



Medical Necessity Assessment (MNA) Clinical Instruction Manual

By RethinkFirst, Inc.

The Medical Necessity Assessment (MNA) Instruction Manual provides specific standardized instructions for filling out each of the MNA Clinical Data Points.

Best Practices When Creating a New Assessment:

- If a Client has never had an MNA, begin with an Initial Service Authorization, to aid in data collection and organization of information for future submissions.
- Once the Initial MNA is completed, subsequent Service Re-Authorizations will auto-fill with pre-selected answers based on the prior MNA submission; these answers can be modified if the response has changed during the last authorization period. This will greatly reduce your manual data entry!
- Special instruction for BH provider customers who used the original MNA, prior to 7/15/24 – If you already completed an Initial or Re-Authorization on the previous version, you must begin with an Initial Service form in this new release, noting that auto-fill will only apply with your subsequent assessment(s).

Clinical Data Points Instructions

*Items are only found on the Initial Service Authorization.

Data Point	MNA Item	Instructions for Completion
Preliminary Hours Planned		
1	Provider Hours Request	Enter initial plan for hours to be requested for direct treatment (97153+ 97154+97158)
Client Record		
2	Client Date of Birth:	Enter client’s date of birth. This will auto-calculate to current age.
Clinical Details		
3	Month/Year of Original Enrollment:	Enter the month and year when the client first started ABA treatment, even if started by a different treatment provider or agency.
4	# of Enrollment Years in ABA Therapy:	Total number of years client has been in ABA treatment from all providers or organizations. Keep gaps in service in mind.
5	Treatment Setting:	Select one or more treatment settings from the list provided to indicate where ABA treatment is occurring.
6	Client Enrolled in School:	School includes grades Kindergarten- Highschool. Preschool/Daycare and Post-high school/ College are not considered school for purposes of this question.
7	Is Client Receiving Medically Necessary ABA in School Setting?	Medically necessary ABA in school setting excludes services purely targeting academics, paraprofessional support, school shadowing.

		<p>Medically necessary ABA includes goals addressing core deficits of ASD, behavioral excesses, and deficits.</p> <p>Number of weekly hours of ABA in school should be entered to reflect accurate amount.</p>
8	Level of Clinical Support Needed:	<p>Based on the diagnostic evaluation report and provider treatment report:</p> <p>Mark "Mild" for Autism level 1, requires support</p> <p>Mark "Moderate" for Autism level 2, requires substantial support</p> <p>Mark "Severe" for Autism level 3, requires very substantial support</p>
Treatment Plan Considerations		
9	Medical Co-morbidity:	Client has a diagnosis of medical condition(s) to mark as "Present".
10	Diagnosed Medical Condition:	<p>Select one or more diagnosed medical conditions.</p> <p>If "other" is selected, indicate how many "other" diagnosed medical conditions exist (excluding any diagnoses named in the drop-down selection menu)</p> <p>If "other" is selected, type the name of the diagnosed medical conditions (excluding any diagnoses named in the drop-down selection menu).</p>
11	Behavioral Health Co-morbidity:	Client has a diagnosis of behavioral health condition to mark as "Present".
12	Diagnosed Behavioral Health Condition:	<p>Select one or more diagnosed medical conditions.</p> <p>If "other" is selected, indicate how many "other" diagnosed behavioral health conditions exist (excluding any diagnoses named in the drop-down selection menu)</p> <p>If "other" is selected, type the name of the diagnosed behavioral health conditions (excluding any diagnoses named in the drop-down selection menu).</p>
13	Eating/Feeding Concerns:	Mark "present" if client exhibits food selectivity, has a feeding tube, swallowing disorder etc.
14	Sleep Concerns:	Mark "present" if client exhibits sleep concerns such as sleeping more/less than typically expected.
15	Intellectual Disability:	<p>Mark "present" if client has a diagnosed intellectual disability and indicate applicable severity as mild, moderate, severe, profound based on diagnostic code.</p> <p>Select severity of diagnosed Intellectual Disability as outlined by the DSM-V: Mild 317.0, Moderate 318.0, Severe 318.1, Profound 318.2</p>

