

Applied Behavioral Analysis Outpatient Treatment Request Checklist

Documentation requests are intended to support medical necessity determinations in accordance with Nevada Medicaid MSM Chapter 3700 and PT 85 billing guidelines. Requests may vary based on individual clinical presentation.

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

For Initial Treatment Requests:

- ☐ For initial Applied Behavior Analysis (ABA) requests, providers must submit Form FA-11E (ABA Authorization Request) and Form FA-11F (Autism Spectrum Disorder Diagnosis Certification) in accordance with Nevada Medicaid requirements
 - ☐ Form FA-11E serves as the primary source of medical necessity documentation and should reflect assessment findings, target behaviors, treatment goals, requested services, and baseline data
 - ☐ Form FA-11F is required for initial ABA requests only. FA-11F must be completed and signed by a qualified diagnosing practitioner acting within their scope of practice. FA-11F is not required for continued authorization requests
- ☐ Comprehensive diagnostic evaluation supporting an Autism Spectrum Disorder diagnosis by a qualified provider. Diagnostic documentation must support current medical necessity for ABA services
- ☐ Social, developmental, and medical history, including current medication(s) and comorbid diagnoses
- ☐ Information regarding prior and current services received (e.g., Early Steps, IEP, OT, PT, ST, ABA, BHOP, etc.)
- ☐ Requested codes and dates of service
- ☐ Proposed treatment schedule, including ABA services, other therapies, and school schedule
- ☐ If there is discrepancy between hours requested and member's availability for services, please provide rationale and coordination plan with other providers
- ☐ Assessment tool data (e.g., VB-MAPP, ABLLSR, AFLS, EFL, etc.) that is appropriate for member based on chronological age and developmental level, along with description of current communication status (e.g., vocal, utilizes AAC device, etc.)
 - ☐ Please note: some portions of assessment tools may not meet the coverage criteria. Each case is reviewed on an individual basis and additional rationale may be requested
- ☐ Clinically significant treatment goals that include core deficit(s) or excesses targeted, start date, measurable objective with mastery criteria, anticipated end date, and ABA techniques to be utilized
- ☐ Operational definition for behavior(s) targeted for reduction, data collection method, and baseline rate
- ☐ If treatment plan includes behaviors targeted for reduction, include a behavioral assessment (FBA or equivalent) and assessment driven intervention strategies within the treatment plan. Separate BIP documentation is not required if intervention strategies are clearly documented
- ☐ Specific and measurable goals to be targeted within caregiver training relevant to member and familial stressors

- ☐ Crisis or safety planning when clinically indicated based on member risk factors
- ☐ Plan for generalization documented within the ABA treatment plan. Documentation should describe how targeted skills are expected to transfer beyond the therapy setting and connect back to the member's treatment goals and daily functioning. Examples may include specific settings where skills will be used, caregiver or support involvement, and member-specific scenarios such as transitions, communication needs, or behavior triggers
- ☐ Treatment Progression and Service Titration Considerations, including:
 - ☐ Specific and measurable goals that support progress toward reduced service intensity and clinically appropriate levels of care
 - ☐ Updated progress toward goals over the authorization period
 - ☐ Description of how hours may be adjusted based on member progress
 - ☐ Form FA-11E is required for ABA prior authorization requests; however, FA-11E alone does not replace the requirement for an ABA treatment plan. Providers must submit a treatment plan or clinical documentation that includes assessment-driven goals, intervention strategies, and service intensity to support medical necessity. If required treatment plan elements are not fully documented within Form FA-11E, additional clinical documentation must be submitted.
- ☐ If member is school-aged, include documentation of coordination with educational services when applicable, including school schedule considerations and IEP status when applicable
- ☐ Evidence of caregiver participation in the development of the plan and their understanding of treatment plan (i.e., parent signature)
- ☐ Provider signature, per within health plan requirements

For Ongoing Treatment Requests:

- ☐ For concurrent authorization requests, Form FA-11E must be submitted to request continued services. FA-11E should reflect updated clinical information and be supported by treatment plan updates demonstrating progress, data trends, and continued medical necessity
- ☐ Additional and/or updated diagnostic testing, if previously requested
- ☐ Updated social, developmental and medical history, including current medication(s) and comorbid diagnoses
- ☐ Information regarding prior and current services received (e.g., Early Steps, IEP, OT, PT, ST, ABA, BHOP, etc.)
- ☐ Requested units by code and start date of new service request
 - ☐ If there is an increase or decrease in hours requested, include a description explaining why the hours are being modified
- ☐ Updated proposed treatment schedule (changes since last authorization), including ABA services, other therapies, and school schedule
 - ☐ If there is discrepancy between hours requested and member's availability for services, please provide rationale
- ☐ Updated assessment tool data, that is appropriate for member based on chronological age and developmental level, along with historical scores, and description of current communication status
 - ☐ Please note: some portions of assessment tools may not meet the coverage criteria. Each case is reviewed on an individual basis and additional rationale may be requested

- ☐ Clinically significant treatment goals that include core deficit(s) or excesses targeted, start date, measurable objective with mastery criteria, anticipated end date, and ABA techniques to be utilized
- ☐ Update on goals within previously approved authorization:
 - ☐ Identification of goals and/or targets that were mastered during most recent authorization period
 - ☐ Progress toward continued goals and modifications to goals that did not meet mastery criteria
- ☐ Identification of any barriers that would impact treatment progress, as well as how these barriers are being addressed
- ☐ Operational definitions for challenging behaviors, data collection method, and current data, compared to historical data
- ☐ Updates to the treatment plan demonstrating progress, data trends, and continued medical necessity. Updated assessment findings (FBA or equivalent) should be included when clinically indicated to support changes in goals, interventions, or service intensity
 - ☐ Submission of Form FA-11E alone does not replace the requirement for treatment plan updates or supporting clinical documentation needed to demonstrate continued medical necessity
- ☐ Updates to caregiver training goals indicating progress and/or barriers (if applicable) and how barriers are being addressed
- ☐ Information regarding attendance of scheduled sessions for both member and caregivers
- ☐ Crisis or safety plan, when clinically indicated
- ☐ Updated generalization information documented within the revised ABA treatment plan. Documentation should describe progress with transferring targeted skills beyond the therapy setting, any barriers to generalization, and updates to caregiver or support involvement
- ☐ Treatment Progression and Service Titration Considerations, including:
 - ☐ Specific and measurable goals demonstrating functional progress and skill acquisition
 - ☐ Updated progress toward goals achieved over the authorization period
 - ☐ Community or natural supports that promote maintenance and generalization of skills, when applicable
 - ☐ Details indicating how service intensity may be adjusted based on member response to treatment
- ☐ If member is school-aged, include documentation of coordination with educational services when applicable, including communication with the school system and IEP status, if available
- ☐ Evidence of caregiver participation in the development of the plan and their understanding of treatment plan (i.e., updated parent signature)
- ☐ Provider signature, per within health plan requirements

If an authorization request is denied or partially approved, providers may request reconsideration or file an appeal in accordance with Nevada Medicaid processes. Follow the determination notice for specific instructions, submission requirements, and applicable deadlines.