West Coast ABA

CalOptima Health Functional Behavior Assessment / Initial Treatment Plan

I. IDENTIFICATION	
Member Name:	
Jhon Doe	
Member DOB:	CIN #
1/1/2022	12345678A
Diagnoses/with ICD Code:	
Autism F 84.0	
Guardian Name:	Phone:
XXXX	123456789
Primary Care Provider:	Known Allergies:
Dr. Mostoufi Sayed 714-550-0110	N/A
Current Medications/Dosage:	Dietary Restrictions:
N/A	N/A
LMHP (Licensed Mental Health Professional)	

Full name & Credential	N/A
Contact Number	N/A

Service Initiation Date	Date ABA first began
7/1/2025	NA
Prior Applied Behavioral Health Agencies	
First time receiving ABA services	

Administrative Contact for Current Authorization Request	
Full Name and Title	Wyatt Deane CEO
Phone Number	(951) 706-0028
Fax Number	(714) 494-8028

Chief Complaint/Reason for Seeking Applied Behavior Analysis (ABA) Treatment:
The parents are seeking ABA treatment to reduce the frequency of tantrums which are occurring at high frequencies in multiple settings and to enhance verbal communication, as he is not communicating his needs and will isolate himself from peers in social settings.

II. DATA SOURCES

Records Reviewed (e.g., Individualized Education Plan (IEP), therapy plans)		
Record Type	Author of Record	Date of Record
Diagnostic Report	**Maria Hernandez PsyD and Nicole Lightman PhD**	**5/27/2025**

Interviews Conducted
Initial Interview/Observation: Include location, date, attendees and who conducted the interview/observation. Describe observations of the member in their natural environment and their behavior.
Mey Lam, BCBA, conducted the first initial interview on 7/7/2025 in person at their home in Santa Ana. The assessor interviewed XXXX regarding history of behaviors, and information regarding current skills and areas of concern. The Functional Behavior Assessment (FBA) process was also explained. Assessor observed Jhon interact with his sister, mother and father during the first interview. He wanted and spent most of the time outside in the swing set they have in front of the apartment. Assessor observed but also interacted with Jhon outside by the swing set. Jhon was interested in bubbles; he would come towards assessor and ask for "more" by signing. This was the only sign observed. Though there was some eye contact with assessor, there was no sound/word communication.
Second Interview/Observation: Include location, date, attendees and who conducted the interview/observation. Describe observations of the member in their natural environment and their behavior.
Mey Lam, BCBA, conducted the second interview at his daycare on 7/17/2025 *Gloria Lemus Daycare* in the city of Santa Ana. During the observation he was observed during play time led and facilitated by Gloria (caretaker at the daycare), during which assessor was able to observe parallel play and attempts to interact with another peer through hand over hand prompting. Gloria sat on the floor with other children around his age (3 boys) and took turns pushing a truck back and forth as well as putting balls inside a basket. After repetitive trials and hand over hand prompting, Jhon was able to perform the task in about 25% of the trials. When they transitioned to play in the backyard/patio area, while the children went up the jungle gym, he stood there waiting for Gloria to prompt him to go up; she mentioned that he is very prompt dependent on her to do things.

BACKGROUND INFORMATION

Individual Description/Living Arrangements: List any pertinent information about the member's living arrangements that could impact treatment, and describe member's likes/dislikes, how the member's free time is spent, etc.
Jhon resides in a small apartment home with his mother, father, and siblings. He has 20 (Jeremy) Scarlet (9) and half sister who lives in Mexico. Both parents work during the day and typically his father picks him up from daycare every day.

Significant Medical History: List any pertinent information about the member's medical history that could impact treatment.
He is in good health per parent report.

Functional Communication Skills: List modalities of communication and how the member has been observed to primarily communicate.
Jhon communicates primarily through gestures such as pointing, guiding others to what he wants or if available, he will grab what he wants independently from the refrigerator.

Self-Care and Activities of Daily Living Skills: Describe the member's ability to perform self-care tasks and what level of support from others is needed to complete self-care tasks and daily living skills.
Jhon demonstrates emerging abilities in self-care and daily living activities but continues to require assistance from parents. He can feed himself using his hands. In terms of hygiene, he participates in routines like handwashing and toothbrushing but needs hands-on support to complete them effectively. Dressing skills are limited; he is not yet able to dress or undress, independently and relies on caregivers for full assistance. He is not yet toilet trained.

Social and Play Skills: Provide observations of member's ability to communicate and interact with others present during the assessment (e.g., the assessor and family members).
Jhon was observed playing on his swing set at home. He used the swing while assessor interviewed his mother. During the observation at the daycare, Jhon participated in parallel play and interacted with other children by pushing a bus toy to his partner with hand over hand prompting from his caregiver at the day care. In the patio, he was able to go up the ladder to use the slide but would constantly look at the caregiver and waited for her verbal prompt to keep going. Gloria, stated that he needs a lot of verbal prompts from her to follow certain routines and instructions. If left alone or without prompting, he will wonder around the patio and does not initiate interaction with the other children.

Mobility Functioning and Restrictions: List any pertinent information about the member's mobility/motor functioning that could impact treatment.
Jhon does not have any restrictions to his mobility.

Daily schedule of all activities
Use the table below excluding school. (e.g. therapies, Regional Center Services, sports, family, etc.). **Include times, type of services and duration.**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Daycare 7:40am 5:00pm	Daycare 7:40am 5:00pm	Daycare 7:40am 5:00pm	Daycare 7:40am 5:00pm	Daycare 7:40am 5:00pm		

SCHOOL INFORMATION

Currently being assessed by the Santa Ana Unified School District

Daily School Schedule
Anything that pertains to when member is on school premises and/or during remote that is provided by the school as part of regular schedule, programming, or as identified in the IEP/equivalent.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
NA	NA	NA	NA	NA		

1. Are ABA services being requested for authorization from CalOptima Health at the school setting?	☐ Yes	☒ No
2. Does the member have a current **Individualized Educational Plan (IEP/equivalent)?**	☐ Yes	☒ No
If No, please explain:		
3. If yes, did the ABA provider obtain the current IEP/equivalent?	☒ Yes	☐ No
4. Date of the current IEP/equivalent	**Pending**	
5. Did the ABA provider participate in the IEP/equivalent meeting(s)?	☐ Yes	☒ No
If yes, please indicate the date(s) of attendance:		
6. Does the IEP/equivalent state the need for BHT/ABA services?	☐ Yes	☒ No

Individualized Educational Plan (IEP/equivalent) Information (services, school hours): IEP pending

Service Type	Location / Name of School	Classroom Type	Start Date	End Date	Frequency

V. PREVIOUS INTERVENTIONS

Provide a history of previous known interventions (including dates and providers of any previous ABA treatment) and the member's response to previous interventions, and reasons for termination.

Name of Provider	Service Provided	Service Level	Start Date	End Date	Reason for Termination
N/A	N//A	N/A	N/A	N/A	N/A

Describe in the sections below any other therapies or treatment that the member is currently receiving. Please describe how coordination would occur, what was discussed and with what frequency (e.g., receiving updated treatment plans from other providers every three months). Best Practice, this report should be shared with the primary care provider. Describe what was discussed with other care providers. Discuss coordination for non-ABA services for educational needs, respite, custodial care, etc. (This does not include working on IEP goals during at-home ABA sessions).

Document the required specific coordination of care or attempts of coordination of care.
- *At minimum at least 1 additional section in addition to the parent and caregiver must be filled out.*

Parent/Caregiver:	At the onset of ABA services, coordination of care will be established with all other providers involved in Jhon's treatment to ensure a collaborative, multidisciplinary approach Should other treatments begin, the supervising BCBA will coordinate care by requesting updated treatment plans from providers at least every three months and sharing 's ABA progress reports to promote consistency in goals and interventions. Caregivers will also be encouraged to facilitate communication between all service providers.
School:	**N/A**
Regional Center:	**N/A**
Speech/OT/PT:	At the initiation of services, the speech and occupational therapy teams will collaborate closely with the ABA team to ensure a unified and consistent approach to supporting Jhon's developmental needs.
Primary Care Provider/Specialist:	This report and future updates will be shared with Jhon's primary care provider to ensure comprehensive care and continuity across health and therapeutic services.
Mental Health Provider:	**N/A**

VII. ADAPTIVE TESTING
Vineland Adaptive Behavior Scales, Third Edition is required. *Optional- providers can also include information collected from Adaptive Behavior Assessment System-ABAS, Developmental Assessment of Young Children-DAYC), VB-MAPP, ABLLS.

Vineland-3 Scoring Information:
The Vineland-3 is a normed and standardized test that covers several domains, including communication, daily living skills, socialization, motor skills (optional based on age) and maladaptive behavior (optional). Within these domains, it assesses 13 skill areas. The **Vineland Adaptive Behavior Scales** is used to measure the adaptive behaviour of

individuals who have intellectual and developmental disabilities, developmental delays, autism spectrum disorders and other impairments. This assessment covers individuals from birth to 90 years of age and is conducted through parent interview.

*** Current assessment/scores need to be updated every 6 months to align with the date of submission. Should not be older than 1 month from the date of the request.*

	Baseline			Current		
Date Administered	**7/1/2025**					
Facilitated By:	**Mey Lam BCBA**					
Respondent:	**XXXX**					
Domain	**Raw Score**	**Standard Score/ V-Scale Score**	**Age Equivalent**	**Raw Score**	**Standard Score/ V-Scale Score**	**Age Equivalent Current**
Communication						
Receptive	**17**	**2**	**0:9**			
Expressive	**17**	**5**	**1:0**			
Written	**1**	**10**	**<3:00**			
Daily Living Skills						
Personal	**20**	**6**	**1:4**			
Domestic	**3**	**11**	**<3:0**			
Community	**6**	**11**	**<3:0**			
Socialization						
Interpersonal Relationships	**27**	**9**	**0:10**			
Play and Leisure	**18**	**10**	**1:4**			
Coping Skills	**7**	**7**	**<2:0**			
Motor						
Gross Motor	**48**	**9**	**1:7**			
Fine Motor	**20**	**8**	**1:4**			
Maladaptive Behaviors						
Internalizing	**13**	**21**				
Externalizing	**13**	**21**				

IX. **DIAGNOSTIC INFORMATION**			
● This should be updated with the most recently completed diagnostic assessment available at each treatment plan update. ● The most recent documents need to be submitted at time of request for authorization and need to have the following elements: ☐ MD/Physician/Licensed Clinical Psychologist Name, signature and date ☐ Diagnosis or Suspected Diagnosis ☐ Recommendation for ABA			
Current diagnosis code	Diagnosis description	Date of diagnosis/report	Diagnosed by (Full Name & credential)
F84.0	Autism		

X. FUNCTIONAL ASSESSMENT OR ANALYSIS OF TARGET BEHAVIORS

Target Behavior 1:	**Tantrum Behavior**

1. Identifying Behavior

> a. Operational Definition
> *Provide a clear, concise definition of the target behavior in observable terms.*

Tantrum is defined as Jhon crying, screaming, kicking and crying when he does not get access to what he wants or he is removed from a preferred activity and may also happen with there is demands placed.

> b. Course of Behavior
> *Describe the course of the behavior to include precursor behaviors (if any), escalation toward maximum intensity and how the behavior subsides.*

Precursor behaviors may include whining and grunting

> c. Baseline Data
> *Specify any baseline data collected through direct observation and/or parent report.*

The parent reports 5-8 occurrences per day, however the behavior may occur more often given the opportunity.

2. History of the Problem/Chief Complaint
> *Describe how long this behavior has been a concern for the family. Describe, in the family's or member's words, what concerns are to be addressed by ABA treatment.*

Parents report that tantrums occur with parents primarily.