Assessments		
16	Use of Norm Referenced Standardized Assessment:	<p>Only one of the following items needs to be present to mark "Present".</p> <p>Standardized Adaptive Assessment Instruments including the: Pervasive Developmental Disorder Behavior Inventory (PDDBI), Personalized System of Instruction (PSI), Social Responsiveness Scale Second Edition (SRS-2), Stress Index for Adolescents of Parents (SIPA), Vineland Adaptive Behavior Scale (VABS or Vineland -3), Behavior Assessment System for Children (BASC), Adaptive Behavior Assessment System (ABAS-3).</p> <p>If norm based standard assessments outside of the above list are being used, mark "Present" and recorded the name of the assessment in the Progress Tracker Form Notes. Include current (most recent) score. Previous score will auto-populate in "Previous Score" box.</p> <p>When provider changes assessment types, indicate using "Change in Assessment Used" button and enter score to new assessment.</p>
17	Specify Measure Used:	Specify all instruments reported during the last authorization period.
18	Assessment Score:	<p>Enter score(s) for each Norm Referenced Standardized Assessment chosen above/completed during the last authorization period.</p> <p>As applicable, enter the following scores: PDDBI: Total Autism Composite Score PSI: Total Stress Percentile Score SIPA: Total Stress Percentile Score SRS-2: Total T-Score Vineland-3: Adaptive Behavior Composite Score BASC: Adaptive Skills Score ABAS-3: General Adaptive Composite Score</p>
19	Use of Criterion Referenced / Development Assessment:	<p>Only one of the following items needs to be present to mark "Present".</p> <p>Criterion Reference/ Development Assessments Include: Assessment of Basic Language and Learning Skills (ABLLS), Assessment of Functional Living Skills (AFLS), Essential for Living (EFL), Promoting the Emergence of Advanced Knowledge (PEAK), and Verbal Behavior Milestones Assessment and Placement Program (VBMAPP)</p>
20	ABA Criterion Assessment Name:	Specify all instruments reported during the last authorization period.

		When provider changes assessment types, select new assessment type, as applicable.
21	Criterion Referenced Assessment Score:	<p>Enter score(s) for each Criterion Referenced/Developmental Assessment chosen above/completed during the last authorization period. *</p> <p>Include current (most recent) score. Previous score will auto-populate in "Previous Score" box.</p> <p>If VB-MAPP, 3 text boxes for scores appear (Milestones, Barriers, Transitions - NOTE, only Milestones is required).</p>
Responsivity to Treatment		
22	Number of Parent Goals Met:	Count 1 for each parent goals met over the last authorization period.
23	Total Number of Skill Acquisition Goals Last Treatment Period:	<p>Input the total number of skill acquisition goals on the client's previously approved treatment plan.</p> <p>If less than or more than a six-month period, reflect total number of months reviewed in the notes section.</p>
24	Total Number of Mastered Skill Acquisition Goals Last Treatment Period:	<p>Of the total number of skill acquisition goals on the client's previously approved treatment plan, input the total number of mastered goals.</p> <p>If less than or more than a six-month period, reflect total number of months reviewed in the notes section.</p>
25	Total Number of Behavior Reduction Goals Last Treatment Period:	<p>Input total number of behavior reduction goals on the client's previously approved treatment plan.</p> <p>If less than or more than a six-month period, reflect total number of months reviewed in the notes section.</p>
26	Total Number of Mastered Behavior Reduction Goals Last Treatment Period:	<p>Of the total number of behavior reduction goals on the client's previously approved treatment plan, input the total number of mastered goals.</p> <p>If less than or more than a six-month period, reflect total number of months reviewed in the notes section.</p>
Goal Considerations		
27	*Baseline Data:	Mark "Yes" if Baseline data includes 3 or more points of baseline data. Mark "No" if 2 or fewer points of baseline data are present. Baseline data is defined as data obtained prior to or at the onset of an intervention that serves as a basis for comparison with

		data collected at a later point in time to assess the effects of ABA treatment.
28	Number of Proposed Parent Goals:	Total number of treatment goals recommended over the next authorization period to be targeted with parent.
29	Number of Goals Recommended in Treatment:	Total number of treatment goals recommended over the next authorization period (includes behavior reduction and skill acquisition).
30	Development Domains Addressed:	<p>To count, the development domains must be addressed in the proposed treatment goals over the next authorization period.</p> <p>Count 1 for each category of developmental domains addressed.</p> <p>The five Domains of Development categories are:</p> <ol style="list-style-type: none"> 1. expressive language, 2. receptive language, 3. pragmatic communication, 4. adaptive skills, 5. behaviors
31	Number of Social Communication Goals:	<p>To count, the social communication goal must be addressed in the proposed treatment goals over the next authorization period.</p> <p>Count of 1 for each goal that addresses a social communication deficit or excess.</p> <p>Social Communication goals focus on the ability to share information and include goals to improve language processing, use of alternative communication devices, and non-verbal language.</p>
32	Number of Social Interaction Goals:	<p>To count, the social interaction goal must be addressed in the proposed treatment goals over the next authorization period.</p> <p>Count of 1 for each goal that addresses a social interaction deficit or excess.</p> <p>Social Interaction goals focus on reciprocal social interactions and include goals to improve social interaction, social cognition, and pragmatic communication.</p>
33	Number of Restricted/ Repetitive Behavior Goals:	<p>To count, the restrictive / repetitive behavior goal must be addressed in the proposed treatment goals over the next authorization period.</p> <p>Count of 1 for each goal that addresses a restrictive / repetitive behavior deficit or excess.</p>

		Restrictive/ Repetitive Behavior Goals address behaviors including restricted patterns of interest (e.g., having very specific knowledge of vacuum cleaners to the exclusion of other interests), adherence to specific nonfunctional routines (e.g., insisting on taking a certain route to school), repetitive motor manner (e.g., hand flapping), and or preoccupation with parts of object (e.g., peer at wheels on a toy car while spinning them).
34	Social and Behavioral Excesses and Deficits	If social and/or behavioral excesses or deficits are present, select “yes” and see options below. Select “no”, if not present.
35	-Elopement:	Only 1 topography of elopement is needed to be present as part of the treatment goals or evaluation information submitted to be marked “Present”. Examples include wandering; leaving safe space or designated area without caregiver supervision or permission.
36	-Noncompliance:	Only 1 topography of noncompliance is needed to be present as part of the treatment goals or evaluation information submitted to be marked “Present”. Examples include: failure to follow an instruction within a specified period of time. Can include passive noncompliance, simple refusal, direct defiance, negotiation.
37	-Rumination:	Only 1 topography of rumination is needed to be present as part of the treatment goals or evaluation information submitted to be marked “Present”. Examples include: regurgitation of previously ingested food into the mouth, re-chewing, re-swallowing and/or expelling that food.
38	-Mouthing:	Only 1 topography of mouthing is needed to be present as part of the treatment goals or evaluation information submitted to be marked “Present”. Examples include: placing inedible objects to/within the mouth. Can include licking items and/or chewing on inedible items without ingesting.
39	-Screaming:	Only 1 topography of screaming is needed to be present as part of the treatment goals or evaluation information submitted to be marked “Present”.

		Examples include: making noises at increased volume relevant to the environment beyond those expected for emergency or other scenarios.
40	-Stereotypy:	<p>Only 1 topography of stereotypy is needed to be present as part of the treatment goals or evaluation information submitted to be marked "Present".</p> <p>Examples include repetitive motor movements with or without items such as: hand/arm flapping, looking out corner of eyes, staring into lights, lining items up, repeatedly touching items in set order, spinning wheels, shaking items, rocking body, body spinning, running back/forth.</p> <p>Examples include repetitive vocal non-contextual or non-functional speech/sounds such as: singing, babbling, grunts, squeals, phrases unrelated to the present situation, echolalia.</p>
41	-Fixated Interests:	<p>Only 1 topography of fixated interests is needed to be present as part of the treatment goals or evaluation information submitted to be marked "Present".</p> <p>Examples include intense focus surrounding certain topic or area of interest such as: practicing a skill, reading books/watching shows about single topic repeatedly, conversations with others are limited to the topic.</p>
42	-Limited or Exaggerated Facial Expressions:	<p>Only 1 topography of limited or exaggerated facial expressions is needed to be present as part of the treatment goals or evaluation information submitted to be marked "Present".</p> <p>Examples include: difficulty making appropriate expressions at the right time, remaining expressionless, producing looks that are difficult to interpret, overly exaggerating expected expressions.</p>
43	-Limited Vocal Verbal Communication:	<p>Only 1 topography of limited vocal verbal communication needs to be present as part of the treatment goals or evaluation information submitted to be marked "Present".</p> <p>Examples include: minimal to no vocal verbal speech produced for communicative purposes. May or may have ability to communicate via pointing, pulling others to items, PECS, sign language or AAC device.</p>
44	-Unusual Volume, Pitch, Intonation, Rate, Rhythm:	<p>Only 1 topography of within the realm of unusual volume, pitch, intonation, rate, or rhythm need to be present as part of the treatment goals or evaluation information submitted to be marked "Present".</p>

		Examples include: high-pitched or sing song voice, robotic or flat affect, hurried or slowed rate of speech, speaking loudly or whispering
45	-Poor Non-Verbal Communication Skills:	<p>Only 1 topography of poor non-verbal communication skills need to be present as part of the treatment goals or evaluation information submitted to be marked "Present".</p> <p>Examples include: avoid eye contact, unmindful of personal space, difficulty responding to/understanding facial expressions and body language, lack of use of gestures</p>
46	-Difficulty Explaining Feelings using Words:	<p>Only 1 topography of difficulty explaining feelings using words needs to be present as part of the treatment goals or evaluation information submitted to be marked "Present".</p> <p>Examples include: deficient ability to sharing emotions in back-and-forth conversation vocally or through sign language, PECS or AAC device</p>
47	-Inappropriate Body Postures:	<p>Only 1 topography of inappropriate body postures need to be present as part of the treatment goals or evaluation information submitted to be marked "Present".</p> <p>Examples include: holding hands/fingers are specific angles, arching back while seated</p>
48	-Difficulty Coordinating Own Verbal and Non-verbal Communication:	<p>Only 1 topography of difficulty coordinating own verbal and non-verbal communication need to be present as part of the treatment goals or evaluation information submitted to be marked "Present".</p> <p>Examples include: gestures, body language and/or facial expressions are not meaningful to speech context and/or do not match speech intent</p>
49	-Hypo or Hyper-reactivity to Sensory Input:	<p>Only 1 topography of hypo or hyper-reactivity to sensory input need to be present as part of the treatment goals or evaluation information submitted to be marked "Present".</p> <p>Examples include: covering ears in response to noise, closing eyes in response to light, crashing into furniture/walls, smell sensitivity, food taste/texture sensitivity, tactile sensitivity to clothing/touch/getting messy/wet</p>
50	-Inflexible Adherence to Routines:	<p>Only 1 topography of inflexible adherence to routines need to be present as part of the treatment goals or evaluation information submitted to be marked "Present".</p>

		Examples include: perseveration on driving route, placement of objects, use of specific utensils, food brands/types, daily schedule, inability or decreased ability to tolerate change and/or new situations
51	-Inappropriate Sexual Behavior:	<p>Only 1 topography of inappropriate sexual behavior needs to be present as part of the treatment goals or evaluation information submitted to be marked "Present".</p> <p>Examples include: hyper-masturbation, public masturbation, inappropriate romantic gestures, inappropriate arousal, and exhibitionism.</p>
52	-Aggression:	<p>Only 1 topography of aggression needs to be present as part of the treatment goals or evaluation information submitted to be marked "Present".</p> <p>Examples include: any completed, attempted, or blocked response that could cause injury to another person. This includes but is not limited to slapping, scratching, kicking, pinching, pushing, head butting, and throwing objects at people.</p> <p>Non-example includes: giving high-five, giving someone a hug.</p>
53	-Property Destruction:	<p>Only 1 topography of property destruction needs to be present as part of the treatment goals or evaluation information submitted to be marked "Present".</p> <p>Examples include: any completed or blocked response that could cause damage to materials or any other objects or surfaces within the immediate environment. This includes throwing objects, kicking/hitting objects, over-turning furniture, climbing on objects, and swiping objects from a table or other surface.</p> <p>Non-example includes: Playing catch during play or bumping into table and knocking off materials.</p>
54	-Pica:	<p>Only 1 topography of PICA needs to be present as part of the treatment goals or evaluation information submitted to be marked "Present".</p> <p>Examples include: repeated eating of things that are not food like paper, plants, plastic or stones.</p>
55	-Self Injury:	<p>Only 1 topography of self injury needs to be present as part of the treatment goals or evaluation information submitted to be marked "Present".</p>

		<p>Examples include: any completed or blocked response that is self-directed such that repetition of the behavior over time has or will cause bodily injury. This includes but is not limited to head banging, self-hitting, biting, eye-poking, hair pulling, and punching.</p> <p>Non-examples includes: scratching head, tapping foot against floor.</p>
56	-Other:	Select this option if client engages in social or behavioral excesses or deficits not captured in the choices above.
57	Has a Functional Behavior Assessment been Conducted:	<p>Provider record must indicate that an FBA has been completed for at least one target behavior to mark "Yes".</p> <p>On initial service forms, if an FBA has not been completed, a new question will open to determine if provider plans on conducting an FBA in the next 3 months. Select "Yes" if an FBA is planned. Select "No" if an FBA is not planned. Select "Unknown" if provider is unsure if FBA is planned/warranted.</p> <p>Not applicable applies when there are no target behaviors within the treatment plan which would require an FBA.</p> <p>Functional Behavior Assessment: comprises descriptive assessment procedures designed to identify environmental events that occur just before and just after the occurrences of potential target behaviors and that may influence those behaviors. That information may be gathered by interviewing the client's caregivers; having caregivers complete checklists, rating scales, or questionnaires; and/ or observing and recording occurrences of target behaviors and environmental events in every situations. (AMA CPT, 2021).</p>

Diagnostic Symptom Considerations

Symptom Severity- The five Autism Symptom severity criteria per the DSMV-R are listed. Choose the category of symptoms that best fits the information submitted by the provider as reflected in the submitted ABA evaluation and treatment plan.

	Area	N/A	Minor	Major	Severe
58	Repetitive and Restricted Behaviors: Stereotyped or repetitive motor movements, use of objects or speech. Insistence on sameness, inflexible adherence to	Not an active symptom	Some stereotyped/ repetitive motor movements, use of objects or speech. Trouble adhering to routines, some restricted interests.	Stereotyped/ repetitive motor movements, use of objects or speech are obvious to casual observer. Narrow, specific interests; difficulty coping with	Extreme difficulty coping with unexpected changes to routine/environment, trouble

	<p>routines or ritualized patterns of verbal or nonverbal behavior. Highly restricted, fixated interests that are abnormal in intensity or focus.</p>			change to routine and surroundings.	changing behaviors
59	<p>Communication: Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication</p>	Not an active symptom	Verbal language observed but obvious communication difficulty exists	Poorly integrated verbal and nonverbal communication, abnormalities in eye contact/body language. Deficits in understanding and use of gestures	Highly visible lack of verbal and nonverbal communication
60	<p>Relationships: Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers</p>	Not an active symptom	Some difficulty adjusting behavior to suit various social contexts and creating relationships	Obvious difficulty developing, maintaining, understanding relationships, imaginative play and making friends.	Absence of interest in others, including peers. Very limited desire to form or maintain relationships
61	<p>Social: Deficits in social-emotional reciprocity, ranging, for example, from abnormal social</p>	Not an active symptom	Decreased interest in social interactions. Ability to engage in social skills but may	Unusual responses to social cues, reduced sharing of interests, emotions, or affect.	Failure to initiate or respond to social interactions.

	approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions		struggle to maintain interactions	Decreased ability to initiate interactions with others.	
62	Sensory: Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment	Not an active symptom	Unusual but limited hyper- or hyporeactivity to sensory input or unusual interest. Does not impede or interfere with relationships or learning.	Unusual hyper- or hyporeactivity to sensory input or unusual interests that are easily redirected, may not interfere with learning but may interfere with peer interactions	Hyper- or hyporeactivity to sensory input or unusual interest are significant and often impede learning.

Form Results Screen

Summarizes information, hours recommendation and client details to validate information prior to completion and confirm provider's agreement.

63	MNA Recommendation	<p>Table shows minimum direct treatment hours recommended by Rethink's AI driven Medical Necessity Assessment, comparison to the preliminary hours provider indicated they would request for direct service codes and a summary of hours of other services the client receives per week (speech, OT, PT, Counseling).</p> <p>ABA Type Recommended:</p> <ul style="list-style-type: none"> • If 5-9 hours are recommended, Consultative Treatment is recommended • If 10-25 hours are recommended, Focused Treatment is recommended • If 26-40 hours are recommended, Comprehensive Treatment is recommended <p>Note: More hours may be recommended by the provider for clinical considerations not captured in the MNA. Examples: high frequency/intensity/duration of aggressive/destructive/self-injurious behavior, change in family</p>
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		<p>dynamic such as divorce where additional hours are needed to train across settings/caregivers, recent regression of skills, preparing to transition to less restrictive environment etc.</p> <p>When submitting to 3rd party payors, the provider may want to provide additional clinical rationale in circumstances where more hours are requested than the MNA recommends.</p>
64	Dose Response Curve	<p>This graph shows the predicted progress to be made (y-axis) based on the number of hours of ABA they would receive (x-axis), between 5 and 40. The solid red line shows the minimum hours recommended by the algorithm for optimal progress.</p> <p>The objective of this Dose Response curve is to increase transparency around predicted progress for all possible weekly ABA hour amounts.</p> <p>Weekly Minimal ABA Hours Recommended (Red line) equates to the actual optimal number of hours of ABA when optimal is defined as predicted progress made relative to hours of ABA delivered. As hours of treatment increase, predicted progress typically continues to increase until this value.</p> <p>Optimal Predicted Progress Range (Pink band) outlines minimal to highest weekly ABA Hour Recommended that maximize predicted progress. There may be clinical considerations not currently captured that would result in an authorization request higher than the Weekly Minimal ABA value specified in the Results Screen.</p> <div data-bbox="646 1276 1339 1705" data-label="Figure"> <p style="text-align: center;">Dose-Response Curve</p> <p>The graph displays Predicted Progress on the vertical axis (ranging from Min to Max) and Hours of ABA per Week on the horizontal axis (ranging from 5 to 40). A blue line represents the predicted progress, which increases rapidly from 5 to 10 hours and then levels off. A vertical red line is drawn at approximately 27 hours, marking the recommended minimal hours for optimal progress. A pink shaded region extends from this red line to the 40-hour mark, indicating the range of hours that maximize predicted progress.</p> </div> <p><i>NOTE: Algorithm recommends the minimal number of hours per week at which optimal progress is expected (red line). In select cases, the graph may appear to plateau before the red line. Minor incremental increases in</i></p>

