



Initial Behavior Assessment and Behavior Plan

Florida Medicaid template · follows section 6.2.2 of the Behavior Analysis Services Coverage Policy (December 2024)

How to use: replace every [bracketed prompt] and delete this box before you submit. Your SMMC health plan may require its own form. The assessment and the plan must be signed by the Lead Analyst and the parent or guardian.

Recipient name	
Date of birth	
Medicaid ID	
Who pays: SMMC plan name, or fee-for-service	
Lead Analyst: name, credential, certification number	
Assessment dates	
Authorization period requested (up to 6 months)	

1. Patient information

[Demographics, school or program, primary language, people who live with the child.]

2. Reason for referral

Referring physician or practitioner	
Date of the physician's order for behavior analysis services	
Comprehensive diagnostic evaluation (CDE): date and licensed practitioner who led it	

[Why the child was referred and which major life activity the behavior affects: safety, communication, self-stimulation, self-care or other.]

3. Medical and developmental history

[Diagnoses, developmental milestones, current medications, including medications prescribed to ameliorate behaviors.]

4. Relevant family history

[Family history relevant to the behavior and to treatment.]

5. Clinical interview

[Who was interviewed, when, and what you learned.]

6. Review of recent assessments and reports

[Records reviewed (CDE, IEP or 504 plan, prior treatment) and key findings.]

7. Assessment procedures and results

Instrument	Date	Respondent	Summary of results (attach the complete scoring report)
Vineland-3 Comprehensive Parent Interview Form			
Vineland-3 Maladaptive Behavior Domain (age 3 and older)			
BASC-3 Parenting Relationship Questionnaire (ages 2 to 18)			
Other tools chosen by the Lead Analyst			

[Direct observation, functional assessment and how the results support each target below.]

8. Behavior plan

8.1 Treatment settings

[Home, clinic, school or community, and why.]

8.2 Targets, goals and objectives

Copy this table for each target, goal or objective tied to a medically necessary behavioral intervention.

Target, goal or objective	
Definition in observable, measurable terms	
Direct observation and measurement procedures	
Current level (baseline)	
Behavior reduction or acquisition procedures	
Conditions under which the behavior is shown, and mastery criteria	
Date of introduction	
Estimated date of mastery	
Plan for generalization	
Progress reporting: met, not met or modified (with explanation)	

8.3 Intervention strategies and timeframes

[Strategies for each goal, timeframes long enough to address each targeted behavior, and how ongoing progress will be reported.]

9. Parent, guardian or caregiver training

Target, goal or objective	Training procedures	Date of introduction	Estimated date of mastery

[Your efforts to involve the parent or guardian. If they cannot take part: the reasons, the likely impact and how you reduce it.]

10. Units requested

Procedure code	Units requested	Medical necessity for these units

11. Supervision plan

Authorized supervisor (name)	Credential	Role in this case

12. Care coordination

[Coordination with parents or caregivers, schools, state disability programs and others.]

13. Transition (fading) plan

[How services will fade as goals are met.]

14. Crisis management plan

[What staff and family do in a crisis, and who is contacted.]

15. Discharge plan

[Discharge criteria and the planned transition.]

16. Signatures

Lead Analyst: name, credential and signature	
Date	
Parent or guardian: name and signature	
Date	

At each reassessment (at least every six months), add: a data table and a graph for each behavior under treatment, a narrative of progress with the justification for the intensity requested, an explanation and treatment changes if progress was not significant, and data on parent or guardian participation.

Template by ABA PARTNERS Resources · updated October 15, 2026 · resources.aba.partners · It does not replace clinical judgment or your plan's rules.

Sources

1. Florida Medicaid Behavior Analysis Services Coverage Policy. Agency for Health Care Administration (AHCA), December 2024, Rule 59G-4.125, F.A.C. <https://ahca.myflorida.com/content/download/25728/file/Florida%20Medicaid%20Behavior%20Analysis%20Services%20Coverage%20Policy.pdf>
2. SMMC New Program Highlight: Behavior Analysis Services. Agency for Health Care Administration (AHCA), October 18, 2024. https://ahca.myflorida.com/content/download/25045/file/SMMC%203.0_BA%20Program%20Highlight_10182024.pdf

A tool by ABA PARTNERS Resources. It does not replace clinical judgment, legal advice or your payer's rules. Check the current version online. Downloaded from resources.aba.partners/aba-initial-assessment-report-template/