

Applied Behavior Analysis (ABA) Provider Checklist**Initial Applied Behavior Analysis (ABA) Therapy Assessment (Functional Behavior Assessment)**

The following must be submitted with requests for an initial ABA therapy assessment:

- ☐ Date(s) of service
- ☐ Patient information
- ☐ Comprehensive assessment establishing the diagnosis of autism
- ☐ If applicable, a copy of the child's Individualized Education Plan (IEP)
- ☐ Prior therapies (e.g. Clinical Child & Family Therapy, Residential Treatment, or previous ABA therapies) and dates of service
- ☐ Credentials of the professional(s) performing the ABA assessment

Initiation or Continuation of Applied Behavior Analysis (ABA) Therapy (as applicable)

The following must be submitted with requests for ABA therapy:

- ☐ Dates of Service
- ☐ Number of Hours Requested
 - Number of hours needed for each billing code (CPT/HCPCS)
 - Clinical summary that justifies hours requested
- ☐ Functional Behavioral Assessment Including Assessment of Targeted Risk Behaviors
- ☐ Treatment Plan
 - Proposed goals and objectives including:
 - Current level (baseline)
 - Targeted behaviors
 - Instructional methods to be used
 - Specific plan for generalization
 - Treatment setting
 - A copy of the child's Individualized Education Plan (IEP) if applicable
- ☐ Daily Progress Notes (for continuation of therapy) including:
 - Place of service
 - Barriers to progress
 - Response to interventions
- ☐ Parent/Guardian Training
 - Proposed goals and objectives
 - Specify parent training procedures
- ☐ Coordination of Care
- ☐ Transition Plan
- ☐ Discharge Plan
- ☐ Certification and Credentials of the Professional(s) Providing the ABA Therapy