Kern Family Health Care

Functional Behavioral Assessment Report
Intervention Plan

I. GENERAL INFORMATION:

First Name:		**Last Name:**	
Birth Date:		**KFHC 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 services from your agency.

III. BEHAVIORS:

The behaviors and functional skills to be addressed are:

☐ Non-Compliance	☐ Physical Aggression	☐ Verbal Aggression	☐ Tantrums
☐ Yelling/Screaming	☐ Property Destruction	☐ Self-injury	☐ Elopement
☐ Stereotypic Behavior	☐ Smearing	☐ PICA	☐ Self-Help Skills
☐ Functional Communication	☐ Self-Direction	☐ Social Skills	☐ Hygiene
☐ Toilet Training	☐ Independent Living Skills	☐ Safety Awareness	☐ Food Selectivity

☐ Other: _____

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.

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 includes 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. Availability for Behavior Health Treatment Services-

Within this section list the Member's availability to participate in the BHT services.

Home Availability (Monday-Friday: start/end time)					
Monday	***Tuesday***	***Wednesday***	***Thursday***	***Friday***	***Saturday***

V. MEMBER'S ENVIRONMENTAL ANALYSIS:

Availability and Access to reinforcers:	☐ Yes	☐ No	
Availability of developmental toys/materials:	☐ Yes	☐ No	
Availability of visual schedules/timers:	☐ Yes	☐ No	
Opportunities for activities throughout the day:	☐ Yes	☐ No	
Opportunities for social interaction:	☐ Yes	☐ No	
Will parent's schedule allow for treatment involvement?	☐ Yes	☐ No	
Appropriate space available for conducting sessions?	☐ Yes	☐ No	
Environment Conducive to QASP Policy on Cleanliness?	☐ Yes	☐ No	
Level of noise/Environmental Distractions:	☐ None	☐ Fair	☐ High

VI. DESCRIPTION OF ASSESSMENT PROCEDURES:

Procedures:	**Date and Location:**	**Person involved (indicate credentials):**
☐ Records Reviewed:		
☐ Clinical Interview:		
☐ 1st Member Observation:		
☐ 2nd Member Observation:		
☐ Brief Functional Analysis:		

Assessment Measures Administered:	**Date(s) Administered:**
☐ Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP)	
☐ Vineland Adaptive Behavior Scales, 2nd Edition	
☐ Adaptive Behavior Assessment System, 3rd Edition	
☐ Assessment of Functional Living Skills (AFLS)	

Direct and/or Indirect Functional Analysis Tools Used (at least 1 below):	**Date(s) Administered:**
☐ Direct Observation (Antecedent-Behavior-Consequence data)	
☐ Functional Assessment Screening Tool (FAST)	
☐ Motivation Assessment Scale (MAS)	

☐ Questions About Behavior Function (QABF)	
☐ Other:	

a. *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).

b. *Clinical Interview-* *Within this section the assessor will narrate the date, time, location, and persons involved in the clinical interview. The assessor will write a summary of parental concerns (examples: challenging behaviors and skill deficits).*

c. *First Member Observation-* *Within this section the assessor will narrate the date, time, location, and persons 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.***

d. *Second Member Observation-* *Within this section the assessor will narrate the date, time, location, and persons 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.***

e. ***Preference Assessment-*** *Within this section the assessor will state the preference assessment administered to the Member during the assessment.*

Preference Areas:	Potential Reinforcers:
☐ Social	
☐ Sensory	
☐ Toys or Activities	
☐ Food	

f. ***Limited Reinforcers-*** *Within this section the assessor will list any reinforcement restrictions or limitation.*

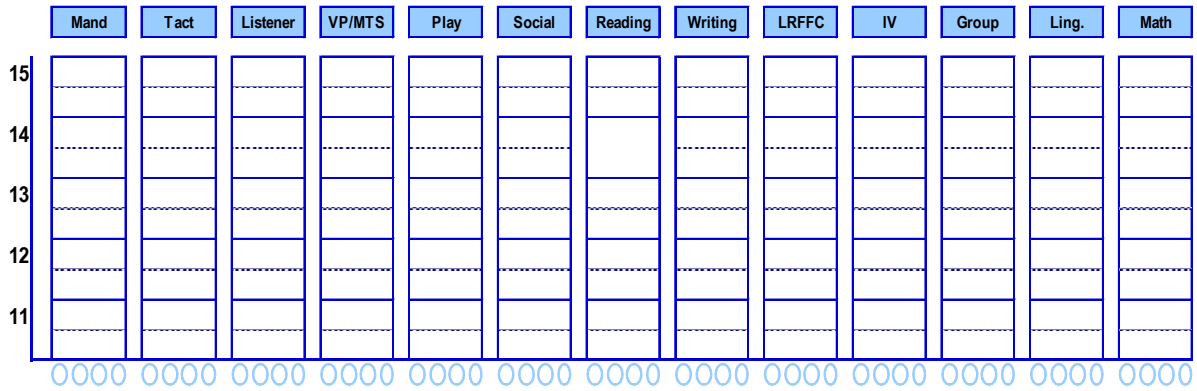
VII. ASSESSMENT MEAURES:

Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP)
Milestones Scoring Form

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

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

LEVEL 3



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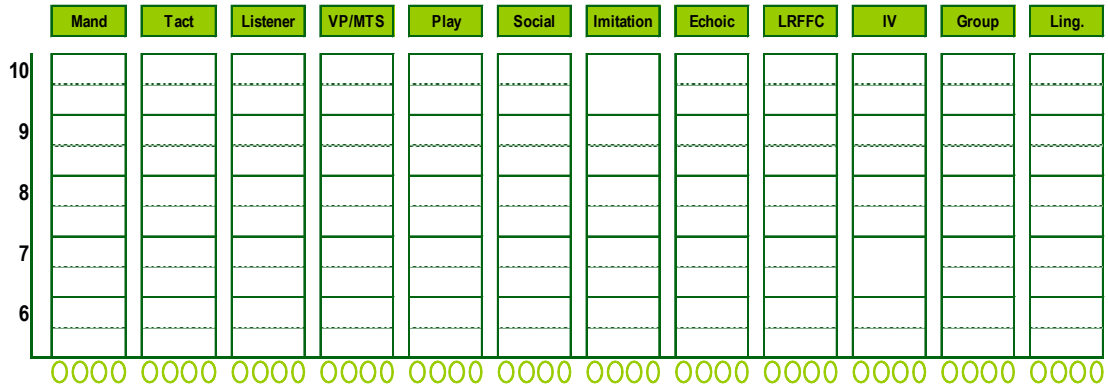
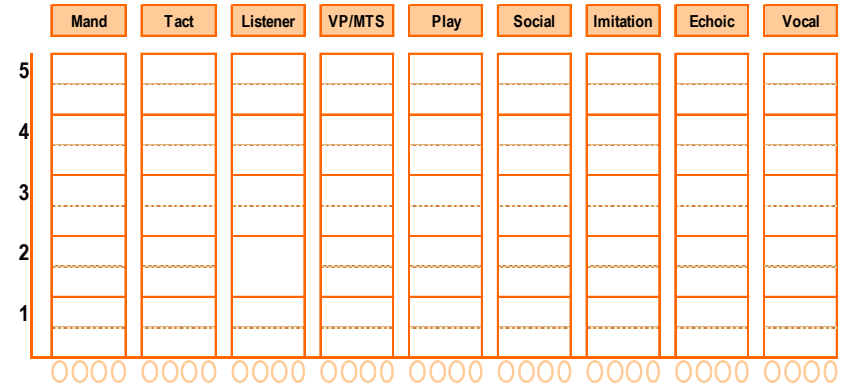


LEVEL 1



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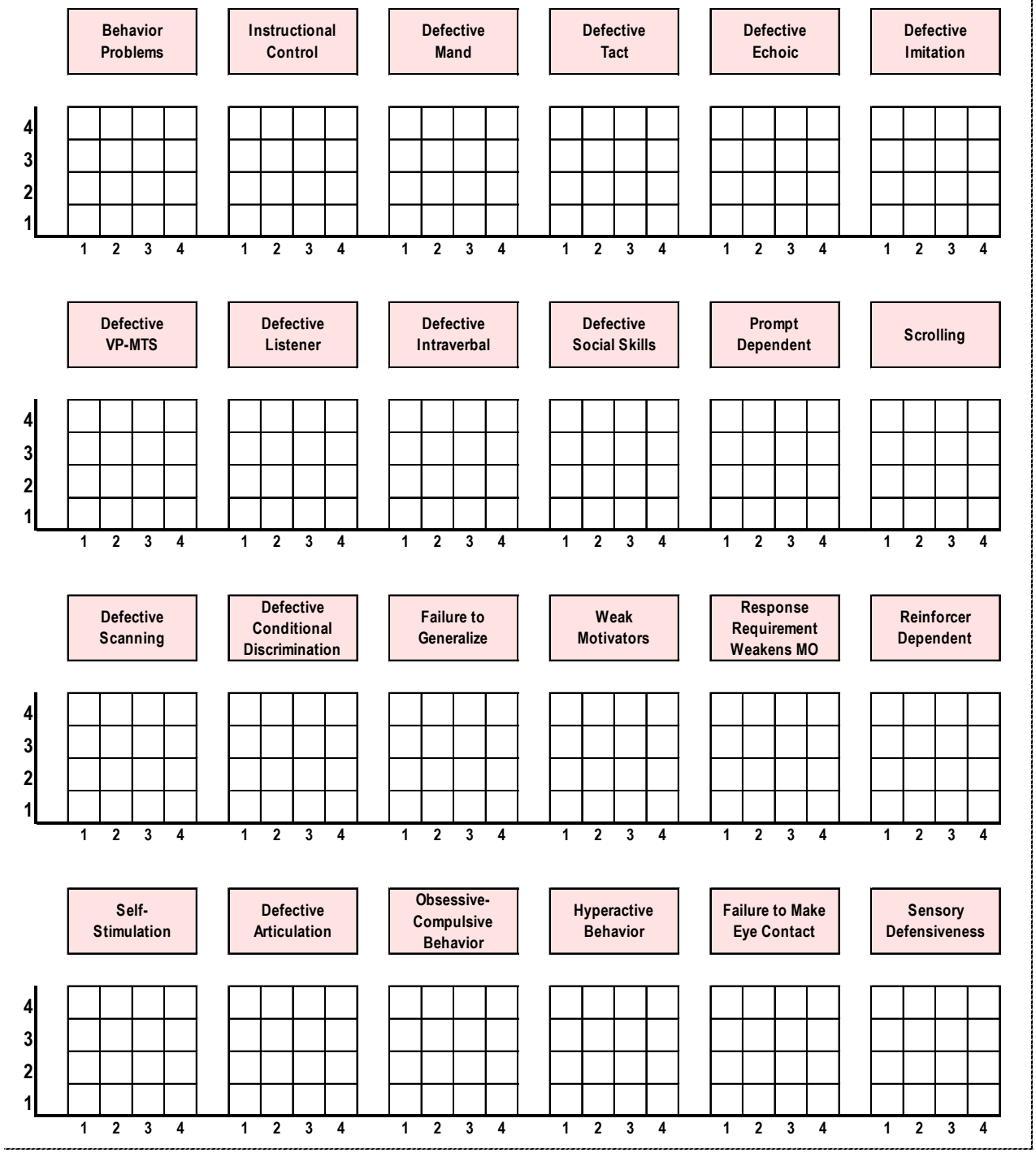
VB-MAPP Barriers to Learning

REPORT DATE: XX/XX/XXXX **MEM ID:**

Child's name:	
Date of birth:	
Age at testing:	1 2 3 4

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



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Vineland Adaptive Behavior Scales, 2nd Edition

REPORT DATE: XX/XX/XXXX **MEM ID:**

Date Administered: XX/XX/XXXX

Name of Interview: First Name/Last Name, Credentials

Name of Respondent: First Name/Last Name, relationship

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			3 years, 5 months	
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				

(Insert page break)

Kern Family Health Care

Assessment of Functional Living Skills (AFLS)
Basic Skills/Community Participation/Home Skills

Learner:

