



Behavioral Health Treatment Progress Report 6-Month Report/Addendum/Exit Report

PLEASE SELECT THE REPORT TYPE: 6-Month Addendum Exit

I. GENERAL INFORMATION:

First Name:		Last Name:	
Birth Date:		Member ID#:	
Present Address:			
Parent/Guardian:		Phone:	
Language:		Reporting Period:	XX/XX/XX - XX/XX/XX
Diagnosis: If undiagnosed (N/A)		Diagnosis MD or Psychologist Name AND Date of Diagnosis	
Treatment Team: Behavior Technician (s): Program Supervisor: Supervising BCBA:			
Report Date:			

If this is an addendum report, include the following sentence:

"This is an addendum report to the FBA/6-Month Treatment Plan dated XX-XX-XXXX. This addendum report is to (state reason for addendum)."

II. SESSION INFORMATION:

Within the section and using the table below, Provider will list the treatment period months (see example) in the top box of each column. Provider will provide the number of sessions, number of direct treatment hours, number of supervision hours provided to the member each month, number of treatment sessions canceled by the Member and the number of treatment sessions canceled by the Provider. Provider will provide a narrative on any barriers to providing treatment to the Member within this section; this will include frequent cancelations, late starts, staff turnover, etc.

Behavior Health Treatment	Month	Month	Month	Month	Month	Month	Total
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# of Treatment Sessions:							
# of Treatment Hours:							
# of Supervision Hours:							
# of Sessions Canceled by Member:							
# of Sessions Canceled by Provider:							

III. BACKGROUND INFORMATION: UPDATE ANY INFORMATION FROM THE INITIAL ASSESSMENT OR PREVIOUS REPORTING PERIOD.

a. Reason for Referral:

*Medically necessary referral reasons for continued BHT include:
Include who referred the Member to ABA services.*

b. 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).*

c. Living Situation:

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

Member Availably (Monday -Friday: start/end time)						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

d. School Information: *(school updates, teacher updates, school services, etc.)*

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

ABA Services in school:

Within this section provide a summary of the clinical recommendations (including Clinical Justification) for the Member. This should include the rational for MEDICALLY NECESSARY AND BE CLINICALLY JUSTIFIED behavioral health treatment in the school setting.

Include a copy of Members Individualized Education Plan (IEP) if services are provided in the school. IEP may be attached to the treatment plan.

Behavior Health Treatment (School Hours)	M	Tu	W	Th	F	Total
Session time (Ex. 10am-12pm)						

e. 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. Member must be medically stable, not have a need for 24-hour nursing/monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities.

f. 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)

IV. SUMMARY OF PROGRESS:

Within the summary of progress section, the provider will need to provide a narrative on the Member's overall treatment progress during the current reporting period. Summary of progress will need to include the following information:

- (number) goals mastered.
- (number) goals in progress
- (number) goals on hold
- (number) goals discontinued.
- (number) new goals have been added during this authorization period.
- Explain how the Member has responded to treatment with the Provider.

V. BARRIERS TO PROGRESS:

Within the barriers to progress section, the Provider will include information on any or all barriers to the Member's progress (e.g., frequent cancellations, illness, vacations, etc.). The provider will need to include any action plans or actions take to address the outlined barriers to progress. If no barriers exist, the Provider will need to make a statement that there are no barriers to the delivery of service at this time.

(Insert page break)

VI. ASSESSMENT MEASURES:

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

	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 0000

(Insert page break)

VB-MAPP Barriers to Learning

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:				

	Behavior Problems	Instructional Control	Defective Mand	Defective Tact	Defective Echoic	Defective Imitation
4						
3						
2						
1						
	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

	Defective VP-MTS	Defective Listener	Defective Intraverbal	Defective Social Skills	Prompt Dependent	Scrolling
4						
3						
2						
1						
	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

	Defective Scanning	Defective Conditional Discrimination	Failure to Generalize	Weak Motivators	Response Requirement Weakens MO	Reinforcer Dependent
4						
3						
2						
1						
	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

	Self-Stimulation	Defective Articulation	Obsessive-Compulsive Behavior	Hyperactive Behavior	Failure to Make Eye Contact	Sensory Defensiveness
4						
3						
2						
1						
	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

(Insert page break)

Vineland Adaptive Behavior Scales, 2nd Edition

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)

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)

VII. Target Behaviors

Behavior #1 (Insert Behavior Name)

Information here is taken from the FBA. NEW identified behaviors need to follow FBA template format. Each identified behavior needs to have a reduction and replacement goal.

- a. 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.).
- b. Onset/Offset:** Statement regarding when the behavior begins and ends.
- c. 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.
- d. Baseline Data:** Insert baseline data for target behavior.

