

Autism Service Benefit Initial/Continued Treatment Plan Template

This is a request to review if the service meets the medical necessity definition under the member's health benefit plan.

It does not confirm the patient is eligible for benefits. For Initial Services, the Provider must call to check benefits at:

Blue Cross and Blue Shield of Texas STAR: 1-877-560-8055

Blue Cross and Blue Shield of Texas STAR Kids: 1-877-784-6802

After completing the form, please fax to: **1-888-530-9809**

Basic Information:

Member's Name:	Date Request Submitted:
Member's DOB:	Provider Name and Address:
Member Medicaid ID:	Provider Tax ID # and NPI #:
Member Address:	Agency Administrative Contact and Phone/Email/Fax:
Legal Authorized Representative (LAR) Name and Phone Number:	Provider Clinical Contact and Phone/Email/Fax:

Type of Request:

- Initial assessment
- 90-day extension of initial ABA authorization
- Continued ABA treatment request
- Discharge

Previous and Current Services:

Current Service Schedule:

	Service(s) Provided	Time (e.g., 3:00-5:00)	Location – List all that apply (home, office/clinic, community, school)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday/Sunday			

ABA Treatment History (Please include all prior ABA services, as well as start date of current services):

Service Dates	Intensity/Week	Provider	Response to Treatment

Other Services (E.g., speech therapy, occupational therapy, physical therapy, psychotherapy/counseling; please detail your efforts within the medical model to work with member’s other service providers):

Service Type	Intensity/Week	Response to Treatment	Collaboration Description

Note: Please demonstrate coordination of care with other disciplines

Coordination of School Information: Is this member currently enrolled in school with an IEP?

Yes No

If “No” please provide details regarding coordination or reason for lack of IEP. Also, include what the legal authorized representative’s plan is to have the member enrolled in school/IEP.

Depression Screening:

If the member is 13 or older, it’s important for you to evaluate for the presence of depression. Please ask the member or his/her LARs) if the member has experienced the following symptoms of depression:

During the past **month**, have you often been bothered by feeling down, depressed, or hopeless?

Yes No

During the past **month**, have you been bothered by little interest or pleasure in doing things?

Yes No

Background Information:

Ordering/referring provider (Include name NPI and TIN of Medicaid enrolled Provider that ordered or referred member for ABA services)

Ordering/Referring Provider Name	Credentials	NPI	Texas Medicaid ID*	TIN

* If applicable

Diagnosis (Include member’s primary diagnosis, all comorbid diagnoses, and all diagnostic assessment tools or combination of tools):

Diagnosis*	Severity Level*	Date of Diagnosis (must be within last three years)**	Name and Credentials of Diagnostician

*Per DSM 5(reference TMPPM Children’s Services Handbook 2.3.1)

**If the original diagnosis is more than three years old, reassessment of ASD symptom severity must occur.

Has the member ever been assessed for comorbid diagnoses? Yes No Unsure

Is there documentation of trauma history? Yes No

If yes, submit documentation.

Medications (Please include any medications, along with dosage):

Medication	Dosage	Prescribing Physician	Collaboration with Physician

Collaboration with Treating Physicians (E.g., pediatrician, neurologist, psychiatrist; any information regarding the current staff collaborating with medical professionals, if it’s been attempted, recommendations, etc.):

Allergies:

Background Information (Include any other pertinent information on the history of ABA and treatment results, referral information, family knowledge of ABA, living situation, safety concerns, prior services received in the home/school/community, etc. If member is over 18 years old, please note if LAR(s) have conservatorship):

Behavior Reduction Goals

Include a copy of chart and include a behavior reduction graph for each of your goals. This information is required (2.3.5) for tantrums, stereotypy, self-injurious behaviors, aggression, and other safety risks.