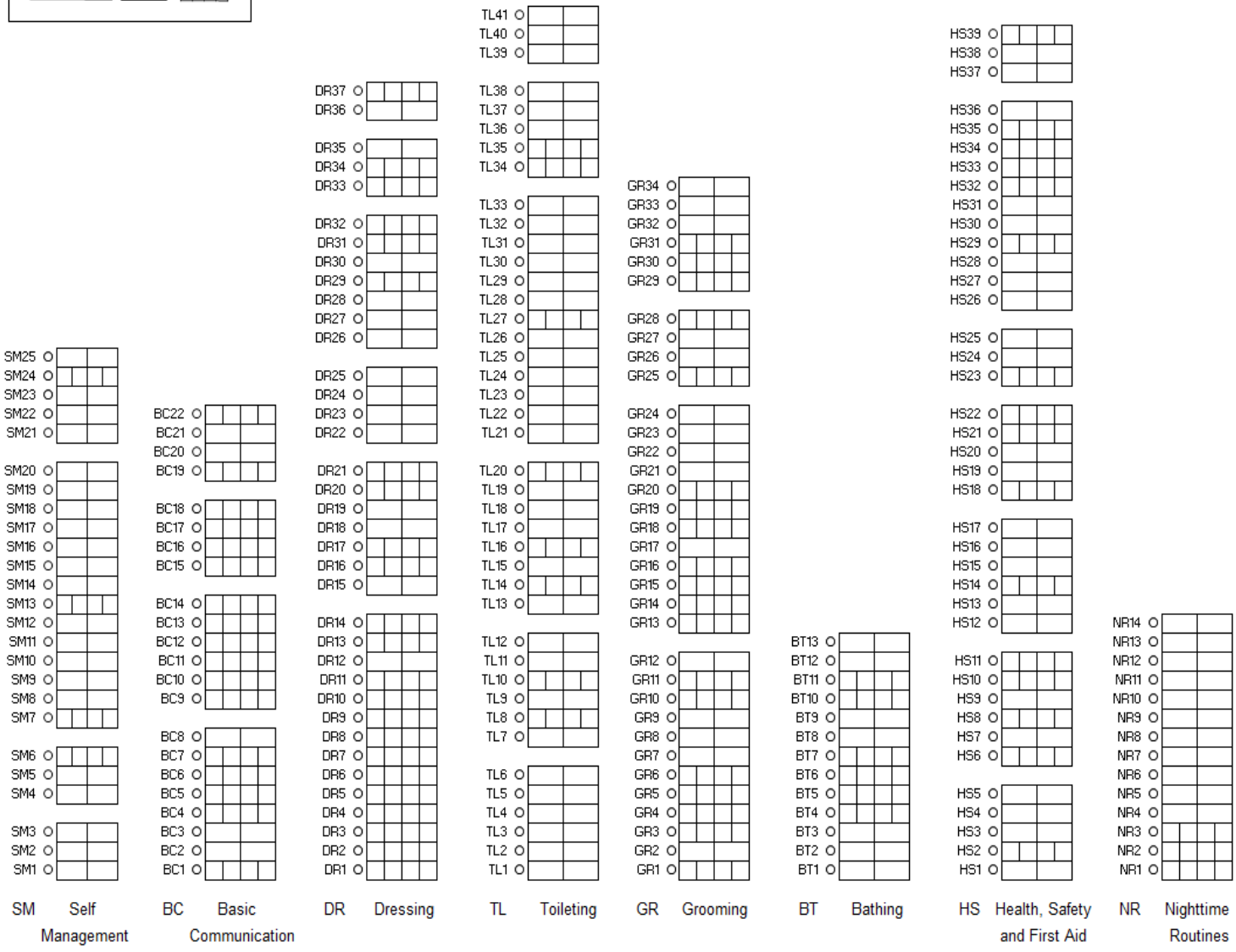
_____

Assessor ____ Date ____

_____ ____

_____ ____

_____ ____



REPORT DATE: XX/XX/XXXX **MEM ID:**

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

Date Administered: **XX/XX/XXXX**

Name of Interview: **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			

(Insert page break)

VIII. 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 graph – align left)

Instrumental Goal: By (Date),
Short-Term Goal: By (Date),
Intermediate-Term Goal: By (Date),
Long-Term Goal: By (Date),
Data Collection: (frequency, percentage, rate)
Mastery Criteria:
Generalization Criteria: This goal will be generalized across __ people, __ settings, or materials.
Estimated Date of Mastery:

Replacement Behavior Goals:
Instrumental Goal: By (Date),
Short-Term Goal: By (Date),
Intermediate-Term Goal: By (Date),
Long-Term Goal: By (Date),
Data Collection: (frequency, percentage, rate)
Mastery Criteria:
Generalization Criteria: This goal will be generalized across __ people, __ settings, or materials.
Estimated Date of Mastery:

Behavior #2 (Insert Behavior Name)

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

b. Descriptive Phase

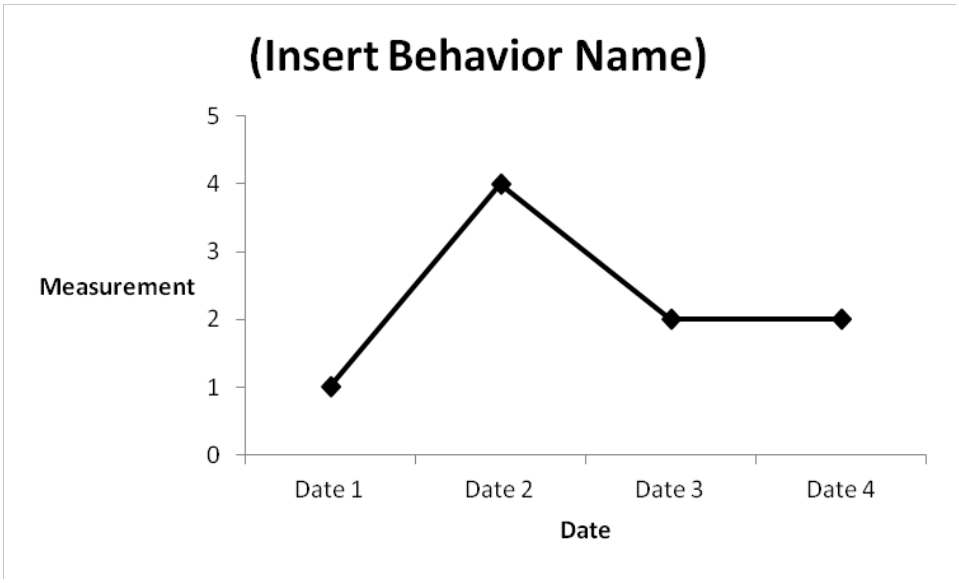
- **Topography of Behavior:** Operational definition of the target behavior. The definition will be observable, measurable, and objective. (Based on this technological description all individuals will be able to easily

