**Indiana ABA Treatment Plan Cover Page**

***Please complete this page and fax to 1-877-217-6068 with your treatment plan or, you have the option to call 1-866-830-0325 to provide the treatment plan information.***

*(Note: Text fields will expand as needed. You may copy and paste into fields.)*

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| --- | --- |
| **Provider Name** (Last, First):Click here to enter text. | **Provider TIN**: Click here to enter text. |
| **Member Name** (Last, First): Click here to enter text. | **Member ID #**: Click here to enter text. |

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| **Please list all units/hours requested per month** | | |
| **H0031** (1 hour) | Treatment Planning and Assessment (hours/month) | Click here to enter text. |
| **H0032** (1 hour) | Supervision by licensed clinician or BCBA® (hours/month) | Click here to enter text. |
| **H2012** (1 hour) | Parent Training by BCBA (hours/month) | Click here to enter text. |
| **H2012** (1 hour) | Direct work by BCBA (hours/month) | Click here to enter text. |
| **H2019** (15 min) | Parent training by paraprofessional (units/month) | Click here to enter text. |
| **H2019** (15 min) | Direct services by paraprofessional (units/month) | Click here to enter text. |
| **H2014** (15 min) | Group ABA services (units/month) | Click here to enter text. |
| **ALL Mental Health Diagnoses:** Click here to enter text.  **ALL Medical Conditions:** Click here to enter text.  **ALL Medications:** Click here to enter text. | | | |  |

**If this is a concurrent review, is this an increase, decrease or no change in hours requested?** Click here to enter text.  **Location of services: School, Home, Community, Facility/Office?** Click here to enter text.

**Date ABA services began with this provider:** Click here to enter text.

**Date ABA services began with any provider:** Click here to enter text.

**Overall progress summary: No progress, minimum progress, moderate progress or met all goals?** Click here to enter text.

**Other services child receives (including school/academic hours):** Click here to enter text.

**Does member display high-risk behavioral challenges (aggression, self-injurious behavior)?** Click here to enter text.

For full criteria, please go to [**providerexpress.com**](http://www.providerexpress.com), click on Clinical Resources > Level of Care Guidelines > IN Intensive Behavioral Therapy (IBT) for Autism.