

# ABA Medical Necessity Assessment

## Complete Survey Reference Guide

Survey Sections:	11 comprehensive assessment areas
Total Questions:	50+ data points
Assessments Included:	VB-MAPP, ABLLS-R, AFLS, Vineland
Risk Scoring:	6-factor assessment (0-24 scale)
Caregiver Burden:	9-domain evaluation (0-36 scale)
Evidence Base:	12+ peer-reviewed studies

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Skippy Care - Evidence-Based ABA Tools

## Survey Overview

This comprehensive assessment tool collects critical data across 11 domains to generate evidence-based recommendations for ABA dosage hours, treatment goals, BCBA supervision, and parent training. All recommendations are based on peer-reviewed research and standardized assessment protocols.

### How to Use This Reference:

- Review questions before client intake to ensure all necessary assessments are completed
- Use as a checklist during initial evaluations
- Reference when preparing authorization requests
- Share with intake coordinators and administrative staff
- Keep on hand during parent intake interviews

## SECTION 1: CLIENT DEMOGRAPHICS

### Q1. Client Age (Required)

- Numerical input (0-21 years)

Note: Age determines base dosage recommendations per research guidelines

### Q2. Current School/Educational Setting (Required)

- Not enrolled in school
- Early Intervention (0-3)
- Preschool
- General Education (mainstream)
- General Education with support services
- Special Education (partial day)
- Special Education (full day)
- Homeschool
- Residential placement

### Q3. Living Situation (Required)

- Family home
- Foster care
- Group home
- Residential treatment facility

## SECTION 2: DIAGNOSIS & ASSESSMENT INFORMATION

### Q4. Primary Diagnosis (Required)

- ☐ Autism Spectrum Disorder - Level 1 (requiring support)
- ☐ Autism Spectrum Disorder - Level 2 (requiring substantial support)
- ☐ Autism Spectrum Disorder - Level 3 (requiring very substantial support)
- ☐ Autism Spectrum Disorder - Unspecified

Note: DSM-5 severity level is primary driver of dosage recommendations

### Q5. Co-occurring Diagnoses (Select all that apply)

- ☐ ADHD
- ☐ Anxiety Disorder
- ☐ Intellectual Disability
- ☐ Mood Disorder
- ☐ Language Disorder
- ☐ Genetic Syndrome
- ☐ Seizure Disorder

### Q6. Most Recent Adaptive Functioning Score (Required)

Assessment Type:

- ☐ Vineland-3
- ☐ Vineland-II
- ☐ ABAS-3
- ☐ Adaptive Behavior Assessment System
- ☐ Other

Composite Score: \_\_\_\_\_ (Range: 20-160)

Note: Adaptive scores <70 indicate significant impairment; <55 severe impairment

### Q7. VB-MAPP Assessment Results (Optional)

Milestones Score: \_\_\_\_\_ (0-170)

Barriers Score: \_\_\_\_\_ (0-100)

Note: VB-MAPP assesses language and social skills based on Skinner's verbal behavior

### Q8. ABLLS-R Assessment Completion (Optional)

Skills Mastered: \_\_\_\_\_% (0-100%)

Number of Priority Areas: \_\_\_\_\_ (0-25)

Note: ABLLS-R tracks skills across 25 domains including language, self-help, academics

### Q9. AFLS - Assessment of Functional Living Skills (Optional)

Module Completed:

- ☐ Basic Living Skills
- ☐ Home Skills
- ☐ Community Participation
- ☐ School Skills
- ☐ Vocational Skills
- ☐ Independent Living Skills

Score/Total Items: \_\_\_\_\_% (0-100%)

## SECTION 3: AREAS OF SKILL DEFICIT

### Q10. Select all domains with significant deficits (Required - select at least 1)

Check areas where client is performing significantly below age level:

- ☐ Communication (expressive/receptive language)
- ☐ Social Skills (peer interaction, reciprocity)
- ☐ Play Skills (functional, symbolic, cooperative)
- ☐ Self-Care/Daily Living (toileting, feeding, dressing)
- ☐ Academic/Pre-Academic Skills
- ☐ Motor Skills (fine/gross motor)
- ☐ Executive Functioning (attention, flexibility, problem-solving)
- ☐ Community/Safety Skills

## SECTION 4: INTERFERING BEHAVIORS

### Q11. Presence of Challenging Behaviors (Required)

- ☐ No significant challenging behaviors
- ☐ Mild - Behaviors present but minimally interfere with learning
- ☐ Moderate - Behaviors regularly interfere with daily activities
- ☐ Severe - Behaviors significantly impair functioning across settings
- ☐ Crisis level - Safety concerns, high risk behaviors

