**Submitted date:** Fax [ ]  Affiliate link [ ]  Diagnosis Evaluation attached [ ]

|  |  |  |
| --- | --- | --- |
| Patient Name: | DOB: | Kaiser Permanente Member Number: |
| Patient Address: | Age: | Male: [ ]  Female: [ ]  |
| Caregivers:  | Phone number: | Email:  |

|  |  |  |
| --- | --- | --- |
| Primary Diagnosis:  | Comorbidities:  | Medications: |
| Diagnosing Provider:  | Date of first diagnosis:  | Current PCP:  |

|  |  |  |
| --- | --- | --- |
| ABA agency:  | BCBA: *(name & BACB number)* | RBT/CBT team: |
| Report date:  | Current authorization dates: | Requested Authorization Dates:  |
| Home based: [ ]  Center based:[ ]  Telehealth:[ ]  | [ ]  Comprehensive [ ]  Focused [ ]  Caregiver-Lead:[ ]  Other: |
| BCBA contact: (email & phone number) | Administrative contact: (email & phone number) |
| **Tentative ABA session schedule:** |

|  |
| --- |
| Monday |
| Tuesday  |
| Wednesday |
| Thursday |
| Friday  |
| Saturday & Sunday |

|  |
| --- |
| **Current Services** |
| **Education** | **Teacher’s name** | **Schedule** |
| (school name) IEP: [ ]  504:[ ] Other:  | (Type of Classroom)In person: [ ] Virtual:[ ]  |  |  |
| SLP | (facility name) | Therapist name:  |  |
| OT | (facility name) | Therapist name:  |  |
| Other:  | (facility name) | Therapist name:  |  |
| Past ABA services | (facility name) | (dates of service) | Reason for termination |

**BACKGROUND AND METHODOLOGY**

**Assessment elements**

* Documents reviewed:
* (Interview with family)

|  |
| --- |
| Assessment Appointments  |
| Date  | Time | Description and Location | Evaluator (s) present  |
| *3/12/21* | *1:00-3:00* | *Initial home observation. Completed Vineland with family.*  | *Jane Smith, BCBA and Daphnia Duck, mom.*  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**ASSESSMENT RESULTS**

**Family Constellation:**

**Significant birth and medical history:**

**Cultural and environmental considerations for treatment planning:**

**Review of Records:**

*Information pertaining to reports from other service providers help the assessor (s) with a more comprehensive understanding of a patient’s history and current level of performance.*

**Records reviewed:**

**Current Level of Functioning and assessment results**

**Preference assessment:**

**Behavioral assessment:**

**Developmental assessment:**

**Family Priorities:**

**ASSESSMENT METHODS**

**Indirect – Norm reference assessment & results**

|  |  |  |
| --- | --- | --- |
| Assessment tool  | Date completed | Evaluator (s) |
|  Vineland: [ ]  |  |  |
| ABAS[ ]  |  |  |
| :[ ] (other) |  |  |

(insert assessment results tables)

**Direct – Descriptive assessment & results**

|  |  |  |
| --- | --- | --- |
| **Assessment tool**  | **Date completed** | **Evaluator (s)**  |
|  VB MAPP: [ ]   |  |  |
| EFLs:[ ]  |  |  |
| PEAK:[ ]  |  |  |
|  AIM:[ ]  |  |  |
|  AFLS: [ ]  |  |  |
| ABBLS:[ ]  |  |  |
| Carolina Curriculum:[ ]  |  |  |
| SSRS:[ ]  |  |  |
| Socially Savvy:[ ]  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:[ ] (other) |  |  |

(insert assessment results tables)

**ABA TREATMNT AND OBJECTIVES**

**Receptive Communication Goals:**

1. **Goal:**

**Baseline:**

**Date introduced:**

**Estimated Mastery date:**

**Teaching modality/data:**

**Mastery criteria:**

**Generation & Maintenance criteria:**

1. **Goal:** Mikey Mouse will follow 5 safely instructions across 80% of opportunities.

**Baseline:** 2/1/21; Mikey was observed to follow 1 out of 5 instructions (“come here”) with 30% independence during a 2 hours home assessment visit.

**Date introduced:** Upon the start of ABA services.

**Estimated Mastery date:** 5 months

**Teaching modality/data:** Natural Environment Teaching

**Mastery criteria:** Across 3 people (1 caregiver) and 3 environments with 90% independence.

**Generation & Maintenance criteria:** Safety instructions will be embedded into Mikey’s ABA sessions by capturing and contriving teaching opportunities with ABA team and caregivers. Upon mastery following safety instructions will be maintained with family across daily routines.

**Expressive Communication Goals:**

**Socialization Goals:**

**Self Help and Daily Living Skills Goals:**

**Pragmatic Skills:**

**Behavior Goals:**

**Indirect assessment & conditional probably results**

|  |  |  |
| --- | --- | --- |
| Assessment tool  | Date completed | Evaluator (s) |
| QABP: [ ]   |  |  |
| MAS: [ ]  |  |  |
| FAST:[ ]  |  |  |
| :[ ] (other) |  |  |

 Behavior Intervention Plan

 Coping skills

 Replacement skills

Crisis plan

**CAREGIVER PARTICIPATION PROGRAM**

*Compliance with treatment recommendations and active caregiver/parent participation are imperative for service to continue. Treatment is designed to be meaningful and sustainable by empowering caregiver(s)/parent(s) to generalize and maintain skills in their daily lives.*

**Plan for Family Participation**

**Attendance in meetings:**

**Participation during sessions:**

**Sustaining Interventions outside of ABA sessions:**

**Other:**

**Caregiver Education Goals:**

1. **Goal:**

**Baseline:**

**Date introduced:**

**Teaching modality/data:**

**Mastery criteria:**

**Generation & Maintenance criteria:**

1. **Goal:** Mr.Mouse will attend 4 monthly caregiver training meetings with the BCBA across the 6-month term.

**Baseline:** 2/1/21; Mr. Mikey is the main caregiver for his son, he has not received ABA services in the past.

**Date introduced:** Upon the start of ABA services.

**Teaching modality/data:** Caregiver training materials will come from the RUBI curriculum/permanent product.

**Mastery criteria:** 4 meetings per month across a 6-month term.

**Generation & Maintenance criteria:** Training materials will be applied to Mikey’s daily routines as well as completion of other assignment based on the RUBI curriculum.

**RECOMMENDATIONS**

**Summary of Interviews and Observations**

**Strengths**

**Adaptive and Behavioral Concerns**

**Plan for coordination of care:**

**Transition plan:**

**Discharge Criteria:**

**Number of requested hours of service per month**

**AUTHORIZATION DATES:**

|  |  |  |
| --- | --- | --- |
| **CPT code**  | **Hours**  | **Description**  |
| 97151 | **/auth (U/6M)** | Behavior Identification Assessment, administered by QHP, each 15 minutes of QHP’s time face-to-face with patient and/or guardian(s)/caregivers(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan |
| 97152 | **/auth (U/6M)** | Behavior Identification Supporting Assessment, administered by one technician under the direction of QHP, face-to-face with the patient, each 15 minutes |
| 97153 | **/mo (U/6M)** | Adaptive Behavior Treatment by Protocol, administered by technician under the direction of a QHP, face-to-face with one patient, each 15 minutes |
| 97153 w/HO modifier | **/mo (U/6M)** |
| 97154 | **/mo (U/6M)** | Group Adaptive Behavior Treatment by Protocol, administered by technician under direction of QHP, face-to-face with 2+ patients, each 15 minutes |
| 97155 | **/mo (U/6M)***(supervision)* | Adaptive Behavior Treatment with Protocol Modification, administered by QHP, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes |
| **/mo (U/6M)***(program modification)* |
| 97156 | **/mo (U/6M)***(caregiver training)* | Family Adaptive Behavior Treatment Guidance, administered by QHP (with or without patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes |
| **/mo (U/6M)***(meetings with parents and other service providers)* |
| 97157 | **/mo (U/6M)** | Multiple-Family Group Adaptive Behavior Treatment Guidance, administered by QHP (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes |
| 97158 | **/mo (U/6M)** | Group Adaptive Behavior Treatment with Protocol Modification, administered by QHP face-to-face with multiple patients, each 15 minutes |
| Total  |

**Total number of hours requested for authorization term:**

**(*INCLUDE ONLY IF NEEDED*)**

**Clinical justifications for a higher/low/modified number of hours:**

**BCBA or BCBAs** (signature and date):

**Clinical director** (signature and date):

**Caregiver** (signature and date when the report was reviewed with the family)