



ABA Initial Assessment/Re-Assessment Format

Participant's Name:
Participant's Age:
Contact Information:

Medicaid ID:
Participant's DOB:

Date of report:
Evaluator's Name:

Initial Assessment

Re-assessment

Addendum

Documents Reviewed:

Please note any documents that are reviewed as part of the assessment.

- ┆ Comprehensive Diagnostic Evaluation (CDE)
- ┆ IEP or IFSP (as applicable)
- ┆ Reports of other services provided (e.g., OT, PT, SLP, Social Skills Training, etc.)
- ┆ Psychiatric assessment (if applicable)
- ┆ Reports from previous ABA providers

This section is not necessary for reassessments.

Background Information:

Description of background information should include a brief summary of:

- ┆ Previous treatments and results (especially important to include history of ABA treatment)
- ┆ Current treatments and progress (e.g., ABA, other behavior therapies, dietary modifications, feeding therapy, OT, PT, SLP, etc.)
- ┆ Current living situation
- ┆ Relevant family history
- ┆ Medical history – particularly seizure disorder or major psychiatric disorder
- ┆ Current medications. Are psychotropic medications being prescribed?
 - Name of medication
 - Prescribing Doctor
 - Dosage/Frequency

- Reason for prescription
- └ Education status
 - Where does the participant attend school?
 - Specialized classroom?
 - Require an aide?
 - Treatments received within school?
 - AAC devices?

For reassessment:

- └ *Update this section and include any relevant life changes (e.g., family, school, therapeutic services, health, medication). If there have been no changes, add a statement to clarify that no changes have occurred.*
- └ *Indicate if there has been a break or lapse in service. Specify when the lapse occurred and why.*
- └ *Indicate if there has been a deviation from the recommended level of care. Specify when the level of care was modified and why.*

Observations:

Assessment must include at least two direct observations of the participant in his/her natural environment, on 2 different dates.

- └ Include dates of observations
- └ Description of setting, length and any influencing factors (e.g., people present, activities occurring, etc.)
- └ Description of behaviors observed
- └ Include ABC information of maladaptive behaviors observed

This section is not necessary for reassessments.

Strengths and Weaknesses:

Include a description of the participant's current skills in the **communication, social** and **self-help** domains. Thoroughly describe the participant's skill deficits and demonstrate why intervention is required to teach new skills.

- └ May be determined through assessments such as the Vineland, ABLLS-R or VB-MAPP
- └ Results of assessments are best described in numeric or graphical form
- └ May include information on other relevant domains (e.g., cognitive, play, community and safety)

For reassessments:

- └ *Update any changes in strengths and weaknesses.*

Assessments Conducted:

Identify any assessments conducted and a summary of the results.

Possible assessments include; FAST, MAS, QABF, A-DOS, ABLLS, VB-MAPP, Functional Assessment Interview, Functional Analysis, etc.

Clinician is free to determine the most appropriate assessment to evaluate the child. However, if a target behavior has been identified an assessment should be conducted to determine the function of the behavior.

For reassessments:

- ┆ *Update formal assessments (if appropriate).*

Maladaptive Behaviors:

Identify maladaptive behaviors that are targeted for reduction.

- ┆ **Individualized** description of the targeted behavior
- ┆ Operationally defined behavior
- ┆ Topography of behavior
- ┆ Clear start and end of the behavior
- ┆ Observable, objective and measurable
- ┆ Intensity of behavior
- ┆ History of behavior
- ┆ Hypothesized function of behavior
- ┆ Baseline (e.g. frequency, rate or duration, etc.)
- ┆ Behavior reduction goal

For reassessments:

- ┆ *Update if previously identified behaviors have changed.*
- ┆ *Provide participant's progress toward **ALL** behavior reduction goals established in the previous report.*
- ┆ *Report baseline measurement, current measurement, and an updated status (e.g., in progress, met, discontinued, modified).*
- ┆ *All progress should be reported as measurable and objective data. Graphs are preferred.*
- ┆ *Unit of measurement should remain consistent with the previous report.*
- ┆ *Provide explanation/plan of action if there is a lack of progress.*
- ┆ *Add any new maladaptive behaviors.*

Behavior Intervention Plan (if applicable):

Provide a specific and **individualized** behavior intervention plan that includes the following:

- ┆ Operationally defined target behavior
- ┆ Hypothesized function
- ┆ Data collection procedures
- ┆ Recommended antecedent strategies

- ┆ Recommended consequence strategies
- ┆ Recommended reinforcement strategies (e.g., reinforcement schedule)
- ┆ **Functionally equivalent** replacement behaviors

For reassessments:

- ┆ *If there has been a change in the previously identified behaviors or a lack of progress, update the treatment plan to reflect any implemented modifications.*
- ┆ *Add a behavior intervention plan for any new behaviors targeted for reduction.*

Skills to Be Taught (Goals):

Identify skills to be taught.