		<i>progress are seen at those hours and may be difficult for the graph to show.</i>
65	Provider Consideration Flags	<p>The consideration flags are items frequently assessed by health plans during their review of medically necessary services. These flags can be used by providers to assist in writing requests for authorization, to include rationale for treatment decisions and/or to indicate areas of need for the client/family such as resources or referrals.</p> <p>See definitions and recommendations for each flag in the section below.</p>
66	Provider Agreement	<p>Used to measure provider agreement with MNA recommendation. The agreement range is shown on the screen. If provider agrees that the medically necessary hours for direct ABA services falls within the presented range, select yes.</p> <p>If the provider does not agree and believes the medically necessary hours for direct ABA services fall outside of the presented range, select no.</p> <p>If no is selected, indicate primary reason for disagreement from drop down</p> <ul style="list-style-type: none"> • Scheduling/Availability • Parent Request • Speed of Skill Acquisition/Generalization • Level of Interfering Behaviors • Transitioning into or out of treatment • Other (please write) <p>Indicate specific number of hours provider recommends for direct services per week (1:1 and/or group).</p> <p>Comments can be entered to expand on agreement/disagreement rationale as needed.</p>

Consideration Flag Definitions:

Consideration Flag Name	Definition
Potential Overtreatment	May affect progress - Request is 10+ hours more than MNA Recommendation (hours expected to optimize child's clinical outcomes)

Potential Undertreatment	May affect progress - Request is 10+ hours less than MNA Recommendation (hours expected to optimize child's clinical outcomes)
School Enrollment Concern	Provide information on how/where/when client receives academic education
Length in Treatment	Review for historical progress, developmental appropriateness of goals, transition planning
No Functional Behavior Assessment	Information needed to ensure treatment plan considers functions maintaining behaviors for change in order to ensure effective interventions are in place. If no FBA is warranted, provide rationale (example: social skills based services)
No Criterion Assessment	Provide information to show how goals were developed for treatment plan and how progress will be shown in quantitative measure
Medical Co-Morbidity Present	Provide information on how barriers related to progress/attendance are being addressed by provider, levels of coordination of care with medical provider
Behavioral Health Co-Morbidity Present	Provide information on how barriers related to progress/attendance are being addressed by provider, levels of coordination of care with behavioral health provider(s).
Intellectual Disability Present	Monitor for progress, coordination of care
Missing Baseline Data	Detail any information as basis for comparison with data collected at a later point in time so as to assess the effects of ABA treatment
No Goals Recommended	Provide information to show how provider is actively treating symptoms of ASD for the requested hours/week.
No Developmental Domains Addressed	Provide information to show how provider is actively treating symptoms of ASD for the requested hours/week.
No Functional Behavior Assessment when Restricted/Repetitive Behavior Goals are Proposed	Indicate how Restricted/Repetitive Behavior goals and mastery criteria were developed based on function(s) of behavior if FBA not completed to ensure quality and efficacy of treatment
No Functional Behavior Assessment for Indicated Social and Behavioral Excesses and Deficits	Provide clinical rationale to explain lack of completion/planned completion of Functional Behavior Assessment relative to selected Social and Behavioral Excesses and Deficits