

Functional Behavioral Assessment Report Intervention Plan



Please submit this form with the Behavioral Health 50-1 Treatment Authorization Request Form

Behavioral Health Department Secure Link: <https://gateway.cencalhealth.org/form/bh>

Behavioral Health Fax: (805) 681-3070

If you have any questions, please contact our Behavioral Health Provider Line (805) 562-1600

I. GENERAL INFORMATION:

First Name: Last Name:

Member DOB: Member ID:

Present Address:

Parent/Guardian: Phone:

Language: Referral Date:

Diagnosis: If undiagnosed (N/A):

Diagnosis MD or Psychologist Name AND Date of Diagnosis:

Report Date: Assessor/Certification:

II. PRESENTING CONCERNS

Write a brief description regarding the presenting concerns and why the Member is seeking ABA Services.

III. BEHAVIORS

The behaviors and functional skills to be addressed are:

- | | | | |
|--|--|--|---|
| <input type="radio"/> Non Compliance | <input type="radio"/> Self-injury | <input type="radio"/> Functional Communication | <input type="radio"/> Independent Living Skills |
| <input type="radio"/> Physical Aggression | <input type="radio"/> Elopement | <input type="radio"/> Self-Direction | <input type="radio"/> Safety Awareness |
| <input type="radio"/> Verbal Aggression | <input type="radio"/> Stereotypic Behavior | <input type="radio"/> Social Skills | <input type="radio"/> Food Selectivity |
| <input type="radio"/> Tantrums | <input type="radio"/> Smearing | <input type="radio"/> Hygiene | <input type="radio"/> Other: |
| <input type="radio"/> Yelling/Screaming | <input type="radio"/> PICA | <input type="radio"/> Toilet Training | <input type="text"/> |
| <input type="radio"/> Property Destruction | <input type="radio"/> Self-Help Skills | | |

IV. BACKGROUND INFORMATION:
a) Living Situation

Within this section describe where and with whom the Member lives (include any custody/visitation orders, childcare arrangements).

Member availability for BHT services

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

b) School Information

Within this section list the Member's school information: Grade Level, School placement (e.g., General Education Class, Specialized Academic Support, Autism Program, Mild/Moderate, Moderate/Severe, or Non-Public School), School name, School attendance days and hours, frequency and duration of related services provided by the school district (e.g., Occupational therapy, Speech Therapy, Physical Therapy, Adaptive Physical Education, Counseling, Nursing, Applied Behavior Analysis).

School Schedule (Monday-Friday: start and end time)

Monday	Tuesday	Wednesday	Thursday	Friday

c) Health and Medical

Within this section Provide the Member's psychological and medical diagnoses (include when and who provided the diagnoses). Describe the Member's birth history, major illness, surgeries, hospitalizations, seizure history, allergies, hearing and vision screening results, vaccination, specialized diet or food consumption challenges, sleep difficulties. Include a list of medications and their relevance to behavior services.

IV. BACKGROUND INFORMATION (cont.)
d) Current Services and Activities

Within this section list the weekly frequency and duration of all services funded by insurance (e.g., OT, ST, PT, Social Skills) and Inland Regional Center (e.g., Infant Stimulation, Respite, Adaptive Skills, Day Program). Additionally, include any weekly activities the Member participates in (e.g., Boy/Girl Scouts, Baseball, Basketball, Soccer, Dance/Gymnastics, Art therapy, etc.).

Current Services and Activities:	Schedule (M-F, hours/week)

e) Intervention History

Within this section list discuss the Member's intervention history. This include services received during 0-3 (infant program), ABA services received through regional center or private insurance, social recreation/ community integration adaptive skills training speech therapy, occupational therapy ,and physical therapy. (List the weekly frequency and duration, the length of time the Member received the therapy and the provider/ agency that provided the services).

f) Additional Information on Availability for BHT Services

Within this section provide any additional details regarding Member's availability for BHT services.