Note: Behavior severity is heavily weighted in dosage calculations

### Q12. Types of Challenging Behaviors Present (Select all that apply)

- ☐ Aggression toward others
- ☐ Self-injurious behavior
- ☐ Elopement/wandering
- ☐ Property destruction
- ☐ Tantrums/meltdowns
- ☐ Noncompliance/refusal
- ☐ Stereotypy/repetitive behaviors (interfering with learning)

### Q13. Has a Functional Behavior Assessment (FBA) been completed? (Required)

- ☐ Yes, FBA completed
- ☐ No, FBA needed
- ☐ In progress

## SECTION 5: SERVICE HISTORY

### Q14. Previous ABA Services (Required)

- ☐ No previous ABA services
- ☐ Previous EI services only (0-3 years)
- ☐ Previously received ABA, completed treatment
- ☐ Currently receiving or recently received ABA
- ☐ Previous ABA interrupted/discontinued

### Q15. If previously received ABA, approximate hours per week (Optional)

Hours per week: \_\_\_\_\_ (0-40)

### Q16. Other Current Therapies/Services (Select all that apply)

- ☐ Speech-Language Therapy
- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Mental Health Counseling
- ☐ Social Skills Groups
- ☐ Psychiatric Medication Management

## SECTION 6: FAMILY & ENVIRONMENTAL CONTEXT

### Q17. Family Availability for Parent Training (Required)

- ☐ High - Family highly engaged and available
- ☐ Moderate - Family available with some constraints
- ☐ Limited - Significant barriers to participation
- ☐ Minimal - Very limited family involvement possible

Note: Limited availability increases direct service hour recommendations

### Q18. Number of Additional Siblings in Home (Optional)

Number of siblings: \_\_\_\_\_ (0-10)

### Q19. Primary Language Spoken at Home (Required)

- ☐ English only
- ☐ Bilingual (English primary)
- ☐ Bilingual (Other language primary)
- ☐ Other language only



## SECTION 7: CAREGIVER BURDEN & STRESS ASSESSMENT

9-domain assessment scored 0-36

### **Q20. Caregiver's ability to manage child's daily care needs (Required)**

- Caregiver manages independently with confidence
- Manages most tasks with occasional difficulty
- Frequent difficulty managing daily care
- Requires constant support from others
- Caregiver is overwhelmed and unable to meet needs

### **Q21. Impact on caregiver's physical health (Required)**

- No significant impact
- Mild impact (fatigue, minor stress-related symptoms)
- Moderate impact (sleep disruption, frequent exhaustion)
- Significant impact (chronic health problems developing)
- Severe impact (serious health conditions related to caregiving)

### **Q22. Impact on caregiver's mental/emotional health (Required)**

- Caregiver is resilient and coping well
- Mild stress but managing effectively
- Moderate stress, anxiety, or depression symptoms
- High stress, significant anxiety/depression
- Crisis level - caregiver mental health seriously compromised

### **Q23. Impact on family relationships and siblings (Required)**

- Minimal impact on family dynamics
- Some strain but family is managing
- Moderate strain on relationships
- Significant strain, affecting sibling or marital relationships
- Severe disruption to family functioning

**Q24. Caregiver's employment/work status impact (Required)**

- No impact on employment
- Minor schedule adjustments needed
- Reduced work hours due to caregiving
- Had to leave workforce
- Unable to maintain any employment

**Q25. Financial burden of child's needs (Required)**

- Financially manageable
- Some financial strain
- Moderate financial hardship
- Significant financial hardship
- Severe financial crisis

**Q26. Social isolation of caregiver (Required)**

- Well-connected with support network
- Somewhat isolated but has some support
- Moderately isolated, limited social contact
- Very isolated, minimal support network
- Completely isolated with no support

**Q27. Respite care availability (Required)**

- Regular respite care available
- Occasional respite available
- Minimal respite (rare breaks)
- No respite care available

**Q28. Overall Caregiver Burden Level (Required)**

- Low burden - Family is coping well
- Mild burden - Manageable with current resources
- Moderate burden - Family needs additional support
- High burden - Family is struggling significantly
- Severe burden - Family is in crisis

## SECTION 8: TREATMENT PRIORITIES

### Q29. Top Priority Treatment Goals (Required - select up to 3)

- Safety/Crisis behavior reduction
- Functional communication
- Independence in daily living
- Social interaction skills
- Academic/school readiness
- Community participation

### Q30. Expected Duration of Treatment Episode (Required)

- Short-term (3-6 months)
- Moderate (6-12 months)
- Extended (12-24 months)
- Ongoing/long-term (2+ years)