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

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

Estimated Date of Mastery:

Behavior #2 (Insert Behavior Name)

Information here is taken from the FBA. NEW identified behaviors need to follow FBA template format. Each identified behavior needs to have a reduction and replacement goal.

- e. 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.).
- f. Onset/Offset:** Statement regarding when the behavior begins and ends.

- g. 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.
- h. Baseline Data:** Insert baseline data for target behavior.

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

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

Estimated Date of Mastery:

VIII. Program Goals

Within the program goals section of the progress report, the Provider will report on the progress from the treatment goals outlined from the Functional Behavior Assessment. Graphs need to be included for each treatment goal. Line Percentage Graphs should not have more than 3 data paths on a single graph.

Providers are encouraged to use cumulative graphs for acquisition treatment goals that have many program targets. Graphs should include the following elements: ***Please attach your graphs as attachments.***

- The height of Graphs should be no larger than 3"
- Graphs should be aligned left
- Graph Title should match the name of the Goal
- Y & X axis should correlate with data collection procedure and information reported.
- Breaks in data path should include a textbox explaining the break in data.
- All phase change lines have been inserted and labeled

1. Social Emotional

1. Program Name: Title of program being targeted – (Introduced XX/XX/XXXX) (On Hold XX/XX/XXXX)

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 measureable, 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-Term 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 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.

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period. Provider should address variability demonstrated in the graph and plan to address.

Estimated Date of Mastery:

(Insert graph – align left on the page)

Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

2. **Program Name:** Title of program being targeted – (Introduced XX/XX/XXXX) (On Hold XX/XX/XXXX)

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

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Estimated Date of Mastery:

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Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

3. **Program Name:** Title of program being targeted – (Introduced XX/XX/XXXX) (On Hold XX/XX/XXXX)

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)

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Short-Term Goal: By (Date),

Intermediate-Term 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 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.

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period. Provider should address variability demonstrated in the graph and plan to address.

Estimated Date of Mastery:

(Insert graph – align left on the page)

Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

4. **Program Name:** Title of program being targeted – (Introduced XX/XX/XXXX) (On Hold XX/XX/XXXX)

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-Term 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 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.

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period. Provider should address variability demonstrated in the graph and plan to address.

Estimated Date of Mastery:

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Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

5. Program Name: Title of program being targeted – (Introduced XX/XX/XXXX) (On Hold XX/XX/XXXX)

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-Term 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 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.

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period. Provider should address variability demonstrated in the graph and plan to address.

Estimated Date of Mastery:

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Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

2. Communication:

6. Program Name: Title of program being targeted – (Introduced XX/XX/XXXX) (On Hold XX/XX/XXXX)

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-Term Goal: By (Date),

Long-Term Goal: By (Date),

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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.

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Estimated Date of Mastery:

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Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

7. **Program Name:** Title of program being targeted – (Introduced XX/XX/XXXX) (On Hold XX/XX/XXXX)

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)

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Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

8. **Program Name:** Title of program being targeted – (Introduced XX/XX/XXXX) (On Hold XX/XX/XXXX)

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)

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Intermediate-Term 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)

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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.

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period. Provider should address variability demonstrated in the graph and plan to address.

Estimated Date of Mastery:

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Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

9. **Program Name:** Title of program being targeted – (Introduced XX/XX/XXXX) (On Hold XX/XX/XXXX)

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)

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Short-Term Goal: By (Date),

Intermediate-Term Goal: By (Date),

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Estimated Date of Mastery:

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Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

10. **Program Name:** Title of program being targeted – (Introduced XX/XX/XXXX) (On Hold XX/XX/XXXX)

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)

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Short-Term Goal: By (Date),

Intermediate-Term 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 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.

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period. Provider should address variability demonstrated in the graph and plan to address.

Estimated Date of Mastery:

(Insert graph – align left on the page)

Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

11. **Program Name:** Title of program being targeted – (Introduced XX/XX/XXXX) (On Hold XX/XX/XXXX)

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-Term 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 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.

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period. Provider should address variability demonstrated in the graph and plan to address.

Estimated Date of Mastery:

(Insert graph – align left on the page)

Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

12. **Program Name:** Title of program being targeted – (Introduced XX/XX/XXXX) (On Hold XX/XX/XXXX)

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-Term 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 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.

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period. Provider should address variability demonstrated in the graph and plan to address.

Estimated Date of Mastery:

(Insert graph – align left on the page)

Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

13. **Program Name:** Title of program being targeted – (Introduced XX/XX/XXXX) (On Hold XX/XX/XXXX)

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-Term 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 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.

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period. Provider should address variability demonstrated in the graph and plan to address.