V. DESCRIPTION OF ASSESSMENT PROCEDURES

Procedures	Date and Location	Person involved (indicate credentials)
<input type="radio"/> Records Reviewed		
<input type="radio"/> Clinical Interview		
<input type="radio"/> 1st Member Observation		
<input type="radio"/> 2nd Member Observation		
<input type="radio"/> Brief Functional Analysis		

Assessment Measures Administered (at least 1 below)	Date(s) Administered
<input type="radio"/> Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP)	
<input type="radio"/> Vineland Adaptive Behavior Scales, 2nd Edition	
<input type="radio"/> Adaptive Behavior Assessment System, 3rd Edition	
<input type="radio"/> Assessment of Functional Living Skills (AFLS)	
<input type="radio"/> Other:	

Direct and/or Indirect Functional Analysis Tools Used (at least 1 below)	Date(s) Administered
<input type="radio"/> Direct Observation (Antecedent-Behavior-Consequence data)	
<input type="radio"/> Functional Assessment Screening Tool (FAST)	
<input type="radio"/> Motivation Assessment Scale (MAS)	
<input type="radio"/> Questions About Behavior Function (QABF)	
<input type="radio"/> Other:	

V. DESCRIPTION OF ASSESSMENT PROCEDURES (cont.)

g) Records reviewed included:

Within this section of the report, include any records reviewed (examples: Individual Program Plan (IPP), Psycho-Diagnostic Evaluation (PDE), Early Start Report, Functional Behavior Assessment, Intensive Intervention Progress Report, Individual Education Plan (IEP), etc.). Report title, report date and report author information is required for each document reviewed.

Records reviewed included:

Example:

1. Psycho-Diagnostic Evaluation (Report Author, XX/XX/XXXX).

h) Clinical Interview:

Within this section the assessor will narrate the date, time, location, and person's involved in the clinical interview. The assessor will write a summary of parental concerns (examples: challenging behaviors and skill deficits).

i) First Member Observation:

Within this section the assessor will narrate the date, time, location, and person's involved in the first observation of the Member. The assessor will briefly describe significant events (e.g., skill observations, direct observation of behavior occurrence) pertaining to the Member's challenging behaviors. **Narrative should not exceed 500 words.**

V. DESCRIPTION OF ASSESSMENT PROCEDURES (cont.)

j) Second Member Observation

*Within this section the assessor will narrate the date, time, location, and person's involved in the first observation of the Member. The assessor will briefly describe significant events (e.g., skill observations, direct observation of behavior occurrence) pertaining to the Member's challenging behaviors. **Narrative should not exceed 500 words.***

VI. ASSESSMENT MEASURES
Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP) Milestones Scoring Form

Please ensure one standardized assessment is completed each authorization period (Please note the following are templates and providers can submit any updated version for the following assessments below)

Child's Name: Date of birth: Age at testing:

Key:	Score	Date	Color	Tester
1st Test:				
2nd Test:				
3rd Test:				
4th Test:				

LEVEL 3

	Mand	Tact	Listener	VP/MTS	Play	Social	Reading	Writing	LRFFC	IV	Group	Ling.	Math
15													
14													
13													
12													
11													

0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000

LEVEL 2

	Mand	Tact	Listener	VP/MTS	Play	Social	Imitation	Echoic	LRFFC	IV	Group	Ling.
10												
9												
8												
7												
6												

0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000

LEVEL 1

	Mand	Tact	Listener	VP/MTS	Play	Social	Imitation	Echoic	Vocal
5									
4									
3									
2									
1									

0000 0000 0000 0000 0000 0000 0000 0000 0000

REPORT DATE:

CCH ID:

VI. ASSESSMENT MEASURES (cont.)

Vineland Adaptive Behavior Scales, 2nd Edition

 Date Administered:

 Name of Interview:
First Name/Last Name, Credentials

 Name of Respondent:
First Name/Last Name, Credentials

Assessment Summary:

Write a brief narrative about the results and include the following in a paragraph:

- If there are significant differences between what is reported by the respondent to your observations, note that tactfully
- Note the Adaptive Behavior Composite score from last year and any significant changes with the results since then
- Refer the reader to reference last year's report for full Vineland scores

Domain	Standard Score*	95% Confidence Interval**	Age Equivalent***	Adaptive Level****
Communication				
Receptive				
Expressive				
Daily Living Skills				
Personal				
Domestic				
Community				
Socialization				
Interpersonal Relationships				
Play and Leisure Time				
Coping Skills				
Motor Skills				
Gross Motor				
Fine Motor				
Adaptive Behavior Composite				