3. Antecedent Analysis

> **a.** Setting Events

- **Time of Day:** Tantrums are **likely** to occur at any time of the day, while transitioning from one activity to another or preparing for non-preferred routines (e.g., diaper changes, clean-up time and when he's confused about the next activity or what's coming).
- **Physiological States:** Jhon is **more prone to tantrum when he is tired, hungry, or not feeling well** (e.g., during illness)
- **Changes in Routine:** Unexpected changes or **deviations from typical routines** (e.g., missed naps, unplanned outings) may serve as setting events, reducing her ability to cope with transitions or denied access to preferred items.

> **b.** Trigger Events

- **Denied Access:** When Jhon cannot have access to an item or access to a highly preferred item is removed
- **Transition Demands:** Being asked to transition from a **preferred to a non-preferred activity** (e.g., leaving the park, stopping play to change a diaper)

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4. Consequent Analysis
Describe the responses by the member's environment, including other persons, who may contribute to reinforcement of the target behavior.

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- In most instances, caregivers may **give him access to preferred items** (e.g., toys or snacks or phone).

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5. Impressions and Analysis of Hypothesized Function
Evidence which defines the function of the target behavior must be stated. Direct assessments, including Antecedent-Behavior-Consequence (ABC) data or results from a functional analysis, should be presented here. Indirect assessments (Questions About Behavioral Function — QABF, Functional Assessment Screening Tool — FAST) are optional but not required.

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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 Jhon is likely maintained by social positive reinforcement in the form of access to tangibles as the primary function and social negative reinforcement in the form of escape from nonpreferred task as secondary function.

FAST: Tantrum Behavior

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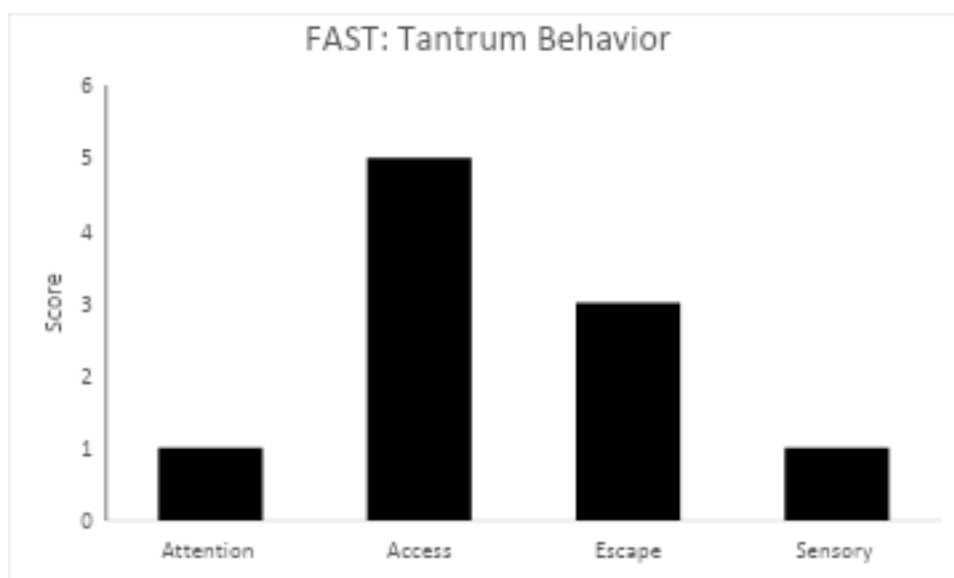
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XI. BEHAVIOR INTERVENTION PLAN

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Target Behavior 1:

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   a. Ecological interventions
An ecological approach to assessment recognizes the relationship between the member's environment and their behavior. Note any aspects of the member's environment that may be maintaining the target behavior, and how the environment might be altered to minimize and/or promote the reduction of target behavior.

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At home, frequent unstructured transitions between preferred and non-preferred activities, such as leaving play to complete hygiene routines, appear to contribute to frustration and behavioral escalation.
- This includes implementing predictable routines with clear visual schedules,
- providing advance warnings before transitions**,** and
- Incorporating choice-making opportunities to give Jhon a sense of control.

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● Structuring the day to allow frequent access to preferred items and embedding functional communication opportunities throughout routines will promote more appropriate ways for him to express wants and needs.
b. Training of replacement behaviors *Specify the instructional methods to be used in both the reduction of target behavior and training of replacement behavior. List specific strategies and specify how they would apply to the member's treatment plan*
● F**unctionally equivalent replacement behaviors** will be implemented. This includes teaching him to use **appropriate communication methods**—such as verbal requests, sign language, or visual icons—to express wants and needs instead of engaging in biting. Specific replacement phrases or icons (e.g., "more," "help," "all done," "I need a break" or "I want") will be modeled and reinforced consistently across environments. ● Initial teaching will occur in **highly structured settings** with minimal distractions and frequent reinforcement. ● Therapists and caregivers will use **prompting strategies** (e.g., physical, verbal, or gestural prompts) to guide Jhon to use the replacement behavior in response to triggers, gradually fading prompts to build independence. ● Each successful use of the replacement behavior will be followed by immediate and meaningful reinforcement**, such** as gaining access to the desired item or activity.
c. Focused intervention strategies (e.g., Differential Reinforcement of Alternative Behavior — DRA, Differential Reinforcement of Other Behavior — DRO, planned ignoring, shaping) *Specify what intervention strategies would be used to reduce target behavior and teach replacement behavior for the member:*
● **Functional Communication Training (FCT):** Teaching Jhon to use appropriate and functional communication (e.g., "more," "help," "all done," or "I want") via verbal speech, PECs, or AAC to replace tantrum. ● **Differential Reinforcement of Alternative Behavior (DRA):** Reinforcing the use of replacement behaviors with preferred items, praise, or activities while **withholding reinforcement** (e.g., access, attention, escape) following instances of biting. ● **Visual Supports and Social Stories:** Using first-then boards, visual routines, and social stories to prepare him for transitions and expectations, helping reduce anxiety and frustration. ● **Prompting and Prompt Fading:** Using systematic prompts to guide appropriate responses and gradually fading them to promote independent use of functional communication.
d. Reactive Strategies *List any reactive strategies that may need to be utilized should the target behavior occur despite the use of interventions described in the previous three paragraphs.*
● **Remain Neutral and Calm:** Respond to the behavior without displaying strong emotional reactions (e.g., loud reprimands or excessive attention), which may inadvertently reinforce the behavior. ● **Block and Redirect:** If possible, safely block the bite using protective positioning and redirect Jhon to an appropriate replacement behavior, such as using her AAC device or verbalizing a request. ● **Minimize Attention:** Provide minimal verbal and physical interaction immediately following a tantrum to avoid reinforcing the behavior with attention. ● **Do Not Reinforce Access or Escape:** Ensure that Jhon does not gain access to a preferred item or escape a demand as a result of tantrum.

● **Prompt Functional Communication:** Once Jhon is regulated, prompt or model the appropriate alternative response, requesting for access to what he wants.
e. Data collection procedures (e.g., whom, type): *Describe what type of data is to be collected and who would be responsible for collection of data.*
● Tantrum behaviors will be monitored using rate-based data collection to track the frequency per session. ● Replacement behaviors and skill acquisition goals will be documented using percentage-of-opportunities data to assess performance accuracy. ● Parents will also participate by collecting tantrum behavior and corresponding replacement behaviors in the home setting to support generalization and consistency. ● ABC (Antecedent-Behavior-Consequence) Data: To capture the context in which tantrum occurs, including triggers, specific behaviors, and caregiver responses.

XII. MEDIATOR ANALYSIS
Provide additional information for caregivers/people with whom the member frequently interacts in terms of their prognosis for successful implementation of any behavior plans and maintenance of skills acquired through ABA treatment.

● Caregivers will receive consistent training and support from the BCBA and behavior therapy team. This includes modeling of intervention strategies, feedback on implementation, and opportunities to ask questions and receive clarification.
● **Tools and Resources:**
Caregivers will be provided with:
    o Visual aids (e.g., communication cards, behavior charts)
    o Reinforcement schedules
    o Behavior tracking tools
    o Step-by-step guides for implementing replacement behavior strategies
● **Generalization Across Settings:**
Caregivers will be taught how to prompt and reinforce replacement behaviors in natural environments (home, community), ensuring Jhon generalizes new skills outside of therapy sessions.
● **Consistency and Follow-Through:**
A key predictor of success is consistent follow-through with behavior plans across all environments. Caregivers are encouraged to maintain clear routines, consistent reinforcement, and to respond to behaviors in alignment with the outlined behavior plan.

XIII. REINFORCER ASSESSMENT
Describe reinforcers identified in the member's natural environment. Include reinforcers that are naturally occurring. Provide evidence of how a hierarchy of reinforcers were assessed, observed and/or established.
Through caregiver interviews, direct observation, and preference assessments conducted in the home, the following reinforcers have been identified as motivating for Jhon: *Reinforcers:* ● Verbal praise, celebrations, attention and positive feedback ● Physical affection (e.g., high-fives, hugs from parents, yogurts, cookies) ● Jungle gym ● Swing

XIV. TARGET AND REPLACEMENT BEHAVIOR GOALS

To address problem and functionally equivalent alternative behaviors. More than one replacement behavior can be addressed per target behavior.

- *All target behavior graphs must be labeled appropriately, measure either rate, duration, or partial/whole interval, and include baseline data.*
- *Identity measurable long-, intermediate, and short-term goals and objectives that are specific, behaviorally defined, developmentally appropriate, socially significant, and based upon clinical observation.*

Target Behavior Goal 1:
Long-term, By August 2026, Jhon will reduce tantrum behavior from a baseline average of 8 times per week to 0 times per day across 2 people (parent and staff) in 2 different environments (home and community) across 4 consecutive weeks, averaging across a 6-month reporting period

⇒ **Intermediate-term** By April 2026, Jhon will reduce tantrum behavior from a baseline average of 8 times per week to 2 times per week across 2 people (parent and staff) in 2 different environments (home and community) across 4 consecutive weeks, averaging across a 6-month reporting period

⇒ **Short-term**, By December 2025, Jhon will reduce tantrum behavior from a baseline average of 8 times per week to 3 times per week across 2 people (parent and staff) in 2 different environments (home and community) across 4 consecutive weeks, averaging across a 6-month reporting period

1. Topography of Target Behavior 1: Tantrum **behavior** includes 2 of the following; crying, screaming, dropping to the floor, kicking and hitting others.

2. Location/setting of target behavior

    ☐ Telehealth ☒ Home ☐ School ☐ Clinic ☐ Community

3. Antecedent Strategies for Target Behavior 1:
   - **Functional Communication Training (FCT):** Teaching Jhon to use appropriate and functional communication (e.g., "more," "help," "all done," or "I need a break") via verbal speech, PECs, or AAC to replace biting.
   - **Differential Reinforcement of Alternative Behavior (DRA):** Reinforcing the use of replacement behaviors with preferred items, praise, or activities while **withholding reinforcement** (e.g., access, attention, escape) following instances of biting.
   - **Visual Supports and Social Stories:** Using first-then boards, visual routines, and social stories to prepare Jhon for transitions and expectations, helping reduce anxiety and frustration.
   - **Prompting and Prompt Fading:** Using systematic prompts to guide appropriate responses and gradually fading them to promote independent use of functional communication.
   - **Noncontingent Reinforcement (NCR):** Providing frequent, scheduled access to preferred items and attention throughout the day to reduce motivation for biting.

4. Consequent Strategies for Target Behavior 1:
   - **Remain Neutral and Calm:** Respond to the behavior without displaying strong emotional reactions (e.g., loud reprimands or excessive attention), which may inadvertently reinforce the behavior.

- **Block and Redirect:** If possible, safely block the bite using protective positioning and redirect Jhon to an appropriate replacement behavior, such as using her AAC device or verbalizing a request.
- **Minimize Attention:** Provide minimal verbal and physical interaction immediately following the bite to avoid reinforcing the behavior with attention.
- **Do Not Reinforce Access or Escape:** Ensure that Jhon does not gain access to a preferred item or escape a demand as a result of tantrum. If the context allows, continue the task or transition once she is calm.
- **Prompt Functional Communication:** Once Jhon is regulated, prompt or model the appropriate alternative response (e.g., "say 'help'" or use AAC icon for "more time").

5. Date of Introduction: August 2025

6. Baseline Data and Date: (7/2025) -0%

N/A

Replacement Behavior Goal 1: Long-term By August 2026, Jhon will independently request access to a preferred item (e.g., toy, snack, or activity) using her AAC device, verbal speech, or sign language in an average of 80% of opportunities across 2 people (staff, parents) in 2 different settings (home, community) across 4 consecutive weeks, averaging across a 6-month reporting period.

⇒ **Intermediate term** By April 2026, Jhon will independently request access to a preferred item (e.g., toy, snack, or activity) using her AAC device, verbal speech, or sign language in an average of 60% of opportunities across 2 people (staff, parents) in 2 different settings (home, community) across 4 consecutive weeks, averaging across a 6-month reporting period.

⇒ **Short-term** By December 2025, Jhon will independently request access to a preferred item (e.g., toy, snack, or activity) using her AAC device, verbal speech, or sign language in an average of 30% of opportunities across 2 people (staff, parents) in 2 different settings (home, community) across 4 consecutive weeks, averaging across a 6-month reporting period.

1. Date of Introduction: August 2025

2. Location/setting of replacement behavior:

☐ Telehealth ☒ Home ☐ School ☒ Clinic ☐ Community

3. Baseline Data and Date: (7/2025)

N/A

Replacement Behavior Goal 2: Long-Term, by August 2026, **gi**ven the removal or depletion of a preferred item or activity, the client will independently request "more" using AAC, verbal

approximation, or PECS in an average of 80% of opportunities across 2 people (staff, parents) in 2 different settings (home, community) across 4 consecutive weeks, averaging across a 6-month reporting period.

⇒ **Intermediate-Term by April 2026:** Given the removal or depletion of a preferred item or activity, the client will request "more" using AAC, verbal approximation, or PECS in 60% of opportunities across 2 people in 2 different settings across 4 consecutive weeks, averaging across a 6-month reporting period.

⇒ **Short-Term by December 2025:** Given the removal or depletion of a preferred item or activity, the client will request "more" using AAC, verbal approximation, or PECS in 30% of opportunities across 2 people in 2 different settings across 4 consecutive weeks, averaging across a 6-month reporting period.

1.Date of Introduction: August 2025

2. Location/setting of replacement behavior:

☐ Telehealth ☒ Home ☐ School ☐ Clinic ☐ Community

3. Baseline Data and Date: 7/7/2025, 0%

N/A

Replacement Behavior Goal 3: Long-Term by August 2026 given a task difficulty or nonfunctional object (e.g., stuck zipper, unreachable item), the client will independently request "help" using AAC, verbal approximation, or PECS in an average of 80% of opportunities across 2 people (staff, parents) in 2 different settings (home, community) across 4 consecutive weeks, averaging across a 6-month reporting period.

⇒ **Intermediate-Term by April 2026:** Given a task difficulty or nonfunctional object, the client will request "help" using AAC, verbal approximation, or PECS in 60% of opportunities across 2 people in 2 different settings across 4 consecutive weeks, averaging across a 6-month reporting period.

⇒ **Short-Term by December 2025:** Given a task difficulty or nonfunctional object, the client will request "help" using AAC, verbal approximation, or PECS in 30% of opportunities across 2 people in 2 different settings across 4 consecutive weeks, averaging across a 6-month reporting period.

Replacement Behavior Goal 4: Long-term by January 2026, Jhon will use appropriate communication (e.g., verbal request, AAC, or break card) to request a break in an average of 80% of opportunities across 2 people (staff, parents) in 2 different settings (home, community) across 4 consecutive weeks, averaging across a 6-month reporting period.

⇒ **Intermediate-Term by April 2026,** Jhon will use an appropriate communication (e.g., verbal request, AAC button, or break card) to request a break in an average of 60% of opportunities across 2 people (staff, parents) in 2 different settings (home, community) across 4 consecutive weeks, averaging across a 6-month reporting period.

⇒ **Short-Term by December 2025**, Jhon will use an appropriate communication (e.g., verbal request, AAC button, or break card) to request a break in an average of 30% of opportunities across 2 people (staff, parents) in 2 different settings (home, community) across 4 consecutive weeks, averaging across a 6-month reporting period.

1. Date of Introduction: August 2025

2. Location/setting of replacement behavior:
☐ Telehealth ☒ Home ☐ School ☐ Clinic ☐ Community
3. Baseline Data and Date: 7/7/2025 0%
NA
Replacement Behavior Goal 5: Long-Term Goal By August 2026 Jhon will independently tolerate denied access to preferred items or activities upon being told "no" or equivalent statements across 3 different environments and with 3 different individuals, without displaying maladaptive behavior in at least 90% of opportunities over 3 consecutive sessions. ⇒ **Intermediate-Term Goal By April 2026** Jhon will tolerate denied access to preferred items or activities upon hearing "no" or a similar phrase without engaging in maladaptive behavior in an average of 60% of opportunities across 2 people (staff, parents) in 2 different settings (home, clinic) across 4 consecutive weeks, averaging across a 6-month reporting period. ⇒ **Short-Term Goal By December 2025** Jhon will tolerate denied access to preferred items or activities upon hearing "no" or a similar phrase without engaging in maladaptive behavior in an average of 30% of opportunities across 2 people (staff, parents) in 2 different settings (home, clinic) across 4 consecutive weeks, averaging across a 6-month reporting period.
1. Date of Introduction: August 2025
2. Location/setting of replacement behavior:
3. ☒ Telehealth ☐ Home ☐ School ☐ Clinic ☐ Community
4. Baseline Data and Date: 7/7/2025, 0%

XV. SKILL ACQUISITION GOALS
To address foundational skill deficits. Additional Intervention areas can be added according to the consumer's deficits. ● Identify measurable **long**-, **intermediate**-, and **short-term** goals and objectives that are specific, behaviorally defined, developmentally appropriate, socially significant, and based upon clinical observation.
A. Intervention Area: Communication
1. Skill Acquisition Goal 1: **Long-term** by August 2026, Jhon will use at least 20 functional words spontaneously (e.g., verbal words, PEC, or AAC) across settings, including names of objects, actions, and familiar people in 80% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period. - **Intermediate-Term** by April 2025, Jhon will use at least 20 functional words spontaneously (e.g., verbal words, PEC, or AAC) across settings, including names of objects, actions, and familiar people in 60% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period.

- **Short-term** by December 2025, Jhon will use at least 20 functional words spontaneously (e.g., verbal words, PEC, or AAC) across settings, including names of objects, actions, and familiar people in 30% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period.
a. Date of Introduction: August 2025
b. Location/setting of skill acquisition goal 1: ☐ Telehealth ☒ Home ☐ School ☐ Clinic ☐ Community
c. Baseline Data with dates: (6/2025) 0% of opportunities
N/A
2. Skill Acquisition Goal 2: **Long-term** By December 2026, Jhon, will point to or name pictures in a book when prompted (e.g., "Show me the dog") in 80% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period. - **Intermediate-Term** by April 2026 Jhon, will point to or name pictures in a book when prompted (e.g., "Show me the dog") in 60% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period. - **Short-term** By December 2025, Jhon will point to or name pictures in a book when prompted (e.g., "Show me the dog") in 30% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period.
a. Date of Introduction: August 2025
b. Location/setting of skill acquisition goal 2: ☐ Telehealth ☒ Home ☐ School ☐ Clinic ☐ Community
c. Baseline Data with dates: (7/7/2025) 0% of opportunities
N/A
3. Skill Acquisition Goal 3: **Long-term** by August 2026 Jhon will independently mand for desired items, activities, or assistance using functional communication (e.g., verbal words, signs, or AAC) at a rate of at least 10 mands per hour across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period. - **Intermediate-Term** by April 2026, Jhon will independently mand for desired items, activities, or assistance using functional communication (e.g., verbal words, signs, or AAC) at a rate of at least 6 mands per hour across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period. - **Short-term** by December 2025, Jhon will independently mand for desired items, activities, or assistance using functional communication (e.g., verbal words, signs, or AAC) at a rate of at least 3 mands per hour across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period.

a. Date of Introduction: August 2025
b. Location/setting of skill acquisition goal 3: ☐ Telehealth ☒ Home ☐ School ☐ Clinic ☐ Community
c. Baseline Data with dates: (7/7/2025) 0% of opportunities

N/A

4. Skill Acquisition Goal 4: Long-**term** by December 2026, Jhon will independently match 20 visual stimuli (objects, pictures, or symbols) to a corresponding sample in an array of 3 or more items in 80% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging a 6-month reporting period.
   - **Intermediate-Term** by April 2026, Jhon will independently match 20 visual stimuli (objects, pictures, or symbols) to a corresponding sample in an array of 3 or more items in 60% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period.
   - **Short-term** by December, Jhon will independently match 20 visual stimuli (objects, pictures, or symbols) to a corresponding sample in an array of 3 or more items in 30% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period.

a. Date of Introduction: August 2025
b. Location/setting of skill acquisition goal *n*: ☐ Telehealth ☒ Home ☐ School ☐ Clinic ☐ Community
c. Baseline Data with dates: (7/7/2025) 0% of opportunities

N/A

5. Skill Acquisition Goal 5: Long-**term** by August 2026, Jhon will independently tact 15 common items, people, actions, or features in her environment using spoken words, PEC's, or an AAC device, in 80% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period.
   - **Intermediate-Term** by April 2026, Jhon will independently tact 15 common items, people, actions, or features in her environment using spoken words, PEC's, or an AAC device, n 60% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period.
   - **Short-term** by December 2025, Jhon will independently tact 15 common items, people, actions, or features in her environment using spoken words, PEC's, or an AAC device, in 30% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period.

a. Date of Introduction: August 2025
b. Location/setting of skill acquisition goal *n*: ☐ Telehealth ☒ Home ☐ School ☐ Clinic ☐ Community
c. Baseline Data with dates: (7/7/2025) 0% of opportunities

N/A

B. Intervention Area: Daily living

1. Skill Acquisition Goal 1: **Long-term** by August 2026, Jhon will use **a spoon** with minimal spilling during mealtimes in at least 3 different environments (home, daycare, community) in 80% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period.
  - **Intermediate-Term** by April 2026, Jhon will use a spoon with minimal spilling during meals in at least 3 different environments (home, daycare, community) in 60% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period.
  - **Short-term** by December 2025, Jhon will use a spoon with minimal spilling during mealtimes in at least 3 different environments (home, daycare, community) in 30% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period.

a. Date of Introduction: August 2025
b. Location/setting of skill acquisition goal 1: ☐ Telehealth ☒ Home ☐ School ☐ Clinic ☐ Community
c. Baseline Data with dates: (7/7/2025) 0% of opportunities

2. Skill Acquisition Goal 2: Long-**term** by August 2026, Jhon will complete a handwashing routine (turning on water, rubbing with soap, rinsing, drying) with verbal or gestural prompts in 80% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period.
  - **Intermediate-Term** by April 2026, Jhon will complete a handwashing routine (turning on water, rubbing with soap, rinsing, drying) with verbal or gestural prompts in 60% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period.
  - **Short-term** by December 2025, Jhon will complete a handwashing routine (turning on water, rubbing with soap, rinsing, drying) with verbal or gestural prompts in 30% of opportunities across 2 people (parent, staff) in 2 different settings (home

community) across 4 consecutive weeks, averaging across a 6-month reporting period.	
a. Date of Introduction: August 2025	
b. Location/setting of skill acquisition goal 3: ☐ Telehealth ☒ Home ☐ School ☐ Clinic ☐ Community	
c. Baseline Data with dates: (7/7/2025) 0% of opportunities	
N/A	
3. Skill Acquisition Goal 3: Long-Term Goal By August 2026, the client will independently initiate toileting routines using functional communication (PECS, signs, or gestures) and complete all steps of the toileting routine (entering bathroom, pulling pants down, sitting, urinating, wiping, flushing, and handwashing) in 80% of opportunities across 3 consecutive days, across 2 settings and with 2 different adults. - **Intermediate Goal** By April 2026, the client will independently follow a visual schedule or physical prompt to complete toileting steps (enter bathroom, sit on toilet, attempt void, flush) with 2 or fewer physical prompts in 70% of opportunities across 3 days. - **Short-Term Goal** By December 2025, the client will tolerate scheduled toileting attempts by entering the bathroom, sitting on the toilet for 30 seconds, and engaging in one toileting step with full physical prompting in 60% of opportunities across 3 days.	
a. Date of Introduction: August 2025	
b. Location/setting of skill acquisition goal 1: ☐ Telehealth ☒ Home ☐ School ☐ Clinic ☐ Community	
c. Baseline Data with dates: (7/7/2025) 0% of opportunities	
N/A	
4. Skill Acquisition Goal 4: Long-Term Goal **Long-Term Goal By August 2026 Jhon** will independently complete a toothbrushing routine using a visual schedule, verbal prompts, or modeling in an average of 90% of opportunities across 3 people (e.g., parents, staff, sibling) in 3 different settings (home, clinic, community-based bathroom) across 4 consecutive weeks, averaging across a 12-month reporting period. - **Intermediate-Term Goal (By April 2026):** Jhon will complete a toothbrushing routine with no more than 2 verbal or gestural prompts in an average of 60% of opportunities across 2 people (staff, parents) in 2 different settings (home, clinic) across 4 consecutive weeks, averaging across a 6-month reporting period. - **Short-Term Goal (By December 2025):**Jhon will engage in the initial 3 steps of a toothbrushing routine (e.g., retrieving toothbrush, applying toothpaste, brushing front teeth) with gestural or hand-over-hand prompts in an average of 30% of opportunities across 2 people (staff, parents) in 2 different settings (home, clinic) across 4 consecutive weeks, averaging across a 6-month reporting period.	

1. Date of Introduction: August 2025
2. Location/setting of skill acquisition goal 1: ☐ Telehealth ☒ Home ☐ School ☐ Clinic ☐ Community
3. Baseline Data with dates: (7/7/2025) 0% of opportunities

C. Intervention Area: Social Skills
1. Skill Acquisition Goal 1: **Long-term** by August 2026, Jhon will initiate a play interaction with a peer (e.g., offering a toy, pointing, or vocalizing) in 80% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period. - **Intermediate-Term** by April 2026, Jhon will initiate a play interaction with a peer (e.g., offering a toy, pointing, or vocalizing) in 60% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period. - **Short-term** by December 2025, Jhon will initiate a play interaction with a peer (e.g., offering a toy, pointing, or vocalizing) in 30% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period.
b. Date of Introduction: August 2025
c. Location/setting of skill acquisition goal 1: ☐ Telehealth ☒ Home ☐ School ☐ Clinic ☐ Community
d. Baseline Data with dates: (7/7/2025) 0% of opportunities
N/A
2. Skill Acquisition Goal 2: **Long-term** by August 2026, Jhon will greet peers or familiar adults (e.g., wave, say "hi," use AAC) with a verbal, gestural, or prompted in 80% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period. - **Intermediate-Term** by April 2026, Jhon will greet peers or familiar adults (e.g., wave, say "hi," use AAC) with a verbal, gestural, or prompted in 60% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period. - **Short-term b**y December 2025, Jhon will greet peers or familiar adults (e.g., wave, say "hi," use AAC) with a verbal, gestural, or prompted in 30% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period.

	a. Date of Introduction: August 2025
	b. Location/setting of skill acquisition goal 3: ☐ Telehealth ☒ Home ☐ School ☐ Clinic ☐ Community
	c. Baseline Data with dates: (7/2025) 0% of opportunities
N/A	
	3. Skill Acquisition Goal 3: **Long-term** by August 2026, with prompting, Jhon will participate in simple turn-taking games (e.g., rolling a ball, stacking blocks) with a peer in 80% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period. - **Intermediate-Term** by April 2026, with prompting, Jhon will participate in simple turn-taking games (e.g., rolling a ball, stacking blocks) with a peer in 60% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period. - **Short-term** by December 2025, with prompting, Jhon will participate in simple turn-taking games (e.g., rolling a ball, stacking blocks) with a peer in 30% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period.
	a. Date of Introduction: August 2025
	b. Location/setting of skill acquisition goal *3*: ☐ Telehealth ☒ Home ☐ School ☐ Clinic ☐ Community
	c. Baseline Data with dates: (7/7/2025) 0% of opportunities
N/A	
	4. Skill Acquisition Goal 4: Long-term by August 2026, with gestural or physical prompting and visual supports, the Jhon will demonstrate sharing behavior by handing or accepting a toy to/from a peer during structured play routines (e.g., cars, blocks, play food) in 80% of opportunities across 2 people (parent, staff) and in 2 settings (home, clinic/community) across 4 consecutive weeks, averaging across a 6-month reporting period. - **Intermediate-Term** by April 2026, with gestural or physical prompting and visual supports, Jhon will demonstrate sharing behavior by handing or accepting a toy to/from a peer during structured play routines in 60% of opportunities across 2 people (parent, staff) and in 2 settings (home, clinic/community) across 4 consecutive weeks, averaging across a 6-month reporting period. - **Short-Term** by December 2025, with full physical prompting and modeling, Jhon will demonstrate emerging sharing behavior by accepting or handing over a toy with adult facilitation during structured turn-taking play routines in 30% of opportunities across 2 people (parent, staff) and in 2 settings (home, clinic/community) across 4 consecutive weeks, averaging across a 6-month reporting period.
	a. Date of Introduction: August 2025
	b. Location/setting of skill acquisition goal *3*: ☐ Telehealth ☒ Home ☐ School ☐ Clinic ☐ Community

