



## 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 \(mpqhf.org\)](#)

### 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.