VI. ASSESSMENT MEASURES (cont.)

Adaptive Behavior Assessment System, Third Edition (ABAS-3)

 Date Administered:
XX/XX/XXXX

 Name of Interviewer:
First Name/Last Name, Credentials

 Name of Respondent:
First Name/Last Name, relationship

 Age:
XX years, XX months

 Age at testing:
XX years, XX months

Assessment Summary:

Write a brief narrative about the results and include the following in a paragraph:

Skill Area	Raw Score	Scaled Score	Description
Communication			
Community Use			
Functional Academics			
Home Living			
Health and Safety			
Leisure			
Self-Care			
Self-Direction			
Social			
Work			

VII. Target Behaviors

Behavior #1: _____

Insert Behavior Name

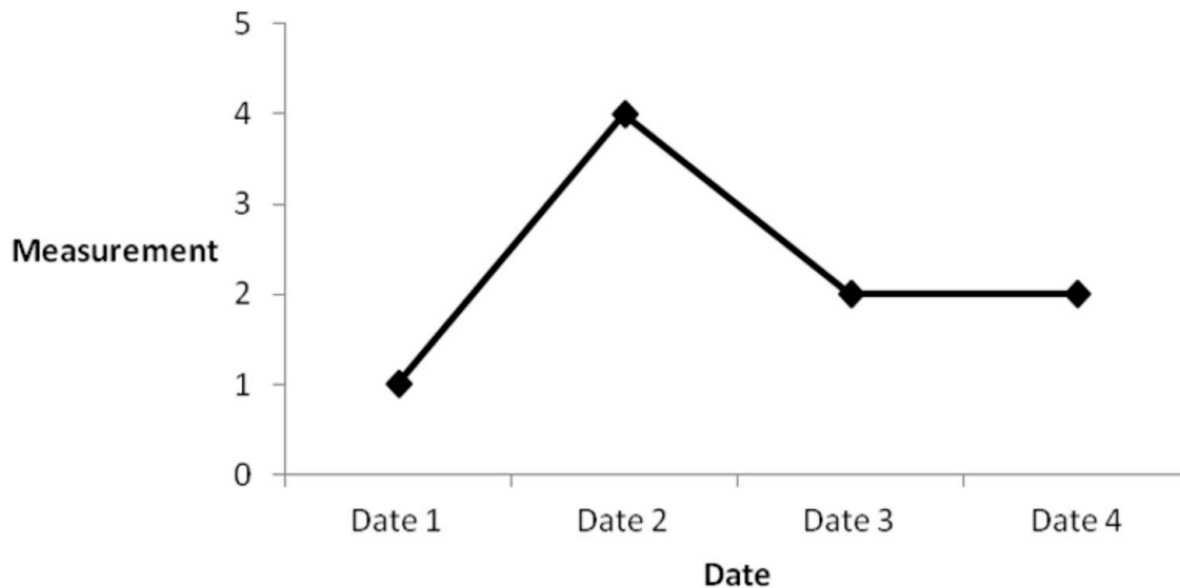
Assessor will follow this behavior series for each target behavior Identified.

a) Descriptive Phase

- **Topography of Behavior:** Operational definition of the target behavior. The definition will be observable, measurable, and objective. (Based on this technological description all individuals will be able to easily recognize and record behavior). Definition should include criteria regarding what is and is not counted as the target behavior (e.g., duration, severity, instances vs. episodes, etc.).
- **Onset/Offset:** Statement regarding when the behavior begins and ends.
- **Course of Behavior:** Describe whether or not the behavior occurs across (persons, places, and times of the day). List any escalation patterns and/or cycles. Describe how the behavior typically subsides.
- **History and recent changes:** Write a brief statement regarding the history of the behavior and any recent changes to the behavior.
- **Source:** What social significance does the behavior serve (e.g., parental concern, observation)
- **Baseline Data:** Insert baseline data for target behavior.

