

Applied Behavior Analysis Outpatient Treatment Request Checklist



When requesting prior approval for applied behavioral health services, use this checklist to aid in the timely processing of the request.

For initial treatment requests:

- ☐ Requested units by each code and dates of service
- ☐ Diagnostic evaluations and assessments (DSM-IV or DSM-5 diagnosis validating ASD and the Test/Screening Tools administered, including: CHAT; M-CHAT/M-CHAT-R/F; STAT; SCQ; ASSQ; CAST; KADI; ADOS/ADOS-2; ADI-R; CARS/CARS-2; GARS)
- ☐ Prior and current treatment related to autism (IFSP, IEP, 504 plan, OT private, PT private, SP/L therapy private, general education, homeopathic therapy)
- ☐ A description of current disruptive behaviors, and the frequency (how often per hour/day/or week)
- ☐ A description of current communication and social skills status (if vocal, how many mands, if non-vocal, what device is used? What do the social skills look like with family, peers, adults, etc.)?
- ☐ Proposed treatment schedule, including related therapy, school schedule, and naps
- ☐ Proposed functional and measureable treatment goals with expected timeframes for achievement of the goals
- ☐ Proposed plan for parent/caregiver involvement and performance based parent goals and baseline
- ☐ Proposed caregiver training schedule
- ☐ Transition plan (Initial Discharge Plan outlining desired outcomes)

For subsequent treatment requests:

- ☐ Requested units by code and dates of service
- ☐ Updated assessment information (the member continues to meet criteria for ASD diagnosis)
- ☐ Any developmental testing which should have occurred within the first two months of treatment
- ☐ Summary of member status, e.g., changes in medication, social, progress to date
- ☐ Proposed treatment schedule, including related therapy, school schedule, and naps

For subsequent treatment requests (cont'd):

- ☐ Objective measures of current status and clinically significant progress toward each stated treatment goal
- ☐ Performance based parent/caregiver goal progress, updated goals and treatment schedule
- ☐ Proposed timeline for achievement of goals
- ☐ Updated transition/discharge plan
- ☐ If there is an increase or decrease in hours requested, include a description explaining why the hours are being modified

QUESTIONS? Contact Your **Provider Relations Specialist.**

