Instructions for Completing Form FA-11E

(Applied Behavior Analysis (ABA) Authorization Request)

Purpose

Form FA-11E (Applied Behavior Analysis (ABA) Authorization Request) is a comprehensive assessment tool for collecting and recording relevant information regarding a recipient's need for medically necessary Applied Behavior Analysis (ABA) treatment. The form allows providers to include medical necessity justification in one location, eliminating the need for unnecessary attachments when uploading the form through the Provider Web Portal (PWP).

Form FA-11F must accompany all initial requests for ABA services for Nevada Medicaid and Nevada Check Up recipients who have a confirmed diagnosis of Autism Spectrum Disorder (ASD), Fetal Alcohol Spectrum Disorder (FASD), or other condition for which ABA is recognized as a medically necessary treatment.

Submit form FA-11E under any one of the following conditions: (1) prior to rendering services to a Nevada Medicaid or Nevada Check Up recipient; (2) prior to the last authorized date of an existing authorization; (3) if a recipient's condition changes and the current authorization needs to be modified; and/or (4) when a recipient is determined eligible for Medicaid benefits.

Request Date

- Enter the date the request is created and submitted via PWP.

Request Type:

- **Initial Prior Authorization:**
  - Check this box if the recipient has not been previously treated by the agency.
  - *For initial requests, form FA-11E and form FA-11F are required to be submitted together.*
  - Enter start date of service.

- **Continued Services**
  - Check this box when the recipient requires additional services or dates of service (DOS) beyond the last authorized date.
  - Request must be received by Nevada Medicaid 5-15 days before the last authorized date.

- **Unscheduled Revision**
  - Check this box if a significant change in the recipient's condition warrants a change to previously authorized services.
  - Must be submitted during an existing authorization period and before services are rendered.
  - Number of requested units should be appropriate for the time remaining in the existing authorization period.

- **Retrospective Authorization:**
  - If a recipient is determined eligible for Medicaid benefits **after** service is provided (or after discharge), a retrospective authorization may be requested **within 90 calendar days** from the Date of Decision (DOD) (See the Nevada Medicaid Billing Manual, Chapter 4).
  - Enter the date of eligibility decision.

Notes Section

- Enter any additional information that should be considered during the review.

I-III. Requesting Provider, Servicing Provider, Recipient

- These sections need to be completed in their entirety.

IV. Co-Occurring Diagnoses, Current Symptoms, Relevant History

- Co-occurring diagnoses are any additional diagnoses relevant to the recipient, and in addition to ASD or FASD.
- The diagnoses entered in the authorization request in PWP is considered the primary diagnosis.

V. Responsible Party

- Enter the Parent/Guardian information who is responsible for the recipient. If the recipient is in State custody, enter the Case Worker, Social Worker or responsible party's information.
- The responsible party must sign this section of the form.

VI. Behavioral Targets/Behavior Disorders and Treatment Plan

List targeted behaviors impacting development, communication or interaction with people in the recipient's environment or adjustment to the settings in which their functions have diminished.

- **Target Behavior - Start Date and Anticipated Date for Mastery**
  - Identify the target behavior.
  - The start and anticipated date for mastery must match the PWP entry and pages 7 and 8 of form FA-11E.
- **Baseline Level Narrative / %:** For Initial and Continued Service Requests, provide the narrative of the baseline and percentage of the specific target behavior.
- **Current Level**
  - For Initial Requests, provide the narrative of the current target behavior (same as the narrative in the baseline column).
  - For Continued Service Requests, provide the narrative of the current target behavior for the requested time.
- **Short-Term Goal:** For Initial and Continued Service Requests, provide a narrative of the target behavior for the short-term goal period.
- **Intermediate Goal:** For Initial and Continued Service Requests, please provide a narrative of the target behavior for the intermediate goal period.
- **Long-Term Goal:** For Initial and Continued Service Requests, please provide a narrative of the target behavior for the long-term goal period.

Note: *For continuation of all goals from the previous 180 days, the dates must be for the current time and progress must be noted throughout the documentation.*

Target Behavior Start Date and Anticipated Date for Mastery	Baseline Level Narrative / %	Current Level	Short Term Goal	Intermediate Goal	Long Term Goal
Turn Taking 02/01/2023-07/31/2023	0% Client was unable to demonstrate taking turns with others	0% Client is unable to take turns	The client will appropriately take turns with an RBT in session.	With family, client will take turns with a toy in a variety of contrived situations.	Within and outside of session, client will take turns with toys across contrived and naturalistic situations

Figure 1: Initial Request

Target Behavior Start Date and Anticipated Date for Mastery	Baseline Level Narrative / %	Current Level	Short Term Goal	Intermediate Goal	Long Term Goal
Turn Taking 08/01/2023-02/28/2024	0% Client was unable to demonstrate taking turns with others	Mastered	The client will appropriately take turns with an RBT in session.	With family, client will take turns with a toy in a variety of contrived situations.	Within and outside of session, client will take turns with toys across contrived and naturalistic situations

Figure 2: Continued Service

***Note:** If additional space is needed, attach additional pages of 3-4 from the FA-11E form.*

VII. Review of Services Provided Over the Previously Authorized Period

- **For Initial Requests**, leave this field blank.
- **For Continued Service Requests**, indicate what services were provided since the last review and the overall responsiveness to interventions.

VIII. Parent/Guardian Training and Response to Training

- **For Initial Requests**, if procedure code 97156 is requested, explain what parent training will be received. If procedure code 97156 is not requested, leave this field blank.
- **For Continued Service Requests**, explain parent or guardian training and involvement in behavioral techniques, and response to training.

IX. Treatment Plan and Care Coordination

- Check all that apply.

X. Describe the Recipient's Discharge Plan

- Identify the details required in bullets **a-e** of this section.

XI. ABA Services identified through an Individualized Family Service Plan (IFSP), an Individualized Educational Program (IEP), 504 Plan or Plan of Care (POC):

- If **Yes**, copies are required to be submitted with this authorization**.** Check the appropriate box describing the additional treatment plan.
- If **No**, proceed to section **XII** after provider signature at the bottom of this section (see below instructions).

Provider Signature: Should be signed by the Licensed and Board Certified Behavior Analyst (BCBA) charged with coordination of services.
***Note:** Refer to Web Announcement 1908 for information regarding signature requirements.*

XII. Services Requested

- The requested services are based upon either a **focused** or **comprehensive** service delivery model. **Please check the appropriate box.**
- If service code will be rendered by a Licensed and Board Certified Assistant Behavior Analyst (BCaBA) (Specialty 312) or Registered Behavior Technician (RBT) (Specialty 314), the service code line requires modifier **UD** in the Required Modifier column.

***Note**: It is possible for a service code to be eligible for reimbursement for a BCBA and a BCaBA or an RBT. When that occurs, enter two separate lines in the fields to include one line with and one line without the modifier separating the information within the relevant columns. See the example below showing the modifier on the first line and the second line blank.*

	Code	Required Modifier	Code Description	Start Date and End Date (May request up to 180 days, may not exceed 180 days)	Units Per day	Days Per Week	Total Units Requested
1	97153	UD /	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	01/01/2024-06/28/2024	16 / 4	4	1664 / 416

Figure 3: Section XII Services Requested

Signature: Should be signed by the BCBA charged with coordination of services.
Note: *Refer to Web Announcement 1908 for information regarding signature requirements.*

Disclaimer: *Incomplete requests may be returned to the provider through the Provider Web Portal. The provider will have five business days to submit the requested information, or a technical denial will be issued. For more details, refer to the Nevada Medicaid Billing Manual Chapter 4 under the section titled "After submitting the request."*