - i. Have you documented the communication or member declination?
 - c. Have you been in communication with other Behavior Health (BH) providers for this member?
 - i. If yes, please indicate the type of BH provider.

- X. Description of program supervision delivery (if applicable)

- XI. Crisis Plan

- XII. Transition/Discharge Plan
 - a. Member's and family's ability to generalize the skills in multiple settings and mastery of the majority of the program goals
 - b. Step-down in program hours
 - c. Member's readiness to move from current level of service (in-home) to lower level of service (i.e., outpatient individual, social skills group therapy, medication management, mainstream education, adult assistant living, other community resources)
 - d. Communication and coordination between the supervising clinician and other professionals such as psychotherapist, speech therapist, occupational therapist, social worker, etc.

- XI. Program recommendations, justification for continued treatment
 - a. A summary of the assessment should be included with justification for treatment recommendations.
 - i. Include breakdown of number of hours requested for services by CPT code:
 - 1. CPT Code – i.e., 97153
 - 2. Description of Service – i.e., ABA Therapy by Para
 - 3. # of total hours – i.e. 260
 - 4. Breakdown per week – i.e. 10 hours per week
 - 5. Location where services are to be delivered – i.e. in home

- XII. Signature, title and credential of the author of the report as well as the supervising BCBA, if different than the author. Parent signature is also recommended.