

Applied Behavior Analysis — Plan of Care

Submit completed form using our preferred method online at <https://providers.healthybluelouisiana.com>.
or by fax to **1-844-432-6027**.

Questions? Call: **1-844-521-6942**.

Applied Behavior Analysis (ABA) team for Healthy Blue: **1-844-406-2389**

<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Reconsideration		Date services requested to start:	
Member information		Provider information	
Name		Name	
ID	DOB	NPI	Phone
Address		Address	
Home phone	Cellphone	Contact email	
Medical reasons supporting need for ABA services (diagnoses)			
Hours per week			
RLT	Supervision	BCBA direct service	Total
Baseline level of behaviors addressed in the plan based on assessment results			
Treatment goals			

<p>Behavior reduction plan: Problem behavior topography (SIB, property destruction, tantrums, hitting, etc.)</p> <p>Provider must state baseline frequency duration, latency, intensity of all problem behaviors for which a goal is developed.</p>	
<p>Functional assessment/ analysis results (must state a hypothesis of function or provide a finding of function based on a functional area)</p>	
<p>Behavior plan goals</p>	
<p>Behavior improvement plan (must address the function of the problem behavior and include strengthening a functional alternative)</p>	

Parent/guardian training and support goals						
State justification for ABA therapy hours requested (provide specific information used to determine the need for ABA therapy at the hours requested)						
Predominant location where services will take place	<input type="checkbox"/> Home <input type="checkbox"/> Clinic <input type="checkbox"/> School <input type="checkbox"/> Other (if other, please specify)					
Specify hours of service each day during the <u>school year</u>						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Specify hours of service each day during the <u>summer</u>						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Signatures	Parent/guardian				Date	
	Provider representative				Date	
	Physician				Date	