Estimated Date of Mastery:

(Insert graph – align left on the page)

Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

14. Program Name: Title of program being targeted – **(Introduced XX/XX/XXXX) (On Hold XX/XX/XXXX)**

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-Term 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 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.

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period. Provider should address variability demonstrated in the graph and plan to address.

Estimated Date of Mastery:

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Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

15. Program Name: Title of program being targeted – **(Introduced XX/XX/XXXX) (On Hold XX/XX/XXXX)**

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-Term 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 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.

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period. Provider should address variability demonstrated in the graph and plan to address.

Estimated Date of Mastery:

(Insert graph – align left on the page)

Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

3. Self-Help:

16. Program Name: Title of program being targeted – (Introduced XX/XX/XXXX) (On Hold XX/XX/XXXX)

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-Term 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 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.

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Estimated Date of Mastery:

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Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

17. Program Name: Title of program being targeted – (Introduced XX/XX/XXXX) (On Hold XX/XX/XXXX)

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-Term 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 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.

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period. Provider should address variability demonstrated in the graph and plan to address.

Estimated Date of Mastery:

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Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

4. Social Skills:

18. Program Name: Title of program being targeted – (Introduced XX/XX/XXXX) (On Hold XX/XX/XXXX)

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-Term 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)

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

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Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period. Provider should address variability demonstrated in the graph and plan to address.

Estimated Date of Mastery:

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Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

19. Program Name: Title of program being targeted – (Introduced XX/XX/XXXX) (On Hold XX/XX/XXXX)

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)

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

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Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period. Provider should address variability demonstrated in the graph and plan to address.

Estimated Date of Mastery:

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Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

20. Program Name: Title of program being targeted – (Introduced XX/XX/XXXX) (On Hold XX/XX/XXXX)

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)

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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)

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Estimated Date of Mastery:

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Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

IX. Family Goals

Parents should have goals within the treatment plan.

1. Parent Goal Domain: Title of Domain being targeted (**Introduced XX/XX/XXXX**) (**On Hold XX/XX/XXXX**)

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.

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Estimated Date of Mastery:

2. Parent Goal Domain: Title of Domain being targeted (**Introduced XX/XX/XXXX**) (**On Hold XX/XX/XXXX**)

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)

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Long-Term Goal: By (Date),

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Estimated Date of Mastery:

X. Behavior Intervention Plan (Updated as of XX-XX-XXXX)

The behavior intervention plan is taken from the initial FBA and needs to be updated on an ongoing basis. The intervention plan needs to be individualized and written in a technological manner.

- a. Ecological Strategies-** Within this section of the behavior intervention plan describe all ecological strategies used. Strategies should be written technological
- 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...
- 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...
- 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. Discrete Trial Teaching
- b. Task analysis
- c. Natural Environment Teaching
- d. Prompt-fading
- e. Choices
- f. Pre-Mack Principle
- g. Functional Communication Training (FCT)
- h. Error correction
- i. Errorless Learning
- j. Priming
- k. Response Blocking
- l. Generalization
- m. Maintenance
- n. Overcorrection
- o. Redirection
- p. Behavior Momentum
- q. Environmental arrangement

<u>Cumulative list of targets/goals mastered within current authorization period</u>	<u>Date Introduced</u>	<u>Date Mastered</u>
1.		
2.		

3.		
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XII. Family Involvement: Within this section of the report Provider will outline parent involvement and participation within the therapy session. Provider will include statement on the expected level of participation, parent training and education. Parent education goals will be listed in the treatment plan. **Parent Participation is not an education goal, it is an expectation.**

XIII. 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.

XIV. Location of Service: *Include a description on where services will take place. Include each place of service for each setting for **both direct service and supervision**. For example, direct service and supervision take place in home with the Member and parent/caregiver. **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.***

XV. 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).

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. 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).*

XVII. Discharge Criteria: Within this section include a description regarding the discharge criteria and transition of care. 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).

XVIII. 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. *Include specific rationale, data and/ or behavior concerns regarding the need of intensive hours. Include specific rationale, data and/ or behavior concerns regarding the need for an increase/decrease of hours from the previous reporting period. Include in the recommendation paragraph the level of service being recommended for the Member. The hours being requested should match the units being requested on the table for a 6-month authorization period.*

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		
HCPC	Description	Units Requested
H2019	Therapeutic Behavioral Services, per 15 minutes	
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 visit (By BCBA, BCaBA, MA staff)	
H2014	Skills Training and Development, per 15 minutes (Socialization Groups/Group Adaptive Behavior Treatment administered by a Technician under the direct supervision of a QHP) (By BCBA, BCaBA, MA staff)	

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

Report completed by:

**SIGNATURE
REQUIRED**

Name & credentials

Date:

Title

Agency Name

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

**SIGNATURE
REQUIRED**

Name & credentials

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: