



Treatment Request Form and Guidelines for ABA Services – NE Medicaid

Information provided will be protected in accordance with HIPAA requirements and other applicable confidentiality regulations.

Please submit the entire document via fax to 1-888-541-6691. (Note: Text boxes will expand as needed)

Member Name: _____ Member ID: _____

Member DOB: _____

Facility/Group Name: _____ Provider Tax ID #: _____

Provider Status: _____ Choose one from list: _____ Fax #: _____

Supervisor's Name and Credentials: _____ Phone #: _____

Supervisor's Preferred Contact Days and Times: _____

Office Staff Contact Name: _____ Phone #: _____

ALL Mental Health Diagnoses: _____

ALL Medical Conditions: _____

ALL Medications: _____

Please list all units/hours requested per month/supervisor		
G0177	Group Services	units/month
G0409	ABA Assessment	units/month
H0036 (HN, HO, HM)	15 minute direct service (include modifier as needed)	units/month
H2019 52	30 min direct ABA service	units/month
H2019	45 min direct ABA service	units/month
H2019 22	60 min direct ABA service	units/month
H2037 52	30 min family ABA therapy	units/month
H2037	45 min family ABA therapy	units/month
H2037 22	60 min family ABA therapy	units/month

Indicate if any services are rendered during the same treatment hour? Yes No

If this is a concurrent review, is this an: Choose one from list: in hours requested?

Location of services (choose all that apply): School, Home, Community, Facility/Office

Requested start date of approval (mm/dd/yyyy): Date ABA services began (mm/dd/yyyy):

Overall progress: Choose one from list:

Other services child receives:

Hours in school per week (including homeschool instruction): (hours per week)

Does member display behavioral challenges (e.g., aggression, self-injurious behavior)? Yes No

Brief Summary of Approval Criteria

1. Supervision:

- Must be delivered to each paraprofessional or BCaBA level staff:
 - A minimum of 60 minutes per month
 - Not to exceed 8 hours per month at a ratio of 1 hour per every 10 hours of direct service (in line with BACB guidelines of 2 hours of supervision for every 10 hours of direct service, given these requirements consider indirect supervision per the BACB as treatment planning – see below information on treatment planning requirements)
 - The child, paraprofessional and supervisor must be present
 - Supervision can be in a group or individual format
 - When providing supervision, only supervision can be billed, not the paraprofessional or BCaBA's time
- Please refer to supervisory protocols as required in your state guidelines

2. Treatment planning:

- Required a minimum of 60 minutes per month
- Not to exceed 8 hrs per month at a ratio of 1 hour per every 10 hours of direct service
- Please follow appropriate documentation protocols as required in your state guidelines

3. Treatment Plan updates:

- Will be reviewed at a frequency required by state-specific or account-specific requirements
- It is expected that providers are continually:
 - Monitoring a member's progress in all areas of functioning
 - Modifying treatment as the parents/guardians management skills improve and the member's deficits change
- Should include all areas from the initial plan and should also reflect any major life changes as well as the member's progress in the goals, objectives and targets as identified on the Initial Treatment Plan
- New goals, objectives and/or target behaviors should be added as indicated
- Graphs should be included to provide visual documentation of the member's progress

- Submission of the treatment plan is expected at least 10 days prior to the approval expiration but not more than 30 days before the next review date
- Treatment plan updates that are not sent by the end of the approval may result in claims being denied due to lack of approval on file

Note: All approval for treatment is based on documentation of medical necessity for specific treatment goals to address specific behavioral targets.

For full criteria, please see providerexpress.com for the Network Manual, Level of Care Guidelines and Coverage Determination Guideline on the [Autism/Applied Behavior Analysis](#) (ABA) Corner page *OR*

Provider Express > Treatment Updates > Autism/Applied Behavior Analysis (ABA) Corner > Guidelines/Manual:

- Optum Network Manual
- Level of Care Guideline – Intensive Behavior Therapy for Autism
- Coverage Determination Guideline – Autism Spectrum Disorders and Intensive Behavior Therapy

Treatment Plan

To request prior approval for ABA treatment, please provide the information outlined on pages 3-5. Use the grey fields to provide your responses. This form allows you to copy and paste from other up-to-date clinical documents you may have already completed. You may, instead, attach a treatment plan for review, provided the attachment contains all of the information described in pages 3-5.

