Member Name	
Member ID	
DOB	
Provider	
Cert #	
Type of report	

APL- 1:

Include a description of patient information, reason for referral, brief background information (e.g., demographics, living situation, or home/school/work information), clinical interview, review of recent assessments/reports, assessment procedures and results, and evidence based BHT services.

☐Member info:
☐ Reason for referral:
☐ Demographic information:
☐ Living situation:
☐ School:
☐ Clinical interview:
☐ Assessment/results of assessments:
☐ Evidence based BHT service:

APL- 2

Delineate both the frequency of baseline behaviors and the treatment planned to address the behaviors.

☐ Behavior identified with baseline:
☐ Behavior intervention plan: replacement behavior:

APL-3

Identify measurable long-, intermediate-, and short-term goals and objectives that are specific, behaviorally defined, developmentally appropriate, socially significant, and based upon clinical observation.

☐ Behavior Reduction:
☐ Replacement Behaviors:
☐ Treatment Goals:
☐ Caregiver Goals:

APL-4

Include outcome measurement assessment criteria that will be used to measure achievement of behavior objectives.

☐ Measurement System: (rate, duration, frequency, percentage):
☐ Assessment Criteria: (in __percent, across_ sessions)

APL- 5

Include the Member's current level of need (baseline, expected behaviors the Guardian will demonstrate, including condition under which it must be demonstrated and mastery criteria [the objective goal]), date of introduction, estimated date of mastery, specify plan for generalization and report goal as met, not met, or modified (include explanation).

☐ Document the member's current level of functioning for the target behavior:
☐ Include baseline data:
☐ Caregiver plan/parent training goals:
☐ Condition where: (during task):
☐ Mastery Criteria:
☐ Date of introduction:
☐ Date of Mastery:
☐ Generalization plan:
☐ Status of goal with explanation:

APL-6

Utilize evidence-based BHT services with demonstrated clinical efficacy tailored to the Member.

☐ Use of Evidence-Based Interventions- Specify which ABA-based intervention or strategy is being used (DTT, NET, FCT, Etc.) Individualized to member:

APL-7

Clearly identify the service type, number of hours of direct service(s), observation and direction, Guardian training, support, and participation needed to achieve the goals and objectives, the frequency at which the Member's progress is measured and reported, transition plan, crisis plan, and each individual Provider who is responsible for delivering services

☐ Service type:
☐ Hours:
☐ Caregiver plan/participation:
☐ How and how often will progress be measured:
☐ How and How often progress will be repeated:
☐ Transition Pla:

☐ Crisis/safety plan:
☐ Providers responsible for services:
☐ Credentials and roles:

APL-8

Include care coordination that involves the Guardian, school, state disability programs, and other programs and institutions, as applicable.

☐ Care Coordination with school:
☐ Care Coordination with PCP:
☐ Care Coordination with Parents:
☐ Care Coordination with other professionals:

APL-9

Consider the Member's age, school attendance requirements, and other daily activities when determining the number of hours of Medically Necessary direct service and supervision. However, MCPs must not reduce the number of Medically Necessary BHT hours that a Member is determined to need by the hours the Member spends at school or participating in other activities.

☐ Consideration of members age, school, other daily activities when determining number of hours medically necessary, but must not reduce medically necessary hours based on other activities:

APL-10

Deliver BHT services in a home or community-based setting, including clinics. BHT intervention services provided in schools, in the home, or other community settings, must be clinically indicated, Medically Necessary and delivered in the most appropriate setting for the direct benefit of the Member. BHT service hours delivered across settings, including during school, must be proportionate to the Member's medical need for BHT services in each setting.

☐ Clinically indicated Location of service

APL-11

Include an exit plan/criteria. However, only a determination that services are no longer Medically Necessary under the EPSDT standard can be used to reduce or eliminate services.

☐ Individualized Exit Plan/Criteria, Discharge plan outlined for member: