TEMPLATE PACK BONUS · ANNOTATED EXEMPLAR

Exemplar ABA Treatment Plan with Reviewer Redlines

A complete, fictional initial-assessment treatment plan of the length many payers receive — more than 50 pages — marked up the way an experienced reviewer reads it. Red highlights show the parts that carry approval; numbered margin notes explain why.

How to read the redlines
Highlighted[1] = wording that carries medical necessity or measurability
~~struck text~~ → green rewrite = a common weak draft and its fix
Red margin notes = what the reviewer is checking, keyed by number

Important. "L.R." is invented. All scores, dates and history are illustrative. Copy the structure and reasoning, never the clinical content — your plan must come from your own assessment, your payer's medical policy and your clinical judgment.

8. Medical necessity statement

L.R., age 5, has autism spectrum disorder (F84.0, Level 2)[1]. Standardized assessment shows a Vineland-3 Adaptive Behavior Composite of 62 (1st percentile) and a VB-MAPP total of 44, with most domains in Level 1[2]. L.R. communicates mainly by crying and dropping (tantrums 14 per hour during demands) and elopes from home and school, twice reaching the street in 3 months[3]. These behaviors prevent participation in kindergarten group instruction and create imminent safety risk.

Comprehensive ABA of 25 hours per week of 97153, with 97155 at 18% of direct hours and 2 hours per week of 97156,[4] is needed to address 16 skill targets, 3 behavior targets and 4 caregiver goals across home, clinic and school. A focused model of 10 hours was considered and rejected because L.R.'s deficits span more than 4 domains and elopement requires consistent prevention across settings.

Without treatment, continued elopement risks serious injury, and L.R. is likely to lose the general-education placement.[5] With treatment, expected outcomes within 6 months are independent manding for 25 items and a 75% reduction in tantrums.

REVIEWER REDLINES

1. Diagnosis + severity.
2. Instrument names with real scores.
3. Safety data.
4. Hours tied to codes, number of targets and settings. Explaining why a lower intensity was rejected answers the most common reduction rationale.
5. Risk without treatment and measurable expected outcomes — the final link in the necessity chain.

Goal 1: Communication · Mand

Long-term goal (6 months): When a preferred item is visible but out of reach, L.R. will vocally mand using a single word[1] independently in 80% of opportunities across 3 consecutive sessions, for 25 different items[2].

BASELINE	SOURCE	MEASUREMENT	TARGET DATE
5 items, echoic prompt required[3]	VB-MAPP Mand 5	Trial-by-trial % / frequency per session	6 months from start

SHORT-TERM OBJECTIVES

1. Mands for 10 items with a vocal model, 80% across 3 sessions *(target: month 2)*
2. Mands for 15 items with a partial echoic, 80% across 3 sessions *(target: month 4)*
3. Mands for 25 items independently across 2 people *(target: month 6)*

TEACHING PROCEDURE

Incidental teaching and mand training with a 0–2 s prompt delay, increasing to 4 s. Prompt hierarchy and error correction follow the program sheet in Appendix A.

GENERALIZATION AND MAINTENANCE

Probe across 2 people, 2 settings and novel materials; maintenance checks at 2 and 4 weeks after mastery.[4]

RESPONSIBLE CODES

Taught under 97153; program changes under 97155; caregiver carry-over under 97156.

REVIEWER REDLINES

1. Condition: when the behavior should happen.
2. Observable behavior + numeric mastery criterion + sessions/settings.
3. Baseline from the named assessment — a goal without one is the most common reviewer flag.
4. Generalization written into the goal, not left implicit.

Behavior intervention plan — Elopement

BASELINE	REDUCTION GOAL	HYPOTHESIZED FUNCTION
6 per hour at school; 4 home exits in 3 months[1]	1 or fewer per hour at school and 0 home exits across 8 weeks[2]	Escape; possible automatic

ANTECEDENT STRATEGIES (PREVENT)

- Door alarms and locks (caregiver)
- Seating away from exits
- Scheduled movement breaks every 10 minutes

REPLACEMENT BEHAVIORS (TEACH)

- Stop on command (Goal 7)[3]
- Break request (Goal 5)
- Hand-holding (Goal 16)

CONSEQUENCE STRATEGIES (RESPOND)

- Block and redirect with minimal attention
- Safety plan in Section 14 if exit occurs

REVIEWER REDLINES

1 Baseline rate from direct observation.

2 Numeric reduction goal with a duration requirement.

3 Replacement behavior matches the hypothesized function.

DISCHARGE CRITERIA

- Participates in general-education group instruction with no more than gestural prompts[1]
- Elopement 0 for 12 consecutive weeks
- Caregivers maintain 90% fidelity across settings for 3 months
- Vineland-3 ABC gain of at least 10 points or skills within the school team's support capacity

Discharge may also occur if L.R. shows no measurable progress after 2 authorization periods with documented plan changes[2], with referral to a more appropriate service.

REVIEWER REDLINES

1 Objective, measurable exit conditions.

2 Naming a no-progress exit shows clinical honesty — reviewers trust plans that plan for it.

This was 5 of 52 pages

The full annotated exemplar continues with every section a payer reads: identifying information, background, VB-MAPP, Vineland-3 and FBA write-ups, preference assessment, all 16 skill goals, 3 behavior plans, 4 caregiver goals, the service request and weekly schedule, supervision, coordination of care, crisis plan, appendices, signatures and a reviewer checklist.

Get the full plan
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Score your own draft for free with the treatment plan checklist at operation-optimize.com/tools/treatment-plan-checklist