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.).

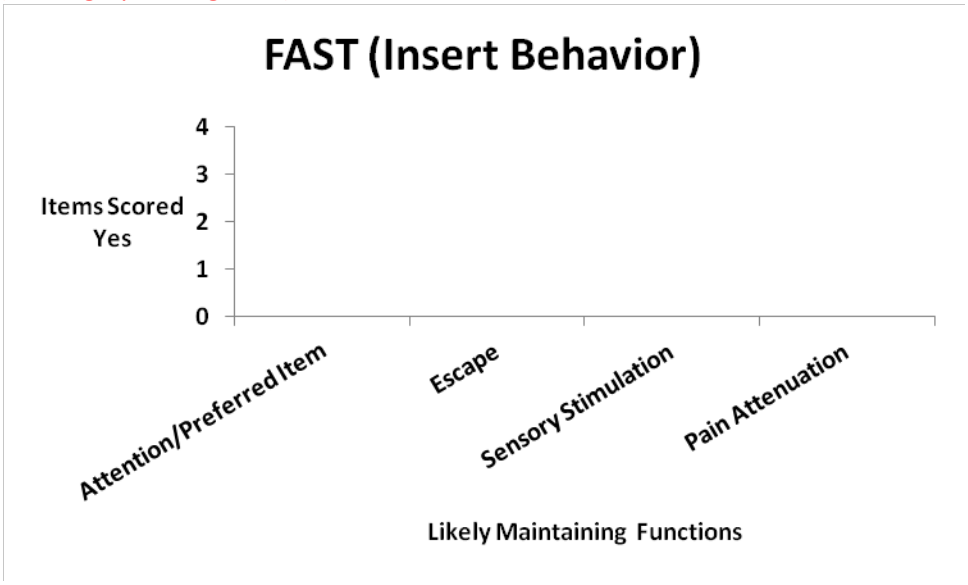
- **Onset/Offset:** Statement regarding when the behavior begins and ends.
- **Course of Behavior:** Describe whether or not the behavior occurs across (persons, places, and times of the day). List any escalation patterns and/or cycles. Describe how the behavior typically subsides.
- **History and recent 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 graph – align left)

Instrumental Goal: By (Date),
Short-Term Goal: By (Date),
Intermediate-Term Goal: By (Date),
Long-Term Goal: By (Date),
Data Collection: (frequency, percentage, rate)
Mastery Criteria:
Generalization Criteria: This goal will be generalized across __ people, __ settings, or materials.
Estimated Date of Mastery:

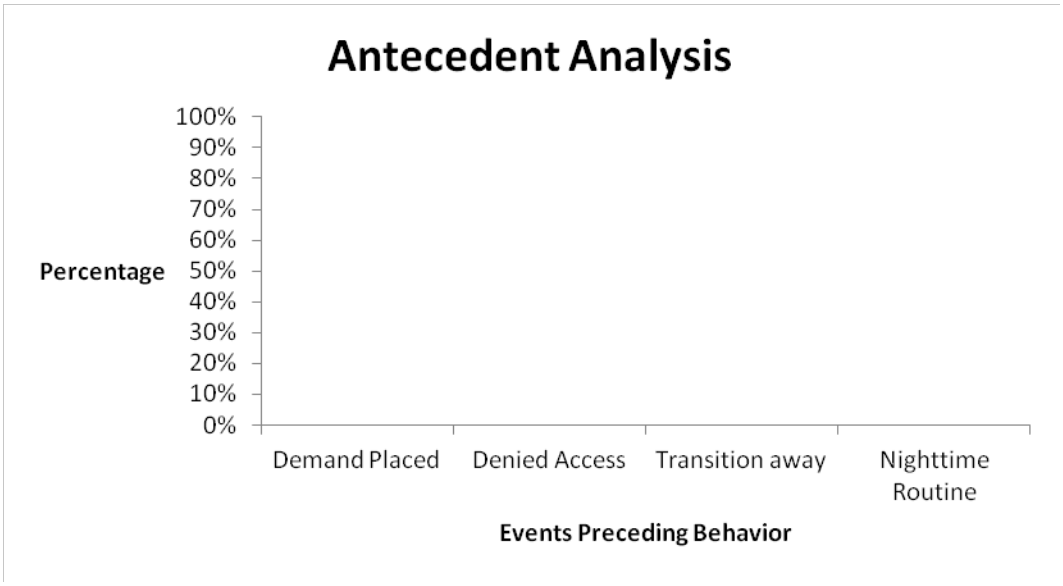
Replacement Behavior Goals:
Instrumental Goal: By (Date),
Short-Term Goal: By (Date),
Intermediate-Term Goal: By (Date),
Long-Term Goal: By (Date),
Data Collection: (frequency, percentage, rate)
Mastery Criteria:
Generalization Criteria: This goal will be generalized across __ people, __ settings, or materials.
Estimated Date of Mastery:



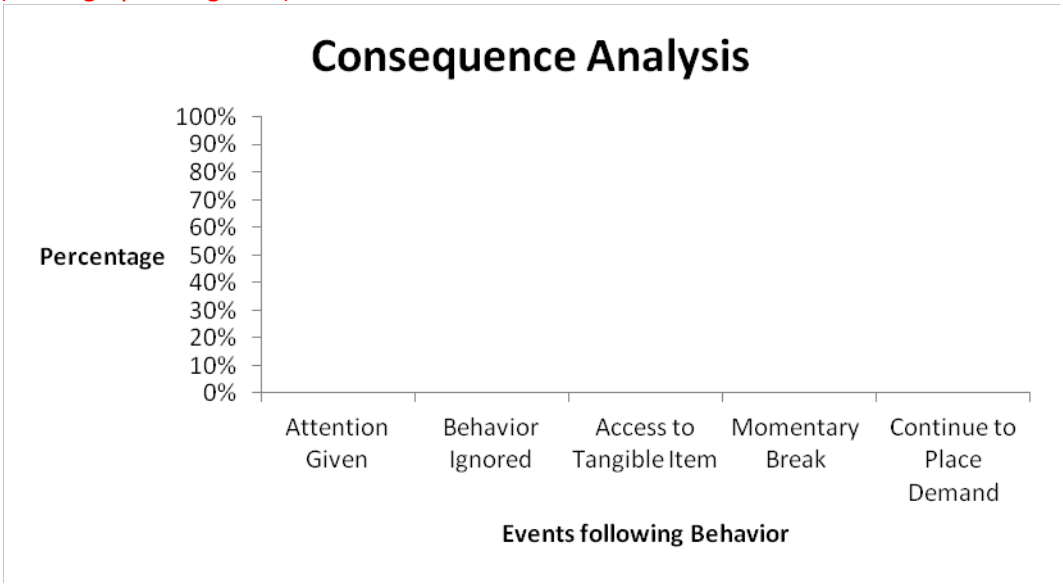
- ***Functional Analysis Screening Tool (e.g., FAST, MAS, QABF):*** Write a brief description of the tool used. Example: *The Functional assessment screening tool is a questionnaire presented to caregivers of an individual in order to identify a hypothesized function for a given target behavior. Questions 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.*
(Insert graph – align left)



- **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.*
(Insert graph – align left)



- **Consequence Analysis:** *within this section the assessor will identify environmental events that follow/followed the target behavior.*
  (Insert graph – align left)



- **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 (insert behavior) is (insert function or multiple functions).*

c. 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.*

IX. Program Goals

1. Goal: Expressive Communication

Program Name: *Mand -* **Date of Introduction:**

Assessment Tool Source:

Instrumental Goal: By (Date),
Short-Term Goal: By (Date),
Intermediate-Term Goal: By (Date),
Long-Term Goal: By (Date),
Data Collection: (frequency, percentage, rate, etc.)
Mastery Criteria:
Generalization Criteria: How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)
Baseline*:*
Progress:
Estimated Date of Mastery:

2. **Goal: Expressive Communication**
   Program Name: *Mand -* **Date of Introduction:**
   Assessment Tool Source:
   Instrumental Goal: By (Date),
   Short-Term Goal: By (Date),
   Intermediate-Term Goal: By (Date),
   Long-Term Goal: By (Date),
   Data Collection: (frequency, percentage, rate, etc.)
   Mastery Criteria:
   Generalization Criteria: How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)
   Baseline*:*
   Progress:
   Estimated Date of Mastery:

3. **Goal: Expressive Communication**
   Program Name: *Mand -* **Date of Introduction:**
   Assessment Tool Source:
   Instrumental Goal: By (Date),
   Short-Term Goal: By (Date),
   Intermediate-Term Goal: By (Date),
   Long-Term Goal: By (Date),
   Data Collection: (frequency, percentage, rate, etc.)
   Mastery Criteria:
   Generalization Criteria: How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)
   Baseline*:*
   Progress:
   Estimated Date of Mastery:

4. **Goal: Expressive Communication**
   Program Name: *Mand -* **Date of Introduction:**
   Assessment Tool Source:
   Instrumental Goal: By (Date),
   Short-Term Goal: By (Date),
   Intermediate-Term Goal: By (Date),

Long-Term Goal: By (Date),
Data Collection: (frequency, percentage, rate, etc.)
Mastery Criteria:
Generalization Criteria: How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)
Baseline*:*
Progress:
Estimated Date of Mastery:

5. **Goal: Expressive Communication**
   Program Name: *Mand -* **Date of Introduction:**
   Assessment Tool Source:
   Instrumental Goal: By (Date),
   Short-Term Goal: By (Date),
   Intermediate-Term Goal: By (Date),
   Long-Term Goal: By (Date),
   Data Collection: (frequency, percentage, rate, etc.)
   Mastery Criteria:
   Generalization Criteria: How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)
   Baseline*:*
   Progress:
   Estimated Date of Mastery:

6. **Goal: Expressive Communication**
   Program Name: *Mand -* **Date of Introduction:**
   Assessment Tool Source:
   Instrumental Goal: By (Date),
   Short-Term Goal: By (Date),
   Intermediate-Term Goal: By (Date),
   Long-Term Goal: By (Date),
   Data Collection: (frequency, percentage, rate, etc.)
   Mastery Criteria:
   Generalization Criteria: How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)
   Baseline*:*
   Progress:
   Estimated Date of Mastery:

7. **Goal: Expressive Communication**
   Program Name: *Mand -* **Date of Introduction:**
   Assessment Tool Source:
   Instrumental Goal: By (Date),
   Short-Term Goal: By (Date),
   Intermediate-Term Goal: By (Date),
   Long-Term Goal: By (Date),
   Data Collection: (frequency, percentage, rate, etc.)
   Mastery Criteria:

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

8. **Goal: Expressive Communication**
Program Name: *Mand -* **Date of Introduction:**
Assessment Tool Source:
Instrumental Goal: By (Date),
Short-Term Goal: By (Date),
Intermediate-Term Goal: By (Date),
Long-Term Goal: By (Date),
Data Collection: (frequency, percentage, rate, etc.)
Mastery Criteria:
Generalization Criteria: How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)
Baseline*:*
Progress:
Estimated Date of Mastery:

9. **Goal: Expressive Communication**
Program Name: *Mand -* **Date of Introduction:**
Assessment Tool Source:
Instrumental Goal: By (Date),
Short-Term Goal: By (Date),
Intermediate-Term Goal: By (Date),
Long-Term Goal: By (Date),
Data Collection: (frequency, percentage, rate, etc.)
Mastery Criteria:
Generalization Criteria: How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)
Progress:
Estimated Date of Mastery:

10. **Goal: Expressive Communication**
Program Name: *Mand -* **Date of Introduction:**
Assessment Tool Source:
Instrumental Goal: By (Date),
Short-Term Goal: By (Date),
Intermediate-Term Goal: By (Date),
Long-Term Goal: By (Date),
Data Collection: (frequency, percentage, rate, etc.)
Mastery Criteria:
Generalization Criteria: How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)
Baseline*:*
Progress:
Estimated Date of Mastery:

11. **Goal: Expressive Communication**
Program Name: *Mand -* **Date of Introduction:**
Assessment Tool Source:
Instrumental Goal: By (Date),
Short-Term Goal: By (Date),
Intermediate-Term Goal: By (Date),
Long-Term Goal: By (Date),
Data Collection: (frequency, percentage, rate, etc.)
Mastery Criteria:
Generalization Criteria: How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)
Baseline*:*
Progress:
Estimated Date of Mastery:

12. **Goal: Expressive Communication**
Program Name: *Mand -* **Date of Introduction:**
Assessment Tool Source:
Instrumental Goal: By (Date),
Short-Term Goal: By (Date),
Intermediate-Term Goal: By (Date),
Long-Term Goal: By (Date),
Data Collection: (frequency, percentage, rate, etc.)
Mastery Criteria:
Generalization Criteria: How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)
Baseline*:*
Progress:
Estimated Date of Mastery:

13. **Goal: Expressive Communication**
Program Name: *Mand -* **Date of Introduction:**
Assessment Tool Source:
Instrumental Goal: By (Date),
Short-Term Goal: By (Date),
Intermediate-Term Goal: By (Date),
Long-Term Goal: By (Date),
Data Collection: (frequency, percentage, rate, etc.)
Mastery Criteria:
Generalization Criteria: How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)
Baseline*:*
Progress:
Estimated Date of Mastery:

X. Behavior Intervention Plan

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.***
   - ***(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.***
   - ***(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).*

XI. **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.***

XII. ***Family Involvement:*** *Within this section of the report Provider will outline parent involvement and participation within the therapy session. Provider will include a statement on the expected level of participation, the parent training and education approach for teaching the parent goals. Providers will include a plan on how the provider will address parental involvement within therapy sessions. Parent education goals will be listed below.* ***Parent Participation is not an education goal, it is an expectation. A Parent should have AT LEAST 2 Parent Education Goals.***

1. Parent Education:

1. **Parent Goal Domain:** Title of Domain being targeted

Instrumental Goal: Objective of the program (make sure this is measurable, objective, and specific) include data collection procedure and mastery criteria.

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

2. **Parent Goal Domain:** Title of Domain being targeted
Instrumental Goal: Objective of the program (make sure this is measurable, objective, and specific) include data collection procedure and mastery criteria.
Baseline: Include a brief statement about the Member's Parent's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.

XIII. Location of Service: *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, their school and other health care professionals involved in the care of a Member (e.g., PCP, OT, SLP, etc.).

XV. 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. Transition of care should include Member aging out of BHT services at the age of 21. Authorizations for BHT will not extend past the Member's 21st birthday. For Members who are within sixty (60) days of their 21st birthday, the BHT Provider must initiate the transition process to an alternative funding source (e.g., Regional Center, County Services, or Department of Rehabilitation).*

XVI. Discharge Criteria: *Within this section include a description regarding the discharge criteria.*

XVII. Recommendations: *Within this section provide a summary of the clinical recommendations for the Member. This should include the rationale for* ***MEDICALLY NECESSARY*** *behavioral health treatment. The rate of supervision provided by the QAS Professional and/or QAS Provider to the QAS Paraprofessionals will be based on a ratio of 2 hours of supervision service per every 10 hours of direct service authorized, unless the case calls for increased supervision as agreed by QAS Provider and KHS.* ***Providers requesting additional supervision beyond standard ratios and guidelines will need to include clinical justification on the need for enhanced supervision***

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.

Progress toward learning and behavioral goals will be monitored through ***(data type)*** and reviewed every ___ weeks/months___. Based on data trends, goals may be ___ (e.g., updated, replaced, faded) ___ to reflect learner progress or changing needs. Formal reassessments using ***(assessment tools)*** will occur ***(time frame)***. The ILP will be updated accordingly, in collaboration with **_(team members/stakeholders)**.

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, per 15 minutes (HP, HO, HN, HM)**	
H0032-HN	**Mental Health Service Plan Development by Non-Physician, per 15 minutes (Mid-Tier Supervision by Non-certified/non-licensed Masters, BCaBA, BA enrolled in BCBA Program)**	
H0032-HO	**Mental Health Service Plan Development by Non-Physician, per 15 minutes (Top-Tier Supervision by BCBA/LMFT/LCSW)**	
H0032-HP	**Mental Health Service Plan Development by Non-Physician, per 15 minutes (Top-Tier Supervision by BCBA-D/Ph.D.)**	
S5111	**Home Care Training, Family; per session (By BCBA, BCaBA, MA staff) HP, HO, HN**	
H2014	**Skills Training and Development, per 15 minutes (By BCBA, BCaBA, MA staff) HP, HO, HN**	

Please include a Clinical Contact for Questions on this Report:	
Name:	**Credentials:**
Email:	**Phone:**

Report completed by:

SIGNATURE REQUIRED

Name
Title
Agency Name

Date:

REPORT DATE: XX/XX/XXXX **MEM ID:**

Report reviewed and approved by: ***The Health plan requires a second review by BCBA***

SIGNATURE REQUIRED

Name
Title
Agency Name

Date:

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

SIGNATURE REQUIRED

Parent Name (Required)

Date: