**Submitted date:** Fax  Affiliate link

|  |  |  |
| --- | --- | --- |
| 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) |
| **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 |

|  |  |  |
| --- | --- | --- |
| **Coordination of Care** | | |
| **Date** | **Service** | **Items discussed** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**SERVICE DELIVERY**

Client/facility attendance in the completed treatment period:

Cultural and/or environmental considerations relevant for treatment planning:

Issues related to service delivery, if any:

*Note any barriers for fulfilling all approved clinical hours (i.e., The Disney Clinic was closed over the months of January to March due to COVID-19 pandemic, The Mouse family took a 3-week vacation in May, there was a clinical team transition which left Mickey with no ABA services for 2 weeks, etc.)*

**REASSESSMENT & UPDATE REPORT**

**Re-assessment Results**

(Update and summary: current living situation, updates to medical condition and/or medications, cultural and environmental changes to be taken into considerations for treatment planning)

*Examples: parents separated, new sibling or more family living at home with Mikey, etc.*

**Developmental/Norm based assessment:**

**ASSESSMENT RESULTS**

**Indirect – Norm reference assessment & results (**note these are required annually)

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

*(insert assessment results tables)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(Assessment name)** | | | | | |
|  | **Assessment scores** | **Update (date)** | **Update (date)** | **Update (date)** | **Update (date)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*(insert assessment results tables from current and prior assessments)*

**Direct/Curriculum based 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)*

**GOALS UPDATE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Targeted Goals** | **Goals in Progress** | **Goals Met** | **Goals Discontinued** | **Goals in regression** |
| Program goals: | * Mands -carrier phrase * Toilet training - BM | * Mands – one word * Toilet training -urination * Washing hands * Parallel play |  |  |
| Behavior goals: | * Waiting | * Coping skills |  |  |
| Caregiver goals: | * Using a visual schedule | * Collecting ABC data |  |  |
| #total: |  |  |  |  |

**CUMULATIVE MATERED GOALS:**

*(cumulative bar graph of mastered goals)*

**PROGRAM GOALS**

**Receptive Communication:**

1. **Lesson Name & goal**

**Baseline:**

**Date introduced:**

**Estimated Mastery date:**

**Teaching modality/data:**

**Mastery criteria:**

**Generation & Maintenance criteria:**

1. ***(EXAMPLE)Following safety instructions -*** *Mikey Mouse will follow 5 safely instructions across 90% of opportunities.* ***(IN PROGRESS)***

***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:*** *1/7/21.*

***Estimated Mastery date:*** *5 months*

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

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

***Progress information****: Mikey follows 3 safety instructions (stop, come here, sit down) with 90% independence. He is currently 40% independent with following “stand up” and “my turn” across sessions.*

***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**

Maladaptive behaviors – (operational definition, rate, intensity, etc.)

*Coping skills*

*Replacement skills*

*(include entire BIP used to implement in field)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Behaviors | Baseline  *(Initial date:9/1/21)* | Update  *2/1/2021* | Update | Update |
| *SIB: Head banging* | *20 occurrences per session hour* | *10 occurrences per session hour* |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Crisis plan**

**CAREGIVER PARTICIPATION IN 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:** *(# of meetings completed/ # of meetings scheduled) = %*

**Participation during sessions:** *(goals generalized and maintained by family)*

**Sustaining Interventions outside of ABA sessions:**

**Other:**

**Caregiver Education:**

1. **Lesson Name & goal**

**Baseline:**

**Date introduced:**

**Estimated Mastery date:**

**Teaching modality/data:**

**Mastery criteria:**

**Generation & Maintenance criteria:**

1. ***Meeting Attendance -*** *Mr.**Mouse will attend 4 monthly caregiver training meetings with the BCBA across the 6-month term.* ***(MET)*** *(example)*

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

***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.*

***Progress information:*** *Mr. Mouse attended 4 monthly parent training sessions over the last 6 months of services. Topics discussed and trainings included behavior functions, ABC data, TA data for washing hands, Steps to independence (chapters 4, 5.6.8).*

***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.*

**PLAN FOR GENERALIZATION OF SKILLS:**

**PLAN FOR MAINTENCE OF SKILLS:**

**SUMMARY OF PROGRESS IN THIS REPORT PERIOD**

**Client progress**

**Behavioral and adaptive strengths and concerns**

**Family participation and family adherence to family participation plan and program requirements**

**Barriers to progress or provision of services**

**RECOMENDATIONS**

**Summary**

**Strengths**

**Adaptive and Behavioral Concerns**

**TRANSITION PLAN:**

**DISCHARGE CRITERIA:**

**General**

**Individualized**

**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 |
| **/auth (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:**

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

BCBA signature and date:

Clinical director/Supervising Clinician signature and date:

Parent signature and date: *(date it was reviewed with the family)*