

APPLIED BEHAVIOR ANALYSIS OUTPATIENT TREATMENT REQUEST CHECKLIST

Including the following clinical information will aid in the timely processing of the request

For initial treatment requests:

- ☐ Requested units by code and dates of service
- ☐ Diagnostic evaluations and assessments
- ☐ 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 time frames for achievement of the goals
- ☐ Proposed plan for parent/caregiver involvement and performance based parent goals and baseline
- ☐ Proposed caregiver training schedule
- ☐ Transition plan
- ☐ Prescription/Recommendation for ABA from a qualified provider

For subsequent treatment requests:

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