

Annual Treatment Request

Annual Treatment requests can be submitted up to 30 days prior and no later than 10 days prior to the expiration of authorized visits. Failure to obtain reauthorization prior to the provision of services will result in a denial of claims.

- **New Behavior Identification Assessment**
 - Detailed behavior history
 - Patient observation
 - Caregiver interview
 - Test results
 - Discussion of findings
 - Recommendations
 - Must include:
 - Vineland
 - Two of the following: PDD-BI, SRS, PEAK-CA, VBMAPP, AFLS, Essentials for Living, or ABLLS

- **Updated Individualized Plan of Care (IPOC)**
 - Beneficiary's strength, needs, abilities, and preference
 - Beneficiary's assessment and evaluation results
 - Goals and objectives of treatment which must tie into the child's assessment and evaluation results
 - Outline to address the assessed needs of beneficiary, including, but not limited to, specific description of the recommended amount, type, frequency, setting and duration of ASD treatment services needed to meet the needs of the beneficiary.
 - Amount and type of parent/care giver participation, as applicable to beneficiary
 - The date of every completed progress summary and annual re-development
 - Signature, title and date by the multidisciplinary team members including the parent and/or caregiver

- **Progress Summary (a review of the most recently approved treatment period)**
 - The specific objective(s) from the IPOC toward which treatment has focused
 - An outline of specific treatment activities or interventions
 - The goals that have been met
 - Cumulative graphs of goals and objectives demonstrating progress or areas of concern
 - Explanation of any delayed progress toward IPOC goals
 - Amount and type of parent/caregiver participation, as applicable to beneficiary
 - Summary of treatment plan for the upcoming treatment period, to tie into objectives and goals of the IPOC
 - Signature and title, and date by the multidisciplinary team members including the parent and/or caregiver

- **SCDHHS ABA Prior Authorization Request Form (if submitting via fax)**