## SECTION 9: SERVICE DELIVERY

### Q31. Preferred Service Setting (Required - select all that apply)

- ☐ Home-based
- ☐ Clinic-based
- ☐ School-based
- ☐ Community-based
- ☐ Telehealth

### Q32. Insurance/Payer Type (Required)

- ☐ Commercial Insurance
- ☐ Medicaid
- ☐ TRICARE
- ☐ Medicare
- ☐ Private Pay
- ☐ School District Funded
- ☐ Other

## SECTION 10: RISK ASSESSMENT

6-factor scoring system (0-24 scale)

### Q33. Risk of harm to self (Required)

- No risk - No self-injurious behaviors (Score: 0)
- Low risk - Mild SIB without injury (e.g., hand mouthing, mild head hitting) (Score: 1)
- Moderate risk - SIB causing minor injuries (bruising, redness) (Score: 2)
- High risk - SIB causing tissue damage or requiring medical attention (Score: 3)
- Severe risk - Life-threatening SIB requiring emergency intervention (Score: 4)

### Q34. Risk of harm to others (Required)

- No risk - No aggressive behaviors (Score: 0)
- Low risk - Mild aggression without injury (pushing, grabbing) (Score: 1)
- Moderate risk - Aggression causing minor injuries to others (Score: 2)
- High risk - Aggression causing significant injury (Score: 3)
- Severe risk - Aggression requiring emergency services or hospitalization (Score: 4)

### Q35. Elopement/wandering risk (Required)

- No risk - Does not elope (Score: 0)
- Low risk - Attempts to leave but responds to redirection (Score: 1)
- Moderate risk - Elopes occasionally, requires supervision (Score: 2)
- High risk - Frequent elopement, requires constant vigilance (Score: 3)
- Severe risk - Elopement with life-threatening potential (traffic, water, etc.) (Score: 4)

### Q36. Risk related to lack of safety awareness (Required)

- No risk - Age-appropriate safety awareness (Score: 0)
- Low risk - Minor safety concerns, mostly supervised (Score: 1)
- Moderate risk - Lacks stranger danger, traffic awareness (Score: 2)
- High risk - No safety awareness, puts objects in mouth, climbs dangerously (Score: 3)
- Severe risk - Complete lack of safety awareness with multiple dangers (Score: 4)

**Q37. Risk of restrictive placement (Required)**

- No risk - Stable in current placement (Score: 0)
- Low risk - Current placement stable with supports (Score: 1)
- Moderate risk - Placement concerns, may need more intensive setting (Score: 2)
- High risk - Imminent risk of more restrictive placement (Score: 3)
- Severe risk - Currently in crisis, placement disruption likely (Score: 4)

**Q38. Medical complexity/fragility (Required)**

- No medical complexity (Score: 0)
- Minor medical needs (controlled with medication) (Score: 1)
- Moderate complexity (multiple medications, some monitoring needed) (Score: 2)
- High complexity (g-tube, seizure disorder, frequent medical issues) (Score: 3)
- Severe complexity (life-threatening conditions, extensive medical needs) (Score: 4)

**Q39. Prior psychiatric hospitalizations or crisis interventions (Optional)**

- None
- One hospitalization
- Multiple hospitalizations
- Recent hospitalization (within 6 months)

**Q40. History of service termination due to behaviors (Optional)**

- No prior service terminations
- Previous services terminated due to behavior severity

## SECTION 11: ADDITIONAL CLINICAL INFORMATION

### **Q41. Additional factors affecting treatment recommendations (Optional)**

Text area for open-ended response. Include:

- Medical conditions
- Medication side effects
- Family circumstances
- Other relevant factors

## SURVEY OUTPUT & RECOMMENDATIONS

### Upon completion, the survey generates:

- **Risk Assessment Score** - Total score (0-24) with classification (Low, Moderate, High, Severe)
- **Caregiver Burden Score** - Total score (0-36) with classification (Minimal, Mild, Moderate, High, Severe)
- **Recommended Direct ABA Hours** - Weekly hours based on evidence-based algorithm (typically 10-40 hours)
- **BCBA Supervision Hours** - Minimum 10% of direct hours per BACB standards
- **Parent Training Hours** - Monthly hours (typically 2-6 hours based on availability and burden)
- **Number of Treatment Goals** - Recommended goals (typically 2-12 based on complexity)
- **Clinical Rationale** - Point-by-point justification for each recommendation
- **Evidence-Based Support** - Research citations for all major decision factors
- **Downloadable PDF Report** - Professional formatted document for insurance submission
- **Email Capability** - Direct sharing with colleagues and partners

### Evidence-Based Dosage Ranges by Age:

Age Group	Base Recommendation	Research Support
0-3 years (EIBI)	25 hours/week	Eldevik et al., 2009; Reichow, 2012
3-6 years	25 hours/week	Virues-Ortega, 2010
6-12 years	15 hours/week	Leaf et al., 2020
12+ years	10 hours/week	Peters-Scheffer et al., 2011

### Adjustment Factors:

Base hours are adjusted up or down based on: DSM-5 severity level, adaptive functioning scores, assessment results (VB-MAPP, ABLLS-R, AFLS), risk score, caregiver burden, behavior severity, number of skill deficit domains, treatment history, and family availability. Maximum dosage capped at 40 hours/week per meta-analytic research showing diminishing returns.



## KEY RESEARCH REFERENCES

1. Eldevik, S., et al. (2009). Meta-analysis of Early Intensive Behavioral Intervention for children with autism. *Behavior Modification*, 33(5), 588-604.
2. Virues-Ortega, J. (2010). Applied behavior analytic intervention for autism in early childhood: Meta-analysis, meta-regression and dose-response meta-analysis of multiple outcomes. *Clinical Psychology Review*, 30(4), 387-399.
3. Lovaas, O. I. (1987). Behavioral treatment and normal educational and intellectual functioning in young autistic children. *Journal of Consulting and Clinical Psychology*, 55(1), 3-9.
4. Reichow, B. (2012). Overview of meta-analyses on early intensive behavioral intervention for young children with autism spectrum disorders. *Journal of Autism and Developmental Disorders*, 42(4), 512-520.
5. Leaf, J. B., et al. (2020). An evaluation of a behaviorally based social skills group. *Journal of Autism and Developmental Disorders*, 50(6), 1926-1938.
6. Peters-Scheffer, N., et al. (2011). A meta-analytic study on the effectiveness of comprehensive ABA-based early intervention programs for children with autism spectrum disorders. *Research in Autism Spectrum Disorders*, 5(1), 60-69.
7. Vivanti, G., Dissanayake, C., & Victorian ASELCC Team. (2014). Outcome for children receiving the Early Start Denver Model before and after 48 months. *Journal of Autism and Developmental Disorders*, 44(7), 1684-1697.
8. Perry, A., et al. (2011). Predictors of outcome for children receiving intensive behavioral intervention in a large, community-based program. *Research in Autism Spectrum Disorders*, 5(1), 592-603.
9. Sundberg, M. L. (2008). VB-MAPP: Verbal Behavior Milestones Assessment and Placement Program. AVB Press.
10. Partington, J. W. (2006). The Assessment of Basic Language and Learning Skills-Revised (ABLLS-R). Behavior Analysts, Inc.
11. Osborne, L. A., et al. (2008). Parenting stress reduces the effectiveness of early teaching interventions for autistic spectrum disorders. *Journal of Autism and Developmental Disorders*, 38(6), 1092-1103.
12. National Standards Project (2015). Findings and conclusions: National standards project, phase 2. National Autism Center.

# HOW TO USE THIS SURVEY

## For Clinicians & BCBAs:

- Complete all required fields marked with asterisks (\*)
- Enter actual assessment scores from standardized instruments when available
- Be thorough in documenting risk factors - these heavily weight recommendations
- Complete caregiver burden assessment via interview with parent/guardian
- Use additional information section to note unique circumstances
- Review generated recommendations with clinical judgment
- Download PDF report for insurance submission
- Email results to care coordinators or supervisors as needed

## For Administrative Staff:

- Use this reference to prepare for intake calls
- Ensure all necessary assessments are scheduled before survey completion
- Request Vineland-3, VB-MAPP, ABLLS-R, and/or AFLS scores from families
- Confirm diagnosis and DSM-5 severity level from diagnostic report
- Gather educational placement and service history information
- Schedule caregiver burden interview with BCBA

## For Insurance Coordinators:

- Generated PDF reports include all required medical necessity documentation
- Evidence-based citations support requested hours for appeals
- Risk scores and caregiver burden provide family need justification
- Assessment scores (VB-MAPP, ABLLS-R, AFLS) demonstrate skill deficits
- Recommendations align with payer guidelines for ABA dosage

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Skippy Care - ABA Authorization & Medical Necessity Tools

[www.skippycare.com](http://www.skippycare.com)

Developed by BCBAs for BCBAs

*This tool provides evidence-based clinical recommendations and should be used as part of comprehensive clinical assessment. Final treatment decisions should be made by qualified BCBAs based on individual client needs, payer requirements, and professional judgment.*