(Insert Behavior Name)

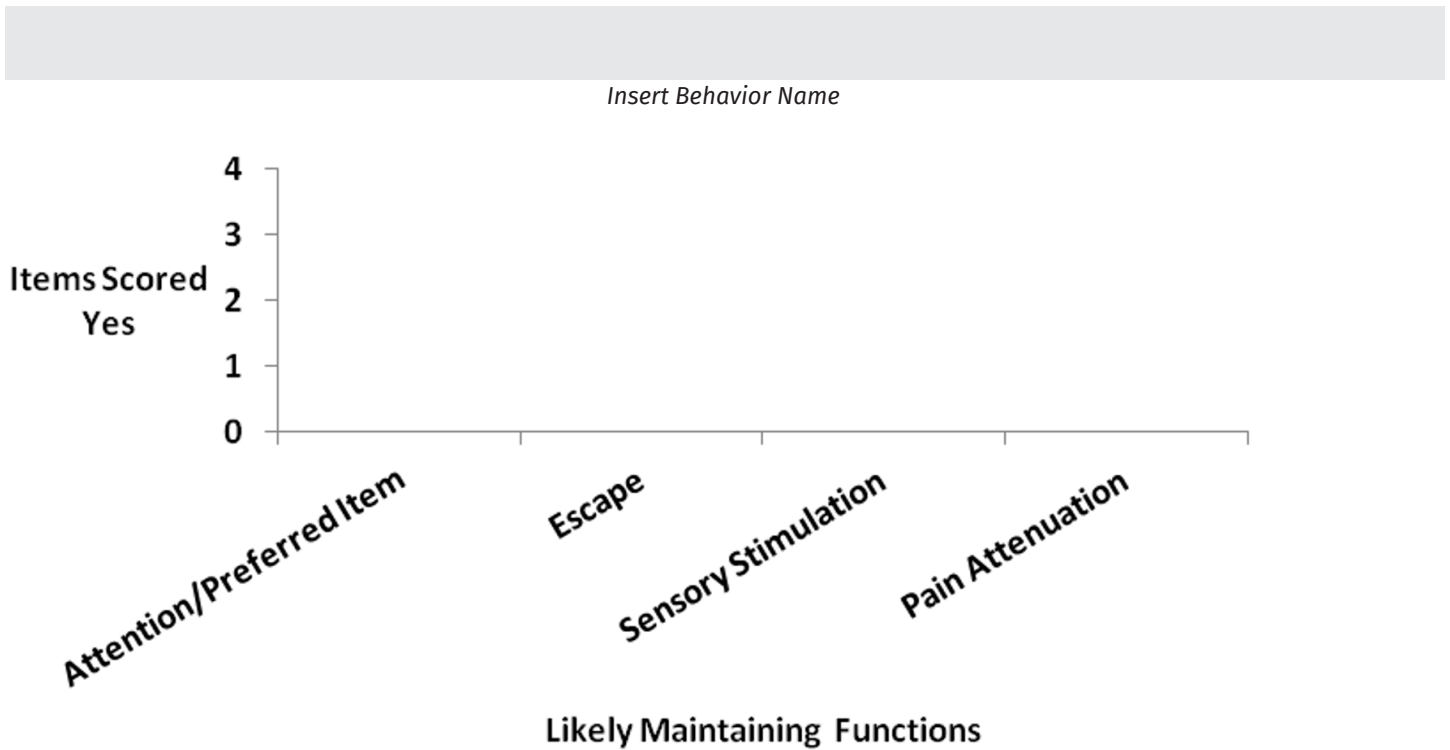
Insert Behavior Name



- **Functional Analysis Screening Tool (e.g., FAST, MAS, QABF):** Write a brief description of the tool used.
Example: The Functional assessment screening tool is a questionnaire presented to caregivers of an individual in order to identify a hypothesized function for a given target behavior. Questions asked to caregivers are presented in a random order and designed to assess whether the behavior occurs in the presence/ absence of a variety of environmental factors.

VII. Target Behaviors (cont.)

FAST



- **Antecedent Analysis:** within this section the assessor will identify setting of events and triggering events for the target behavior. The assessor will summarize environmental events that preceded the target behavior.

