



Treatment Request Form and Guidelines for ABA Services IN Medicaid

Information provided will be protected in accordance with HIPPA 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's First & Last Name: _____ Member Date of Birth: _____ Facility/Group Name: _____ Provider Status: <u>Choose one from list</u> _____ Clinical Supervisor Name and Credentials: _____ Clinical Supervisor's Preferred Contact Days & Times: _____ Office Staff Contact Name: _____ All Mental Health Diagnoses: _____ All Medical Diagnoses: _____ All Medications: _____	Member ID: _____ Facility/Group Tax ID: _____ Provider Fax #: _____ Provider Phone #: _____ Office Staff Phone #: _____
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Please list all units/hours requested per month/supervisor		
97151 per 15 min.	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan.	Units
97152 per 15 min	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient.	Units
0362T per 15 min	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	Units
97153 per 15 min	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient.	Units
97154 per 15 min	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients.	Units
97155 per 15 min	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient.	Units
97156 per 15 min	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s).	Units
97157 per 15 min	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers.	Units
97158 per 15 min	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients.	Units
0373T per 15 min	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	Units



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 from this list

Are there other services the child/individual 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

For determination of medical necessity go to InterQual at changehealthcare.com

Treatment Plan

To request prior approval for ABA treatment, please provide the information outlined on the next page(s). 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 the information described in the following page(s).

(Note: Text boxes will expand as needed)

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: