



Quick Reference Guide for ABA Requests

Is this an initiation or continuation of services? _____

If initiation, how was the ASD diagnosis determined? Via behavioral observation? Was it supported by parent/caregiver interview?

Are there deficits in the social communication and social interactions in at least 2 different settings? If so, please describe.

Are there repetitive or restrictive behaviors? If so, please describe.

If continuation of services, when was the treatment initiated? _____

How many of the planned parent training/consultation sessions has the parent(s) attended in the last 6 months? (example: Parents attended __ out of __ sessions.)

Are revisions to the treatment plan expected? If so, what are the revisions?

Is the member able to communicate verbally or non-verbally? y/n _____

Is the member receiving any other therapeutic services? If so, please describe the service and note any updated information that has been received within the last 6 months?

Does the member display aggressive behaviors? Y/N_____ If yes, what behaviors?

Does the member need assistance with ADLs/IADLs? Y/N_____ If yes, please specify.

**Please complete document and attach to prior authorization requests.

Revised 1-2-2020



If member has been receiving treatment longer than 12 months, progress from their baseline has been demonstrated on repeated assessments. (Choose all that apply):

Structured parent or caregiver Interview: _____ Direct Behavioral Observation: _____
Checklist or rating scale for symptoms of ASD: _____ Expressive or Receptive Language Measure: _____
Measure of Cognitive Function: _____ Other Clinical Information: _____

Current targets address safety or functioning (Choose all that apply):

Social Communication or Language: _____
Social or Family Interactions: _____
Repetitive or Restricted behaviors that interfere with functioning or relationships OR have the potential to harm self or others: _____
ADLs or IADLs: _____
Disruptive or aggressive or self-injurious behaviors: _____

What are the provider's qualifications?

How many supervision sessions are occurring per month by the BCBA? Per week?

Is supervision direct or video based? _____

Does the member attend school full day, half day, or does not attend school or a structured program?

****Please attach a copy of the member's treatment plan to include goals and progress towards those goals. Details should include if the goals have goal been met, not met, or in progress.**

**Please complete document and attach to prior authorization requests.

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