Target Maladaptive Behavior Name	
Definition of Behavior	
Function	
Baseline and Date of Baseline	
Antecedent	
Proactive Strategies	
Reactive Strategies	
Behavior Reduction Goal	

Functionally-Equivalent Replacement Behavior(s) <i>List current and mastered FERB(s): include goal/data in skill acquisition section</i>	
Progress Summary of Behavior	

Enter Graph:

*Behavior reduction graphs are **required (2.3.7.13)**. Please include the initial baseline of the behavior as well as the entire graphic display of progress since the intervention started. The X-axis should be in equal-interval units of measurement and match the unit of measurement presented in the goal. Interventions over long periods of time should be consolidated to weekly/monthly/etc. units of measurement. Phase change lines should be used to separate baseline data from intervention data as well as any changes to the intervention and/or varying levels of service.*

Adaptive Developmental Assessment:

*The ABAS or Vineland is **required (TMPPM Childrens Services Handbook 2.3.7.3)**; although additional assessment measures may be used to assist with program planning, an updated ABAS or Vineland must be included every six months. Please include a date for the baseline and re-assessment A consistent rater should be administered the assessment at baseline and across each six-month reevaluation.*

ABAS-3 Scoring Information:

Baseline Administration Date:		Current Administration Date:		
Categories	Standard Score (Baseline)	Qualitative Range (Baseline)	Standard Score (Current)	Qualitative Range (Current)
General Adaptive (GAC)				
Conceptual				
Social				
Practical				

ABAS-3 Skill Areas	Scaled Score (Baseline)	Qualitative Range (Baseline)	Scaled Score (Current)	Qualitative Range (Current)
Communication				
Functional Pre-Academics				
Leisure				
Social				
Community Use				
School Living				
Health and Safety				
Self-Care				
Work				

**Qualitative ranges are from extremely low to high*

Vineland Adaptive Behavior Scales, 3rd Edition Scoring Information:

Baseline Administration Date:			Current Administration Date:			
Domain	Baseline Standard /V-scale Score	Current Standard /V-scale Score	Baseline Age Equivalence	Current Age Equivalence	Baseline Adaptive Level	Current Adaptive Level
Communication						
Receptive						
Expressive						
Written						
Daily Living Skills						
Personal						
Domestic						
Community						
Socialization						
Interpersonal						
Play/Leisure						
Coping Skills						
Motor Skills						
Fine Motor						
Gross Motor						
Adaptive Behavior Composite						
Maladaptive Behavior Composite:						
Internalizing						
Externalizing						

Baseline information should never change. The standard scores reported have an average of 100 and a standard deviation of 15. Age-equivalents indicate the average age of the individual from the Vineland-III normative sample who obtained the same raw score as the individual currently being assessed. Adaptive levels are scored on a 5-point scale from Low to High. Maladaptive behavior qualitative descriptors range from average to clinically significant.

Skill Acquisition Goals:

Please copy the chart and enter a new chart for each goal. You may have multiple goals for an area but are not required to have a goal for every area. **Note: General goals addressing activities of daily living (ADL) are excluded.**

Communication Goal(s):

Goal with Mastery Criteria	
Baseline, Setting of Baseline and Date of Baseline	
ABA Treatment Strategy Used	
Current Data and Date(s)	
Progress Summary	

Optional Graph(s):

Adaptive Living Skills Goal(s):

Goal with Mastery Criteria	
Baseline, Setting of Baseline and Date of Baseline	
ABA Treatment Strategy Used	
Current Data and Date(s)	
Progress Summary	

Optional Graph(s):

Socialization Goal(s):

Goal with Mastery Criteria	
Baseline, Setting of Baseline and Date of Baseline	
ABA Treatment Strategy Used	
Current Data and Date(s)	
Progress Summary	

Optional Graph(s):

Skill Acquisition Goal Summary *(for current reporting period only):*

<i>Goals Included</i>	<i>e.g. 24</i>
<i>Goals Met</i>	<i>e.g. 5</i>
<i>Goals Added</i>	<i>e.g. 2</i>
<i>Goals Discontinued</i>	<i>e.g. 0</i>

Caregiver Training Goals:

Please submit a copy of every caregiver goal. For clinical best practice you are encouraged to have and track at least two caregiver goals that focus on skill acquisition and/or behavior reduction specifically measuring the behavior of the caregiver – this does not include meetings, watching videos, etc.

Goal with Mastery Criteria	
Baseline, Setting of Baseline and Date of Baseline	
ABA Treatment Strategy Used	
Current Data and Date(s)	
Progress Summary	

Note: Participation by the LAR(s) is expected, and continued authorization for Autism Benefit services will take consideration of their participation in at least 85% of planned sessions.

Summary of LAR Participation (*include frequency of participation, barriers to participation, location of caregiver training, etc.*):

Generalization and Maintenance:

Include specific plan for generalization and maintenance of member's behavior reduction and skill acquisition goals, including how skills will be generalized across at least two settings, caregivers, and typically-developing peers.

Discharge Criteria and Transition Plan:

Measurable discharge goals should be included on each progress report to indicate the criteria for reducing care and/or graduating/transitioning from Autism services. Please note the estimated length of treatment for this member based on developmental assessment, baselines, age, time in treatment, and progress toward treatment goals. Note the clinical expectation of functioning. Per the BACB, the desired outcomes for discharge should be specified at the initiation of services and refined throughout the treatment process. It is imperative that a realistic exit criterion is established. Factor in all the facets above when creating the transition plan/exit criteria versus non-specific or unrealistic future expectations. Terminal goals should be included as part of the discharge criteria, which should be clearly measurable.

Treatment Intensity:

High frequency (intensive behavior intervention [IBI], greater than 20 hours/week) may be considered when documentation shows two or more of the following:

- Age six years or younger.
- Autism Severity Level 2 or 3 (per DSM-5 criteria).
- Goals related to elopement, aggression, or self-injury that are severely impairing.
- Within the first 2 years of initiating ABA.

Moderate frequency (six to 20 hours/week) may be considered when documentation shows two or more of the following:

- Age 12 years or younger.
- Autism Severity Level 2 or 3 (per DSM-5 criteria)
- Goals related to elopement, aggression, or self-injury that are severely impairing.
- Within the first four years of initiating ABA.

Targeted/focused frequency (five hours or less/week or 20 hours or less/month) may be considered when documentation shows two or more of the following:

- Age 20 years or younger.
- Autism Severity Level 1, 2 or 3 (per DSM-5 criteria).
- Focused on specific targeted clinical issues or goals related to specific targeted skills.

Maintenance/consultative level (2–4 hours per week or less) may be considered when documentation shows all of the following:

- Age 1–20 years.
- Autism Severity Level 1, 2 or 3 (per DSM-5 criteria).
- Goals related to elopement, aggression, or self-injury that are severely impairing.
- Within the first four years of initiating ABA.

Summary of Member’s Progress:

Recommended Services:

CPT Code Requested	Description (modifier)	Number of Hours per Week	Location of Service	Number of Days per Week Service is Received
97153	ABA individual treatment			
97154	ABA group treatment (no modifier required)			
97155	ABA individual treatment(HO, HN)			
97156	ABA parent or caregiver, family education, and training (HO, HN)			
97158	ABA group treatment (HO, HN)			

Note: Direct treatment for the child/youth is limited to a total of eight hours per day, inclusive of procedure codes 97153, 97154, 97155, 97158.

Requested Start Date of Services:

Additional Information for Consideration:

The licensed behavior analyst (LBA) must submit documentation attesting that:

The family/caregiver/responsible adult has agreed to the treatment plan, including:

- Frequency specified on the treatment plan.
- All places of service specified on the treatment plan.
- The specific goals and prioritization of the identified goals on the treatment plan aligns with child/youth and family values and preferences.
- The provider has access to sufficient staff to deliver the treatment plan frequency, duration, and in all places of service specified to allow accurate assessment of attendance in scheduled sessions.

Licensed behavior analyst signature

<p>_____ Legal authorized representative signature</p>