- ┆ Goals must be separated by skill domain and relate to the core deficits of Autism Spectrum Disorders.
- ┆ Goals must be derived from the functional assessment and/or skill assessments.
- ┆ Goals must be **individualized** to the participant's needs.
- ┆ Goals must be measurable, observable, age appropriate, achievable and socially significant.
- ┆ Goals must include clear and definitive mastery criteria and criteria for generalization.
- ┆ Goals must include the baseline measurement and status of the goal (e.g., new goal).
- ┆ Goals must neither be educational in nature nor overlap with IEP objectives.
- ┆ Goals must not be recreational in nature.

For reassessments:

- ┆ *Provide participant's progress toward **ALL** goals established in the previous report. If a goal was indicated as met or discontinued in the previous report, then it can be deleted in the current report.*
- ┆ *All goals should include baseline measurement, current level, and an updated status (e.g., in progress, met, discontinued, modified).*
- ┆ *All progress should be reported as measurable and objective data. Graphs are preferred.*
- ┆ *Unit of measurement should remain consistent with the previous report.*
- ┆ *Keep goals in the same order.*
- ┆ *If there is a lack of progress, provide an explanation/plan of action.*
- ┆ *If a goal was modified, put on hold or discontinued, provide clinical rationale.*
- ┆ *If appropriate, add new goals (include baseline).*

Social Skills GROUP Goals (if applicable):

Identify skills to be taught in a Social Skills Group setting.

- ┆ Goals should be designed for a group setting.
- ┆ Goals must be **individualized** to the participant's needs.
- ┆ Goals should be measurable, observable and include clear mastery criteria.
- ┆ Goals should include the baseline measurement, current level of performance, and status of the goal.

These goals are only necessary when requesting social skills group 0372T.

For reassessments:

- ┆ *Provide participant's progress toward **ALL** social skills group goals established in the previous report. If a goal was indicated as met or discontinued in the previous report, then it can be deleted in the current report.*
- ┆ *All goals should include baseline measurement, current level, and an updated status (e.g., in progress, met, discontinued, modified.)*
- ┆ *All progress should be reported as measurable and objective data. Graphs are preferred.*
- ┆ *Unit of measurement should remain consistent with the previous report.*
- ┆ *Keep goals in the same order.*
- ┆ *If there is a lack of progress, provide an explanation/plan of action.*
- ┆ *If a goal was modified, put on hold or discontinued, provide clinical rationale.*
- ┆ *If appropriate, add new goals (include baseline).*

Family Involvement:

Include a description of family/caregiver involvement and individuals targeted for training.

- ┆ List specific goals identified for parent/caregiver training.
- ┆ Goals must target the caregiver's acquisition of new ABA skills, **not** the parent/caregiver's attendance or child's behavior.
- ┆ Goals must be **individualized** to the participant's needs.
- ┆ Include baseline levels for all parent/caregiver training goals.
- ┆ Document any assistance provided to parent/caregivers or others to carry out the approved behavior support/maintenance plans.
- ┆ Provider observation of the parent/caregivers.
- ┆ State approach to continuous monitoring of participant's progress and related modifications of the treatment plan, as the parent/caregiver's skills improve, and the participant's deficits are modified.
- ┆ Provide clinical rationale for the recommended parent/caregiver training services.

For reassessments:

- ┆ *Update any changes in family involvement.*

- ┆ Provide caregiver progress toward **ALL** caregiver training goals established in the previous report. If a goal was indicated as met or discontinued, in the previous report, then it can be deleted in the current report.
- ┆ All goals should include baseline measurement, current level, and an updated status (e.g., in progress, met, discontinued, modified).
- ┆ All progress should be reported as measurable and objective data. Graphs are preferred.
- ┆ Unit of measurement should remain consistent with the previous report.
- ┆ Keep goals in the same order.
- ┆ If there is a lack of progress, provide an explanation/plan of action.
- ┆ If a goal was modified, put on hold or discontinued, provide clinical rationale.
- ┆ If appropriate, add new goals (include baseline).

Generalization Training:

Include a description of the plan for generalizing skills into all areas of participant's environment.

- ┆ Describe the strategies the treatment team will implement to promote generalization.
- ┆ May include goals for parents to facilitate generalization.
- ┆ Required if it has been determined that it is medically necessary for services to occur outside of the participant's natural environment.

For reassessments:

- ┆ *Update any changes in generalization training.*

Preference Assessment:

A preference assessment should be conducted in order to determine appropriate reinforcers that will be utilized in the participant's treatment.

- ┆ Specify reinforcers and potential reinforcers identified for use.
- ┆ May be identified through parent report, observations or systematic assessments.

For reassessments:

- ┆ *Update any changes in reinforcers.*

Risk Assessment:

The risk assessment should include a description of the risks associated with engaging in treatment, as well as refusing treatment.

