

<b>QUALITY OF DOCUMENTATION</b>		<b>Reviewer:</b>
<b>Applied Behavior Analysis - ABA</b>		
<b>Consumer Name:</b>	<b>Consumer M.A. #:</b>	
<b>1. Has the participant consented for treatment or with the consent of the participant, a parent or guardian has consented for treatment?</b>  <p style="text-align: center;">Yes / No</p>	<b>Comments:</b>	
<b>2. Does the medical record contain a prescription for ABA service either written on a prescription pad; or a completed <i>Physician Confirmation of Autism Spectrum Disorder Diagnosis</i> form with supporting documents; or contained in the Comprehensive Diagnostic Evaluation (CDE) ordered by a qualified health care professional?</b> COMAR 10.09.28.03 B (7)  <p style="text-align: center;">Yes / No</p>	<b>Comments:</b>	
<b>3. Does the medical record contain a current Comprehensive Diagnostic Evaluation (CDE) with the required elements, completed within the last 3 years and a recommendation outlining the need for ABA services written within the last 6 months; or a <i>Clinical Review for Autism Spectrum Disorder and Applied Behavior Analysis</i> form completed by a qualified health care professional?</b> COMAR 10.09.28.01 B (9) COMAR 10.09.28.03 B (6) Beacon Provider Alert <i>Comprehensive Diagnostic Evaluation (CDE) Guidelines to Access the Applied Behavior Analysis (ABA) Benefit</i> , May 5, 2017  <p style="text-align: center;">Yes / No</p>	<b>Comments:</b>	

<p><b>4. Does the medical record contain a comprehensive ABA assessment performed in person with the participant and the participant's parent or caregiver by a psychologist, licensed BCBA-D, or licensed BCBA which addresses the behavioral needs; includes an interview, direct observation, record review, data collection, analysis, assessment of the participant's current level of functioning, skills deficits, and maladaptive behaviors using validated instruments; and develops a treatment plan?</b> COMAR 10.09.28.04 B (1)</p> <p style="text-align: center;"><b>Yes / No</b></p>	<p>Comments:</p>
<p><b>5. Does the medical record contain an individualized, Beacon approved treatment plan(s) for ABA services developed by a licensed psychologist, licensed BCBA-D or licensed BCBA for the audit review period?</b> COMAR 10.09.28.01 B (31) COMAR 10.09.28.03 B (8)</p> <p style="text-align: center;"><b>Yes / No</b></p>	<p>Comments:</p>
<p><b>6. Does the medical record contain reassessment(s) which evaluates progress toward each behavior goal, a revision of the treatment plan based on progress, and a recommendation for continued medically necessary ABA services; completed in person with a participant and a participant's parent or caregiver every 180 days or sooner depending on the authorization span by a psychologist, BCBA-D or BCBA?</b> COMAR 10.09.28.04 B (8)</p> <p style="text-align: center;"><b>Yes /No / NA</b></p>	<p>Comments:</p>

<p><b>7. Does the medical record contain documentation of each service delivered, which at a minimum, includes: location, start/end times; a description of the service provided, including reference to the treatment plan; description of the participant's parent or caregiver's participation, including the parent or the caregiver's name and relationship to the participant, date and time of participation; and a legible signature, along with the printed or typed name of the individual providing care, with the appropriate title?</b> COMAR 10.09.28.04 F</p> <p style="text-align: center;"><b>Yes / No</b></p>	<p><b>Comments:</b></p>
<p><b>8. Does the medical record contain documentation of direct supervision or direct and remote supervision of the BCaBA RBT, or BT? Does the provider have approval from the Department for remote supervision?</b> COMAR 10.09.28.01 B (13) &amp; (34) COMAR 10.09.28.02 H (3) &amp; I (5) COMAR 10.09.28.04 B (10) COMAR 10.09.28.05 F</p> <p style="text-align: center;"><b>Yes / No</b></p>	<p><b>Comments:</b></p>
<p><b>9. Is the supervision ongoing, equal to at least 10 percent (10%) of the amount of hours of direct ABA treatment?</b> COMAR 10.09.28.04 (10) (b)</p> <p style="text-align: center;"><b>Yes / No</b></p>	<p><b>Comments:</b></p>

**10. Is at least 25 percent (25%) of the supervision performed in person?**

COMAR 10.09.28.04 (10) (c)

**Yes / No**

**Comments:**