

Initial request for Applied Behavior Analysis (ABA)

Overview

This resource is provided as a guide and courtesy only. Providers are not required to use this resource, included checklists, sample Treatment Plan (TP) or the sample update. This document outlines essential information for the initial ABA assessment and TP for beneficiaries receiving ABA for the treatment of Autism Spectrum Disorder (ASD) under the Autism Care Demonstration (ACD). Providers are not required to use this guidance. However, failure to provide necessary clinical information may result in delays, terminations of authorized care, and denied claims.

TRICARE Operations Manual, Chapter 18, Section 4 provides policy information and detailed guidance on how Humana Military will operate ABA services under the ACD.

Initial ABA assessment/TP checklist

- ☐ Beneficiary name
- ☐ DoD Benefits Number (DBN) or SSN
- ☐ Beneficiary Date of Birth (DOB)
- ☐ Name of the referring provider
- ☐ Year of the initial ASD diagnosis
- ☐ ASD-diagnosing/referring provider's ASD diagnosis
- ☐ Level of symptom severity
- ☐ Any comorbid disorders
- ☐ Prescribed medications
- ☐ Number of hours enrolled in school
- ☐ Duration of time receiving ABA services, if applicable
- ☐ Number of hours receiving other support services
- ☐ Family history
- ☐ Date/Time initial assessment/TP completed
- ☐ ABA provider conducting initial assessment/TP
- ☐ Assessment results
- ☐ PDDBI Parent Form Domain/Composite Score Summary
- ☐ Specific treatment targets
- ☐ ABA service procedures to address each target
- ☐ Short and long-term goals of ABA services
- ☐ Simple, measurable objectives/steps to reach goals
- ☐ Parent/Caregiver goals and objectives
- ☐ Recommended number of weekly hours of ABA
- ☐ Statement indicating beneficiary is able to participate
- ☐ Parent/Caregiver and ABA supervisor signatures

Relevant information

The initial ABA assessment and TP must be submitted to Humana Military prior to the commencement of ABA services. Only one ABA supervisor is authorized to design, monitor and supervise ABA services for each beneficiary at a time. Behavior Technicians (BT) may not conduct ABA assessments or establish TPs. Elements of the assessment include:

- Observing the beneficiary one-on-one in person, face-to-face
- Obtaining current and past behavioral functioning history, to include functional behavior analysis and behavior intervention plan, if appropriate
- Reviewing previous assessments and health records
- Conducting interviews with parents/caregivers to further identify and define deficiencies
- Administering assessment tools
- Interpreting assessment results
- Developing the TP and designing the instructions for the supervised assistant behavior analysts and/or BTs
- Discussing findings and recommendations with parents/caregivers

Initial ABA request form

Beneficiary name: _____ Age: _____
Date of Birth: _____ DoD Benefit Number (DBN): _____
Requesting provider: _____ ☐ BCBA ☐ BCBA-D ☐ Other: _____
Tax ID/NPI: _____ Telephone number: _____
Clinic: _____ Referring provider: _____

ASD diagnosis and any co-morbid disorders (include ASD-diagnosing/referring provider's diagnosis according to DSM-5 criteria):

<u>Diagnostic code</u>	<u>Level of symptom severity/support required</u>	<u>Diagnosing provider/title</u>	<u>Date of diagnosis</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Evaluator: _____

Prescribed medications (include current and past medications, dosage, purpose, duration, outcomes and prescribing physician):

Family medical/psychological history:

<u>Condition</u>	<u>Relationship to beneficiary</u>	<u>Date of diagnosis</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Summarize current living situation (specify where the beneficiary lives and with whom, trauma/stressors, etc.):

Number of hours enrolled in school: _____ Age-appropriate grade level: _____ Current grade level: _____

Note: Please attach Individual Education Plan (IEP) if participating in special education and/or requesting services in school setting.

<u>Service</u>	<u>Hours/Week</u>	<u>Location/Setting</u>	<u>Describe efforts to collaborate with this provider</u>

[illegible][illegible]

Note: When prioritizing the order in which to address multiple treatment targets, keep in mind that goals should be prioritized based on their implications for the beneficiary’s health and well-being, the impact on the beneficiary, family and community safety, and contribution to functional independence. Each goal should be defined in a specific, measurable way to allow frequent evaluation of progress toward a specific mastery criterion. The measurement system for tracking progress toward goals should be individualized to the beneficiary, treatment context, critical features of the behavior and available resources of the treatment environment. Each goal should be defined in a specific, measurable way to allow frequent evaluation of progress toward a specific mastery criterion, and should be sensitive enough to capture meaningful behavior change relative to ultimate treatment goals.

Specific treatment targets (include behavior targets for improvement, domain, priority, and if functional assessment is necessary)- Attach results of functional assessment and behavior intervention plan for each target, if applicable.

#	Treatment target (define what is happening now)	Domain	Priority	Functional assessment
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: When a beneficiary exhibits problem behavior at a level that is disruptive to the environment or dangerous to the beneficiary or others, a functional assessment is warranted. Functional assessment is the overall process of identifying the aspects of the environment that may contribute to the development and continued occurrence of problem behavior (identifies where, when, and the likely reasons why a problem behavior occurs). Such information is then directly incorporated into the problem behavior TP in the form of a function-based intervention.

Treatment target #: _____ Anticipated start date: _____ Anticipated completion date: _____

Measurement: _____ Baseline: _____

Short/Long-term goals (broad spectrum, complex short-term and long-term desired outcomes of ABA services):

Objectives (short, simple, measurable steps that must be accomplished in order to reach the short/long-term goals of ABA):

ABA service(s) to address target (methods designed to improve the functioning of a specific ASD target deficit in a core area affected by the ASD such as social interaction, communication or behavior):

Treatment target #: _____ Anticipated start date: _____ Anticipated completion date: _____

Measurement: _____ Baseline: _____

Short/Long-term goals (broad spectrum, complex short-term and long-term desired outcomes of ABA services):

Objectives (short, simple, measurable steps that must be accomplished in order to reach the short/long-term goals of ABA):

ABA service(s) to address target (methods designed to improve the functioning of a specific ASD target deficit in a core area affected by the ASD such as social interaction, communication or behavior):

Parent/Caregiver goals and objectives (include behavior parent/caregiver is expected to demonstrate, condition under which it must be demonstrated, and mastery criteria):

Note: Treatment may vary in terms of intensity and duration, the complexity and range of treatment goals, and the extent of direct treatment provided. Many variables, including the number, complexity, and intensity of behavioral targets and the beneficiary's own response to treatment help determine which model is most appropriate.

ABA supervisor recommendations: ☐ Focused treatment ☐ Comprehensive treatment Total weekly hours of ABA: _____
☐ Sole delivery model ☐ Tiered delivery model

Day of week	Time span	Location	BCBA/BT/Assistant	ABA focus during this time span
Monday	_____ to _____			
	_____ to _____			
	_____ to _____			
Tuesday	_____ to _____			
	_____ to _____			
	_____ to _____			
Wednesday	_____ to _____			
	_____ to _____			
	_____ to _____			
Thursday	_____ to _____			
	_____ to _____			
	_____ to _____			
Friday	_____ to _____			
	_____ to _____			
	_____ to _____			
Saturday	_____ to _____			
	_____ to _____			
	_____ to _____			
Sunday	_____ to _____			
	_____ to _____			
	_____ to _____			

Service	Code(s)	Units	Frequency (per day/week/month)
Behavior identification assessment and treatment plan	97151	_____	_____
Adaptive behavior treatment by protocol (per 15 minutes)	97153	_____	_____
Adaptive behavior treatment by protocol modification (per 15 minutes)	97155	_____	_____
Family adaptive behavior treatment guidance (per 15 minutes)	97156	_____	_____
Multiple-family group Adaptive Behavior Treatment Guidance (per 15 minutes)	97157	_____	_____
Group adaptive behavior treatment by protocol modification (per 15 minutes)	97158	_____	_____
Medical team conference	99366/ 99368	_____	_____

Note: Please review the TRICARE Operations Manual and the CPT code crosswalk for any maximum units billed or frequency limitations.

If recommended units/hours differ from what will be rendered, please provide an explanation:

If requesting services beyond the service threshold, please provide rationale for request:

Parent/Caregiver name: _____

Parent/Caregiver signature: _____ Date: _____

ABA supervisor name: _____

ABA supervisor signature: _____ Date: _____