

Appendix F

Required Cover Sheet for Documentation Submission for PA

The below form must be printed out and submitted when providers are requesting preauthorization for assessment and treatment hours. Please complete all necessary fields and submit it as instructed.

Member's Name: _____ Member's DOB: _____ Gender: M F

Diagnosis: _____

Diagnosed by Whom: _____

Date of Diagnosis: _____ Date of Letter of Medical Necessity: _____

Is this member currently enrolled in school? Y N

Name of School: _____

Private and/or School related services (Circle service(s) and/or specify "other"):

Occupational Therapy Speech Therapy Physical Therapy Other: _____

Does this member have an IEP or IFSP? Y N

(If no, provide rationale for why there is no educational placement. Include family's plan with regard to having the member enrolled in school. Specify school/classroom information.)

Proposed Service Schedule		
Service and Time	Location	People Present
(Example) Direct Service: MWF 2 - 5pm	Home, Clinic	Client, Parent, RBT, BCBA (1x/wk)
(Example) Supervision: Wed 2-3pm	Home, Clinic	BCBA, Client
(Example) Parent Training: Every other Wed. from 2 – 3pm	Home	BCBA, Mother, Father

Authorization Date Range for Behavioral Assessment or Treatment:			
CPT Code:	# of hours/week	# of units/week	# of units/3 mths (13 wks) #of units/6 mths (26 wks)
0362T			
97151/97152 *Family of Codes			
97153/97154/97155 *Family of Codes			
97156			
97157			
97158			
0373T			

***Family of Codes:** It is only necessary to enter one code from a bundle (family of codes) since the entire family is sent to the claim system. If more than one code from the same family is entered, only the actual code entered is sent to claims and not the complete family of codes.

Note: The BACB requires ongoing supervision for a minimum of five percent of the hours that the RBT spends providing behavior-analytic services each calendar month.

Parent/Caregiver Training Goals: According to the BACB, goals must be specific and include baseline data, behavior that is expected to be demonstrated and mastery criteria, date introduced, date mastered, etc.

Parents/caregivers being present during the session is **not** sufficient for a parent/caregiver training goal. You are required to document and track 2 – 4 goals.

Assessment Results: Summarize findings from the initial and/or most recent behavioral assessment (e.g., FBA, VB-MAPP, etc.). Include visual representations (graphs, tables, grids) as appropriate.

Skill Acquisition Goals: These goals will be related to the core deficits of autism. Goals should be based on assessment performance or data from other providers. Baseline data and progress summary (if goal is in treatment) must be included. Visual representations (graphs, tables, grids) as appropriate.

Behavior Reduction Goals: Graphs are **required** and must include initial baseline, and graphic display of progress since the intervention was initiated. Interventions over long periods of time should be consolidated to weekly/monthly/etc. units of measurement or otherwise adjusted to be all inclusive of data collected.

Graph Requirements:

- All graphs must be legible with the x axis (horizontal) of the line graph labeled with session dates and the y axis (vertical) of the line graph providing the quantifiable measurement of the behavior that was recorded.
- The line graph should be in a ratio of 2:3 (i.e., If the y axis is 4 inches, the x axis should be 6 inches).
- Condition labels and legends should be utilized when more than one behavior is being graphed.
- Maximum number of three (3) behaviors or targets on a single graph.

Graph date format:

- The behavior assessment graph should include the member initials as well as the date in a month/day/year format and must have been conducted/dated no more than two (2) months prior to the Treatment Services PA request effective date.

Baseline data: Baseline is a data measurement that is collected prior to intervention that provides a starting point for comparison. This data must be measurable and indicate the member's present level of responding directly related to treatment plan goals. Phase change lines or other indicators should be used to separate baseline data from intervention data as well as any changes to the intervention and/or varying levels of service.

School Plan: A school plan is required for all educational settings to include both public and private schools with exception only to a daycare or an after-school setting. If ABA therapy is being provided in the school setting, the plan of care must outline a separate school plan that clearly defines the behaviors that are being targeted for reduction specific to this setting, lists behavior reduction goals and include line graphs that meet ASD policy guidelines. Skill acquisition goals should not be implemented in this setting as the primary objective should be reducing maladaptive behaviors that impede the member's ability to engage in academic tasks.

Checklist: *Are the following attached?*

Diagnostic Evaluation

Letter of Medical Necessity

Plan of Care (Initial Treatment Plan or Progress Report) including the following:

- Brief background information including demographics, diagnostic history, medical history, living situation, school information (grade, IEP, services receiving, etc.), previous ABA services, current ABA services, etc.
- Current medications
- Parent/caregiver concerns
- Assessment procedures and results (graphs, tables, grids)
- Skill Acquisition Goals including baseline data, mastery criteria, progress summary
- Behavior Reduction Goals (if appropriate) including baseline data, operational definition/topography of behavior, treatment strategies, behavior reduction goal, progress summary, graphs
- Caregiver Training Goals including baseline data, mastery criteria, etc.
- Coordination of Care
- Transition Plan
- Discharge Criteria
- Crisis Plan

Supervising BCBA/BCBA-D Signature: _____

Date: _____