

Quality of Documentation Applied Behavior Analysis (ABA)

Provider:	
Participant Name:	Reviewer:
1. Has the participant or parent/guardian, with the consent of the participant, consented to treatment? <i>COMAR 10.09.36.03 A (7)</i> <i>COMAR 10.58.16.14 A</i> YES / NO	Comments:
2. Does the medical record contain a prescription for ABA service? <i>COMAR 10.09.28.03 B (7)</i> YES / NO	Comments:
3. Does the medical record contain a complete <i>Comprehensive Diagnostic Evaluation (CDE)</i>? <i>COMAR 10.09.28.01 B (9)</i> <i>COMAR 10.09.28.03 B (6)</i> YES / NO	Comments:

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<p>4. Does the medical record contain an individualized and comprehensive ABA assessment? <i>COMAR 10.09.28.01 B (31)</i> <i>COMAR 10.09.28.03 B (8)</i> <i>COMAR 10.09.28.04 B (1)</i></p> <p>YES / NO</p>	<p>Comments:</p>
<p>5. Does the medical record contain a reassessment every 180 days or sooner, depending on the authorization span? <i>COMAR 10.09.28.04 B (8)</i></p> <p>YES / NO / N/A</p>	<p>Comments:</p>
<p>6. Does the medical record contain the required documentation of each service delivered? <i>COMAR 10.09.28.04 F</i></p> <p>YES / NO</p>	<p>Comments:</p>

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<p>7. Does the medical record contain documentation of direct supervision, or direct and remote supervision of the BCaBA or RBT? <i>COMAR 10.09.28.01 B (13) & (34)</i> <i>COMAR 10.09.28.02 H (3) & I (5)</i> <i>COMAR 10.09.28.04 B (10)</i> <i>COMAR 10.09.28.05 F</i></p> <p>YES / NO</p>	<p>Comments:</p>
<p>8. Is the supervision ongoing and equal to at least ten percent (10%) of the number of hours of direct ABA treatment? <i>COMAR 10.09.28.04 (B) (10) (b)</i></p> <p>YES / NO</p>	<p>Comments:</p>
<p>9. Is at least twenty-five percent (25%) of the supervision performed in person? <i>COMAR 10.09.28.04 (B) (10) (b)</i></p> <p>YES / NO</p>	<p>Comments:</p>