(Note: Text boxes will expand as needed. You can copy and paste into form fields)

Each treatment plan **must include** all nine (9) components listed below:

1. Biopsychosocial Information including, but not limited to:

- Current family structure
- Medications including dosage and prescribing physician
- Medical history
- School placement
- Time in academic activities
- History of ABA services
- Other mental health services including any mental health hospitalizations
- Other services the child is receiving such as ST, OT or PT
- Any major life changes

Biopsychosocial information

2. Why ABA services are needed and how ABA addresses the current areas of need:

- Include why ABA is the preferred treatment over other mental health services

Why are ABA services needed?

3. Goals should relate to the core deficits of an Autism Spectrum Disorder (communication, relationship development, social behaviors, and problem behaviors):

- Should be derived from the functional assessment and/or skills-based assessments that occur prior to initiating treatment
- Should not be academic in nature, unless child is under school-aged
- Should not be related to vocational skills
- Must have established baseline levels for the behavior or skill
- Must have target dates for when the goal will be mastered
- Must have a date of introduction
- Should be broken into short-term and long-term, if needed
- Should include graphs if available
- Must have documentation when a member has made slow or no progress in the acquisition, maintenance and generalization of target skills.
- Should include a behavior support/maintenance plan noting changes based on ongoing assessments. Functional behavior assessments or skills-based assessment should be completed as needed to work with member's behavioral/skill challenges:
 - Observe the member's behaviors to determine effectiveness of the behavior support/maintenance plan and, if not effective, note changes to the plan.

Goals

4. Behavioral Intervention Plan:

- Include definition of the behavior, antecedents, consequences, prevention, baseline and any de-escalation procedures
- Include individualized steps for the prevention and/or resolution of crisis (i.e., identification of crisis antecedents and consequences)

Behavior Plan

5. Coordination with other behavioral health and medical providers, including but not limited to:

- Psychologists
- Individualized Education Plan/School Services
- Psychiatrist
- Speech Therapist
- Anyone who is concurrently providing services

Coordination of care

6. Parent/Guardian involvement:

- Parents/guardians need to understand and agree to comply with the requirements of treatment
- The treatment plan should address how the parents/guardians will be trained in management skills that can be generalized to the home

- There should demonstration and maintenance of management skills by the parents/guardians
- Address how barriers to parent involvement are being addressed, (e.g., parent's having the skill to assist with generalization of skills developed by the child)
- Document whether the parent is addressing treatment goals when treatment professionals are not present and note their overall skill abilities
- Document parents' training and time involvement and any materials or meetings that occur with the parent on a routine basis

Parent training and involvement

7. Transition Plan:

- May include the level of supports a child needs in order to be successful when moving from one intensity of care to another, the skills the child is currently being taught to facilitate the transition and the level of communication between the supervising clinician and any other related allied professionals such as the child's teacher, speech therapist, occupational therapist, social worker, etc.
- Transition plans may include several additional components depending on the child's situation:
 - A transition plan would be appropriate when a child is moving from a home-based program to mainstream education, when changing grade levels, aging out of services, or moving out of public education
- The transition plan should address how the child will move from the current level of service to lower levels (hours) of service through discharge; this should be directly related to how the child is meeting objectives
- If the member is an older child or adolescent, the treatment plan should reflect a plan to transition the member into adult services

Transition plan

8. Discharge Criteria:

- Discharge criteria, including estimated length of treatment, should be developed when services are initiated. The discharge plan should include:
 - Date of discharge
 - Post-discharge level of care and recommended forms and frequency of treatment
 - Names of the providers who will deliver treatment
 - Resources to assist the member with overcoming barriers to care (e.g., lack of transportation, lack of child care or lack of self-help and community support services)
- The discharge criteria should include information about what the member should do in the event of a crisis prior to the first appointment at the lower level of care. It must also include requirements for:
 - Discharge
 - Next level of care (e.g., outpatient mental health services, medication management, mainstream school, etc.)
 - Linkages with other services
 - How the parents can contact the provider for additional assistance
 - Community resources, if applicable
- Discharge criteria should be measurable and directly related to the attainment and maintenance of the goals.

Discharge criteria

9. Crisis Plan:

- Include the steps for prevention and de-escalation of crisis, it should address the following types of situations:
 - Emergency situation, such as a weather or medical emergency (e.g., seizures), including who should be contacted which includes appropriate supervisors or emergency personnel
 - Names and phone numbers of contacts that can assist the member in resolving crisis, such as other treatment providers who may assist in the prevention or de-escalation of behaviors, even for those members who do not currently display aberrant behaviors

Crisis plan