TUFTS Health Plan

Applied Behavioral Analysis (ABA) Autism Service Request

This form should be completed by the board certified behavior analyst (BCBA) who will be rendering and/or supervising the services. Please complete all parts as clearly and as specifically as possible.

Note: Omissions, generalities and illegibility will result in the form being returned for completion or clarification.

Please fax the completed form to the plan listed below:

- Tufts Health Plan Commercial Plans and Tufts Health Freedom Plan products; Fax: 617.673.0314

Date of Request:		
Member Name:	Member ID:	Age: DOB:
Name of BCBA professional who will perform/supervise service:		
Provider ID/NPI:	Provider Fax:	
Provider Address:	Provider Phone:	
City:	State:	Apt/Suite: Zip:
Name of person in provider's office to notify of the decision (if different from above):		

Note: when services are approved, number of units/hours approved are intended to cover a 3-month period.

If these units are exhausted prior to completion of the timeframe, additional units will not be covered without authorization, and may not be approved. Shortly before the completion of the approved three month period it is necessary to submit an updated request if additional services are needed.

Code(s) Requested (check all that apply) and Frequency

☐ H0031 Mental health assessment by nonphysician – assessment and treatment planning by a BCBA

Average number of hours weekly: _____

☐ H0032 Mental health service plan development by nonphysician – direct supervision of paraprofessional by a BCBA

Average number of hours weekly: _____

☐ H2012 Behavioral health day treatment, per hour – direct service by a BCBA

Average number of hours weekly: _____

☐ H2019 Therapeutic behavioral services, per 15 minutes – paraprofessional direct service supervised by a BCBA

Average number of days per week: _____ Average number of hours each day: _____

Estimated duration of ABA services (planned time from initiation of care to completion, in months):

_____

Member Name:_____ Member ID:_____

If this is an initial request with Tufts Health Plan, proceed to Question1.

If this is a continued request, disregard Question1 and proceed to Question 2.

1. Has a comprehensive diagnostic evaluation been completed?

☐ Yes (include a copy) ☐ No

*If yes, by whom:_____

Date evaluation completed: _____ Member's definitive diagnosis:_____

2. Describe how treatment is being coordinated with other providers involved in the member's care:

Provider Type	Part of member's treatment team?	Date last contacted	Description of care coordination
Primary care physician			
Occupational therapist			
Physical therapist			
Speech therapist			
Behavioral health therapist			
School based services			
Other			

3. Tufts Health Plan requires that in order to be covered, ABA treatment includes parent/guardian development of behavior management skills that support effective generalization of the member in-session training. Describe parent/guardian participation:

Member Name:_____ Member ID:_____

4. Behaviors Targeted for Reduction:

Date Target Behavior Identified	Behavior (e.g., bolting from caregiver)	Goal (e.g., stay with caregiver 90% of time when out)	Current Progress Towards Goal (e.g., bolts from caregiver 50% when out)	Target Date for Completion

Member Name:_____ Member ID:_____

5. Behaviors Targeted for <u>Increase</u>:

Date Target Behavior Identified	Behavior (e.g., uses words/signs when requesting food instead of tantrums)	Goal (e.g., request food using appropriate words/signs)	Current Progress Towards Goal (e.g., uses words/signs when requesting food 50% of the time)	Target Date for Completion

Date Target Behavior Identified	Behavior (e.g., uses words/signs when requesting food instead of tantrums)	Goal (e.g., request food using appropriate words/signs)	Current Progress Towards Goal (e.g., uses words/signs when requesting food 50% of the time)	Target Date for Completion

Signature of treating BCBA professional:_____

Date:_____

Fax: 617.673.0314

Mail: Behavioral Health Department, Tufts Health Plan, 705 Mount Auburn Street, Watertown, MA 02472