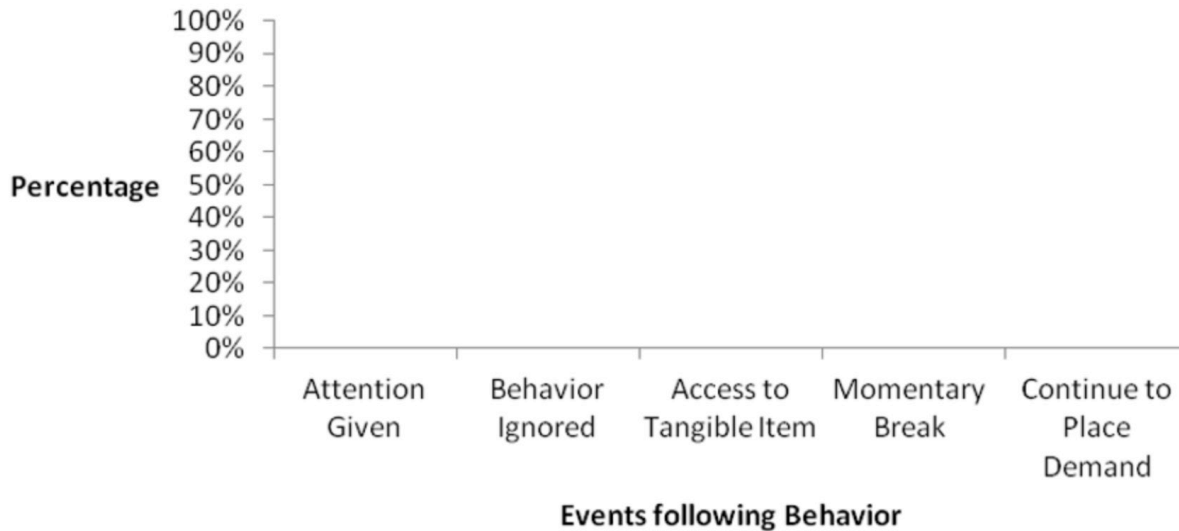
Antecedent Analysis



VII. Target Behaviors (cont.)

- **Consequence Analysis:** within this section the assessor will identify environmental events that follow/followed the target behavior.

Consequence Analysis



- **Analysis of Meaning/Hypotheses:**

Based on the information gathered from (Clinical Interview, Screening Tools, Direct Observation and Structured A-B-C Data collection, Antecedent and Consequence Analysis) the hypothesized function of

Member's

is

(insert behavior)

(insert function or multiple functions)

(insert function or multiple functions)

b) Verification Phase

- **Functional Assessment: (This section is optional).** Within this section describe the functional analysis procedures, testing conditions and the results. A graph is required for each testing condition Onset/Offset: Statement regarding when the behavior begins and ends.

VIII. Program Goals

Goal #1:

Program Name:

Date of Introduction:

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)***Instrumental Goal:** *(By Date) Objective of the program (make sure this is measurable, objective, and specific)**Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.* Short Term Goal (By Date) Intermediate Goal (By Date) Long Term Goal (By Date)**Data Collection:** *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)***Mastery Criteria:** *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery:

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)***Generalization Criteria:** *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)***Baseline:** *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

VIII. Program Goals (cont.)**Goal #2:** Program Name: Date of Introduction: **Assessment Tool Source:** *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measurable, objective, and specific)*
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

 Short Term Goal (By Date) Intermediate Goal (By Date) Long Term Goal (By Date)

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery:

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

VIII. Program Goals (cont.)

Goal #3:

Program Name:

Date of Introduction:

Assessment Tool Source: Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)**Instrumental Goal:** (By Date) Objective of the program (make sure this is measurable, objective, and specific)

Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. **Each Progress Report must include** a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

 Short Term Goal (By Date) Intermediate Goal (By Date) Long Term Goal (By Date)**Data Collection:** How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)**Mastery Criteria:** How you will measure mastery (e.g., 3 consecutive sessions of correct responding)

Date of Mastery:

Generalization Plan/Criteria: How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)**Generalization Criteria:** How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)**Baseline:** Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.

VIII. Program Goals (cont.)**Goal #4:** _____

Program Name: _____

Date of Introduction: _____

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)***Instrumental Goal:** *(By Date) Objective of the program (make sure this is measurable, objective, and specific)**Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.* Short Term Goal (By Date) Intermediate Goal (By Date) Long Term Goal (By Date)**Data Collection:** *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)***Mastery Criteria:** *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery: _____

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)***Generalization Criteria:** *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)***Baseline:** *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

VIII. Program Goals (cont.)**Goal #5:**

Program Name:

Date of Introduction:

Assessment Tool Source: Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)**Instrumental Goal:** (By Date) Objective of the program (make sure this is measurable, objective, and specific)

Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. **Each Progress Report must include** a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

 Short Term Goal (By Date) Intermediate Goal (By Date) Long Term Goal (By Date)**Data Collection:** How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)**Mastery Criteria:** How you will measure mastery (e.g., 3 consecutive sessions of correct responding)

Date of Mastery:

Generalization Plan/Criteria: How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)**Generalization Criteria:** How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)**Baseline:** Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.**REPORT DATE:****CCH ID:**

VIII. Program Goals (cont.)**Goal #6:** Program Name: Date of Introduction: **Assessment Tool Source:** *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measurable, objective, and specific)*
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

 Short Term Goal (By Date) Intermediate Goal (By Date) Long Term Goal (By Date)

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery:

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Generalization Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

REPORT DATE: **CCH ID:**

VIII. Program Goals (cont.)**Goal #7:**

Program Name:

Date of Introduction:

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measurable, objective, and specific)*
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

 Short Term Goal *(By Date)* Intermediate Goal *(By Date)* Long Term Goal *(By Date)*

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery:

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Generalization Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

VIII. Program Goals (cont.)**Goal #8:** Program Name: Date of Introduction: **Assessment Tool Source:** *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measurable, objective, and specific)*
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

 Short Term Goal (By Date) Intermediate Goal (By Date) Long Term Goal (By Date)

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery:

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Generalization Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

REPORT DATE: **CCH ID:**

VIII. Program Goals (cont.)**Goal #9:**

Program Name:

Date of Introduction:

Assessment Tool Source: Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)

Instrumental Goal: (By Date) Objective of the program (make sure this is measurable, objective, and specific)
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. **Each Progress Report must include** a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

 Short Term Goal (By Date) Intermediate Goal (By Date) Long Term Goal (By Date)

Data Collection: How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)

Mastery Criteria: How you will measure mastery (e.g., 3 consecutive sessions of correct responding)

Date of Mastery:

Generalization Plan/Criteria: How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)

Generalization Criteria: How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)

Baseline: Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.

VIII. Program Goals (cont.)**Goal #10:**

Program Name:

Date of Introduction:

Assessment Tool Source: Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)

Instrumental Goal: (By Date) Objective of the program (make sure this is measurable, objective, and specific)
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. **Each Progress Report must include** a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

 Short Term Goal (By Date) Intermediate Goal (By Date) Long Term Goal (By Date)

Data Collection: How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)

Mastery Criteria: How you will measure mastery (e.g., 3 consecutive sessions of correct responding)

Date of Mastery:

Generalization Plan/Criteria: How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)

Generalization Criteria: How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)

Baseline: Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.

VIII. Program Goals (cont.)**Goal #11:** _____

Program Name: _____

Date of Introduction: _____

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measurable, objective, and specific)*
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

 Short Term Goal (By Date) Intermediate Goal (By Date) Long Term Goal (By Date)

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery: _____

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Generalization Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

VIII. Program Goals (cont.)

Goal #12: _____

Program Name: _____

Date of Introduction: _____

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measurable, objective, and specific)*
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

<input type="radio"/> Short Term Goal (By Date)
<input type="radio"/> Intermediate Goal (By Date)
<input type="radio"/> Long Term Goal (By Date)

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery: _____

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Generalization Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

VIII. Program Goals (cont.)**Goal #13:**

Program Name:

Date of Introduction:

Assessment Tool Source: Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)**Instrumental Goal:** (By Date) Objective of the program (make sure this is measurable, objective, and specific)

Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. **Each Progress Report must include** a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

 Short Term Goal (By Date) Intermediate Goal (By Date) Long Term Goal (By Date)**Data Collection:** How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)**Mastery Criteria:** How you will measure mastery (e.g., 3 consecutive sessions of correct responding)

Date of Mastery:

Generalization Plan/Criteria: How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)**Generalization Criteria:** How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)**Baseline:** Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.

VIII. Program Goals (cont.)**Goal #14:**

Program Name:

Date of Introduction:

Assessment Tool Source: Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)**Instrumental Goal:** (By Date) Objective of the program (make sure this is measurable, objective, and specific)

Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. **Each Progress Report must include** a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

 Short Term Goal (By Date) Intermediate Goal (By Date) Long Term Goal (By Date)**Data Collection:** How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)**Mastery Criteria:** How you will measure mastery (e.g., 3 consecutive sessions of correct responding)

Date of Mastery:

Generalization Plan/Criteria: How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)**Generalization Criteria:** How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)**Baseline:** Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.

VIII. Program Goals (cont.)**Goal #15:**

Program Name:

Date of Introduction:

Assessment Tool Source: Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)**Instrumental Goal:** (By Date) Objective of the program (make sure this is measurable, objective, and specific)

Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. **Each Progress Report must include** a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

 Short Term Goal (By Date) Intermediate Goal (By Date) Long Term Goal (By Date)**Data Collection:** How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)**Mastery Criteria:** How you will measure mastery (e.g., 3 consecutive sessions of correct responding)

Date of Mastery:

Generalization Plan/Criteria: How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)**Generalization Criteria:** How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)**Baseline:** Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.

VIII. Program Goals (cont.)**Goal #16:**

Program Name:

Date of Introduction:

Assessment Tool Source: Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)**Instrumental Goal:** (By Date) Objective of the program (make sure this is measurable, objective, and specific)

Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. **Each Progress Report must include** a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

 Short Term Goal (By Date) Intermediate Goal (By Date) Long Term Goal (By Date)**Data Collection:** How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)**Mastery Criteria:** How you will measure mastery (e.g., 3 consecutive sessions of correct responding)

Date of Mastery:

Generalization Plan/Criteria: How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)**Generalization Criteria:** How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)**Baseline:** Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.

VIII. Program Goals (cont.)**Goal #17:** _____

Program Name: _____

Date of Introduction: _____

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)***Instrumental Goal:** *(By Date) Objective of the program (make sure this is measurable, objective, and specific)**Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.* Short Term Goal (By Date) Intermediate Goal (By Date) Long Term Goal (By Date)**Data Collection:** *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)***Mastery Criteria:** *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery: _____

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)***Generalization Criteria:** *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)***Baseline:** *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

VIII. Program Goals (cont.)**Goal #18:** Program Name: Date of Introduction: **Assessment Tool Source:** *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measurable, objective, and specific)*
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

- | |
|---|
| <input type="radio"/> Short Term Goal (By Date) |
| <input type="radio"/> Intermediate Goal (By Date) |
| <input type="radio"/> Long Term Goal (By Date) |

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery:

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Generalization Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

VIII. Program Goals (cont.)**Goal #19:** _____

Program Name: _____

Date of Introduction: _____

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)***Instrumental Goal:** *(By Date) Objective of the program (make sure this is measurable, objective, and specific)**Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.* Short Term Goal (By Date) Intermediate Goal (By Date) Long Term Goal (By Date)**Data Collection:** *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)***Mastery Criteria:** *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery: _____

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)***Generalization Criteria:** *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)***Baseline:** *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

VIII. Program Goals (cont.)**Goal #20:** _____

Program Name: _____

Date of Introduction: _____

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)***Instrumental Goal:** *(By Date) Objective of the program (make sure this is measurable, objective, and specific)**Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.* Short Term Goal (By Date) Intermediate Goal (By Date) Long Term Goal (By Date)**Data Collection:** *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)***Mastery Criteria:** *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery: _____

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)***Generalization Criteria:** *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)***Baseline:** *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

IX. Behavior Intervention Plan

Behavior Name:

Topography of Behavior: *Operational definition of the target behavior. The definition will be observable, measurable, and objective. (Based on this technological description all individuals will be able to easily recognize and record behavior). Definition should include criteria regarding what is and is not counted as the target behavior (e.g., duration, severity, instances vs. episodes, etc.).*

Onset/Offset: *Statement regarding when the behavior begins and ends.*

Course of Behavior: *Describe whether or not the behavior occurs across (persons, places, and times of the day). List any escalation patterns and/or cycles. Describe how the behavior typically subsides.*

Baseline Data: *Insert baseline data for target behavior.*

REPORT DATE:

CCH ID:

IX. Behavior Intervention Plan (cont.)

a) Ecological Strategies

Within this section of the behavior intervention plan describe all ecological strategies used. Strategies should be written technological

(Insert Strategy)- Description of the strategy and instructions for implementation.

b) Antecedent Based Intervention Strategies

Within this section of the behavior intervention plan describe all antecedent interventions used. Strategies should be written technological. **Examples include but not limited to:** Visual schedules, priming, clear expectations, first/then contingency training, structured choices, etc...

(Insert Strategy)- Description of the strategy and instructions for implementation.

c) Reactive/Consequence Based Intervention Strategies

Within this section of the behavior intervention plan describe all consequence interventions used. Strategies should be written technological. **Examples include but not limited to:** redirection, extinction, differential reinforcement, etc...

(Insert Strategy)- Description of the strategy and instructions for implementation.

d) Crisis plan

Within this section please provide safety procedures used to keep the Member and other's safe during crisis situations, extinction bursts, and behavior escalation. This can include any special instructions from the QASP's adoptive Crisis Prevention Training Programs (e.g., Nonviolent Crisis Intervention, Safety-Care Behavioral Safety, Professional Crisis Management, or Professional Assault Crisis Training).

X. Teaching Intervention Strategies

Within this section list all teaching procedures and methodologies used to the teach skill deficits and replacement behaviors. Include strategies on generalization, maintenance, thinning schedules of reinforcement, transition to natural mediators, and relapse prevention.

a. (Insert Teaching Approach/Strategy/Procedure) *Provide a description of the research and evidence based teaching approach. Additionally, provide any instructions for implementation.*

b. (Insert Teaching Approach/Strategy/Procedure)

XI. Family Involvement

Parent Goal: _____

Program Name: _____

Date of Introduction: _____

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measurable, objective, and specific)*
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

Short Term Goal (By Date)

Intermediate Goal (By Date)

Long Term Goal (By Date)

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Generalization Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

Date of introduction: _____

Estimated date of mastery: _____

REPORT DATE: _____

CCH ID: _____

XII. Frequency Progress Measured:

Please include a description outlining the frequency at which the member's progress will be measured and procedures (data collection procedures, methods) for measuring progress.

XIII. Location of Service

If services are provided in a School or Daycare, please provide written permission from the School or Day Care.

Include a description on where services will take place. Provider may not provide services in the school setting, day care, or other locations in which parent or caregiver is not present, unless prior authorization is given by the health plan.

XIV. Coordination of Care

Include a description on how the treatment team assigned to the Member's case will work collaboratively with, other health care professionals involved in the care of a Member (e.g., PCP, OT, SLP).

XV. Discharge Criteria

Within this section include a description of the discharge criteria.

Approximate discharge date:

This can be updated every subsequent reporting period.

XVI. Transition Plan

Outline a member centered plan, which describes how services will be faded or transitioned. Please include care coordination activities that may occur as part of the transition plan.

REPORT DATE:

CCH ID:

XVII. Clinical Treatment Hours Recommendations

Please provide a breakdown of activities that will be used under H0032 for indirect supervision

Providers requesting additional supervision beyond standard ratios of 2 supervision hours: 10 direct hours of care will need to include clinical justification on the need for enhanced supervision.

Providers requesting more than 25 hours of ABA a week, must include a clinical justification for enhanced ABA Care.

Clinical Recommendations		
CPT	Description	Units Requested
H2019	Therapeutic Behavioral Services; <i>per 15 minutes</i>	
H0031	Mental Health Assessment by Non-Physician; <i>per 15 minutes</i>	
H0032	Mental Health Service Plan Development by Non-Physician; <i>per 15 minutes</i>	
H0032	Mental Health Service Plan Development by Non-Physician, indirect supervision <i>per 15 minutes</i>	
S5111	Home Care Training, Family; <i>per session</i> <i>One session = one hour</i>	
H2014	Skills Training and Development; <i>per 15 minutes</i>	

Please include a Clinical Contact for Questions on this Report:

Name/Title
Email/Phone

Report was prepared by (Required):

Signature Required

Date

Printed Name: _____

Licensure ID: _____

Title: _____

Agency Name: _____

Report was reviewed by BCBA (If report was completed by BCBA, a second signature is not required)

Signature Required (BCBA Signature Required)

Date

Printed Name: _____

Licensure ID: _____

Title: _____

Agency Name: _____

Parent Signature (Required):

I have reviewed this report with my child's provider and agree to all goals and hours being requested.

Parent Signature

Date

REPORT DATE: _____

CCH ID: _____