

Questionnaire: Adaptive Behavior Services for Children

Adaptive Behavior Services for Children

1. Is this request a new treatment/episode of care?
(Please select one.)

Yes
 No

2. Is this Section 28 service being provided in a school setting?
(Please select one.)

Yes
 No

- 2.1.1. Are services being provided pursuant to IDEA?
(Please select one.)

Yes
 No
 Partial

- 2.1.1.4.1. How many additional hours per week are being provided?
Min/Max - 0/168; 2 decimal places allowed

- 2.1.2. Does member have an active IEP?
(Please select one.)

Yes
 No

2.1.2.2.1. Please select rationale
(Please select one.)

Member has not been evaluated by Child Development Services (CDS) or their School Administrative Unit (SAU).

Member has been evaluated by Child Development Services (CDS) or their School Administrative Unit (SAU) and does not qualify for an IEP.

The member does have an IEP however the IEP team did not agree the services is needed for the member pursuant to IDEA. This services is being providing in addition to other services from the member's Child Development Services (CDS) region or School Administrative Unit (SAU).

Member parent/guardian is accessing services in addition to what has been suggested by Child Development Services (CDS) or their School Administrative Unit (SAU).

2.1.2.2.1.5.1. How many hours per week are based upon CDS/SAU suggestion?
Min/Max - 0/168; 2 decimal places allowed

2.1.2.2.1.5.2. How many additional hours per week are being provided?
Min/Max - 0/168; 2 decimal places allowed

3. Please provide the functional assessment tool used:
(Please select one.)

ABAS

Vineland

4. Date of Functional Assessment:

5. Functional Assessment Scores:

6. Name and credentials of who completed the assessment:

Instructions: A new physician letter does not need to be uploaded at each request.

7. Has a physician Letter for members under six years of age been uploaded?
(Please select one.)

- Yes
- No
- N/A

8. Has this member received all authorized units of service during the last review period?
(Please select one.)

- Yes
- No

8.2.1. Why not?
(Please select between 1 and 3 items.)

- Staff availability
- Family availability
- Illness

9. By selecting Yes, Provider attests they have uploaded the weekly Service Schedule for 180-day request.
(Please select one.)

- Yes

10. Please describe the level of parent/guardian engagement/participation in sessions. Please provide examples and frequency of how parent/guardian is an active member of the treatment team (participating in treatment, present in sessions, modeling, and reinforcing skills learned in the course of treatment)?