For reassessments:

- ┆ *Update any changes in assessed risks.*
- ┆ *Report any unintended result of treatment.*

Transition Plan (if applicable):

A transition plan should be created when:

- ┆ The participant is preparing to transition to a less intensive program (e.g., early intervention to focused intervention).
- ┆ The participant is preparing to transition to a less restrictive setting (e.g. from clinic-based to home-based).
- ┆ The participant is graduating from one grade-level/school to another.
- ┆ The participant will be fading/discontinuing direct treatment.
- ┆ The participant will be transitioning into adulthood.

Transition plans may include several components depending on the participant's situation:

- ┆ Specific steps
- ┆ Timeline
- ┆ Additional resources

Required if providing clinic-based services.

For reassessments:

- ┆ *Update any changes in the transition plan (if applicable).*

Discharge Criteria:

Discharge criteria must include requirements for discharge, discharge date, next level of care, and linkages with other services.

- ┆ Discharge criteria must be objective.
- ┆ Discharge criteria must be achievable/realistic.
- ┆ Must include the reduction of behaviors that interfere with the participant's quality of life, to a predetermined level.
- ┆ Must include the acquisition of long-term objectives that improve participant's independence.
- ┆ Must include the acquisition of long-term parent training goals that facilitate the transition of ABA treatment to the parent/caregiver.

For reassessments:

- ┆ *Summarize any progress toward the previously identified discharge criteria.*

Crisis Plan:

If a participant does not display maladaptive behaviors that are a risk for harm to self or others, this should be noted and the section labeled N/A.

Please check risk factors as applicable:

- Assaultive behavior
- Self-Injurious Behavior (SIB)
- Fire setting
- Impulsive Behavior
- Self-mutilation/cutting
- Current family violence (abuse, violence)
- Prior psychiatric inpatient admission
- Other _____
- Elopement
- Sexually offending behavior
- Current substance abuse
- Psychotic symptoms
- Caring for ill family member
- Coping with significant loss (job, relationship, financial)

Suicidality:

- Not Present
- Ideation
- Plan
- Means
- Prior attempt (last 12 months)

Homicidality:

- Not Present
- Ideation
- Plan
- Means
- Prior attempt (last 12 months)

A crisis plan includes active steps or self-help methods to de-escalate or defuse crisis situations, including names and phone numbers of contacts that can assist in the prevention or de-escalation of behaviors. Please note specific instructions on what parents/guardians should do after hours. (e.g., Call 9-1-1 in case of an emergency situation.)

For reassessments:

- ┆ *Update any changes in the crisis plan (if applicable).*
- ┆ *Document any crisis situations that occurred during the current authorization period. Include outcomes of crisis situations.*

Communication with other providers:

Please check boxes as applicable.

Have you communicated with the participant's prescriber of psychotropic drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Participant Declined <input type="checkbox"/> N/A; Provider is the prescriber <input type="checkbox"/> N/A; Participant not on medication
Have you communicated with the participant's PCP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Participant Declined

Have you been in communication with other treating specialist (e.g., occupational therapists, speech therapist, feeding therapists, etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Participant Declined <input type="checkbox"/> N/A If yes: please indicate the type of specialist(s) _____ _____
Have you been in communication with other Behavior Health (BH) providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Participant Declined <input type="checkbox"/> N/A If yes: please indicate the type of provider(s) _____ _____
Have you documented the communication or participant declination?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A; I have not communicated with other providers

For reassessments:

- Update any changes in communication with other providers.

Summary and Recommendations:

Summarize your case for medical necessity and your justification for the recommended level of care. All recommendations must be based on clinical rationale. For each service requested, specify the CPT code, description of service, hours per week, number of sessions per week, location of service, and provider of service.

CPT Code	Description of Service	Frequency of Service	Location of Service	Who is providing the service?
97153	ABA Therapy	10 hours/week	Home	RBT
97155/97155-GT	Direction of Technician (75% remote)	1 hour/week	Home/Office	BCBA
97156-U2	Parent Training with Member Present	4 hours/month	Home	BCBA
97156	Parent Training without Member Present	2 hours/month	Home	BCBA
H2012	ABA Treatment Planning	4 hours/month	Office	BCBA
97151	Re-Assessment	3 total hours	Home/Office	BCBA

For reassessments:

- ┆ *Re-evaluate the recommended level of care.*
- ┆ *Does the participant continue to meet medical necessity criteria?*
- ┆ *Is the previously recommended level of care still appropriate?*
- ┆ *If recommending to continue the previous level of care, provide clinical rationale and data to support your clinical rationale.*
- ┆ *If recommending a change in the level of care (e.g., an increase or decrease), provide clinical rationale and data to support your clinical rationale.*

Psychologist/BCBA-D/BCBA Signature (required):

Signature

Date

Parent Signature (not required):

Signature

Date