c. Baseline Data with dates: (7/7/2025) 0% of opportunities
N/A

D. Intervention Area: Self-Direction
1. Skill Acquisition Goal 1: **Long-term** by August 2026, Jhon will follow one-step directions (e.g., "stand up," "come here," "give me the toy") when given by an adult across familiar environments in 80% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period. - **Intermediate-Term** by April 2026, Jhon will follow one-step directions (e.g., "stand up," "come here," "give me the toy") when given by an adult across familiar environments in 60% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period. - **Short-term** by December 2025, Jhon will follow one-step directions (e.g., "stand up," "come here," "give me the toy") when given by an adult across familiar environments in 30% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period.
c. Date of Introduction: August 2025
d. Location/setting of skill acquisition goal 1: ☐ Telehealth ☒ Home ☐ School ☐ Clinic ☐ Community
e. Baseline Data with dates: (7/7/2025) 0% of opportunities
N/A
2. Skill Acquisition Goal 2: **Long-term** by August 2026, given a visual or verbal cue, Jhon will transition from one activity to another (including non-preferred activities) **within 1 minute** and without engaging in maladaptive behaviors in 80% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period. - **Intermediate-Term** by April 2026 Given a visual or verbal cue, Jhon will transition from one activity to another (including non-preferred activities) **within 1 minute** and without engaging in maladaptive behaviors in 60% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period. - **Short-term** by December 2025, given a visual or verbal cue, Jhon will transition from one activity to another (including non-preferred activities) **within 1 minute** and without engaging in maladaptive behaviors in 30% of opportunities across 2 people (parent, staff) in 2 different settings (home community) across 4 consecutive weeks, averaging across a 6-month reporting period.

a. Date of Introduction: August 2025	
b. Location/setting of skill acquisition goal 2: ☐ Telehealth ☒ Home ☐ School ☐ Clinic ☐ Community	
c. Baseline Data with dates: (7/2025) 0% of opportunities	
N/A	

XVI. PARENT/CAREGIVER GOALS

- Parent/Caregiver goals should specify parent training procedures, describe data collection procedures, and identify proposed goals and objectives.
- Identify measurable long-, intermediate-, and short-term goals and objectives that are specific, behaviorally defined, developmentally appropriate, socially significant, and based upon clinical observation.

Participants in Parent Training (i.e., mother, father, respite, grandparent, babysitter, etc.)	Previously Mastered Skills
XXXX (Mother)	**n/a**
Daycare staff	

A. Parent/Caregiver Goal 1: Long-**term** by December 2026, parent will prompt Jhon to use functional communication (e.g., AAC, verbal, or signs) instead of maladaptive behaviors (e.g., whining or biting) in 90% of opportunities across 4 consecutive weeks, averaging across a 6-month reporting period. - **Intermediate-Term** by April 2026, the parent will prompt Jhon to use functional communication (e.g., AAC, verbal, or signs) instead of maladaptive behaviors (e.g., whining or biting) in 70% of opportunities across 4 consecutive weeks, averaging across a 6-month reporting period. - **Short-term** By December 2025, the parent will prompt Jhon to use functional communication (e.g., AAC, verbal, or signs) instead of maladaptive behaviors (e.g., whining or biting) in 50% of opportunities across 4 consecutive weeks, averaging across a 6-month reporting period.
a. Date initiated: August 2025
b. Parent/Caregiver goal 1: ☒ Telehealth ☒ Home ☐ School ☐ Clinic ☐ Community
c. Baseline Data and Date: 7/2025 0% of opportunities
N/A

B. Parent/Caregiver Goal 2: **Long-term** by August 2026, the parent will provide verbal or visual transition warnings (e.g., "2 more minutes," timers) before shifting from a preferred to a non-preferred activity in 90% of opportunities across 4 consecutive weeks, averaging across a 6-month reporting period.
- **Intermediate-Term** by April 2026, the parent will provide verbal or visual transition warnings (e.g., "2 more minutes," timers) before shifting Kehlani from a preferred to a non-preferred activity in 90% of opportunities across 4
- **Short-term** by December 2025, the parent will provide verbal or visual transition warnings (e.g., "2 more minutes," timers) before shifting from a preferred to a non-preferred activity in 90% of opportunities across 4

a. Date initiated: August 2025
b. Parent/Caregiver goal 2: ☒ Telehealth ☐ Home ☐ School ☐ Clinic ☐ Community
c. Baseline Data and Date: 7/2025 0% of opportunities

N/A

C. Parent/Caregiver Goal 3: **Long-term** by August 2026, the parent will actively participate in scheduled ABA therapy sessions by observing, engaging in hands-on practice, and implementing therapist-modeled strategies for at least 1 session per week in 90% of opportunities across 4 consecutive weeks, averaging across a 6-month reporting period.
- **Intermediate-Term** by April 2026, the parent will actively participate in scheduled ABA therapy sessions by observing, engaging in hands-on practice, and implementing therapist-modeled strategies for at least 1 session per week in 90% of opportunities across 4 consecutive weeks, averaging across a 6-month reporting period.
- **Short-term** By December 2025, the parents will actively participate in scheduled ABA therapy sessions by observing, engaging in hands-on practice, and implementing therapist-modeled strategies for at least 1 session per week in 90% of opportunities across 4 consecutive weeks, averaging across a 6-month reporting period.

a. Date initiated: August 2025
b. Parent/Caregiver goal 3: ☒ Telehealth ☒ Home ☐ School ☐ Clinic ☐ Community
c. Baseline Data and Date: 7/2025 0% of opportunities

N/A

D. Parent/Caregiver Goal 4: **Long-term** by August 2026, the parent will identify and describe the four primary functions of behavior (attention, escape, access to tangibles, and automatic reinforcement) in 90% of opportunities across 4 consecutive weeks, averaging across a 6-month reporting period.

- **Intermediate-Term** by April 2026, the parent will identify and describe the four primary functions of behavior (attention, escape, access to tangibles, and automatic reinforcement) in 60% of opportunities across 4 consecutive weeks, averaging across a 6-month reporting period. - **Short-term** By December 2025, the parent will identify and describe the four primary functions of behavior (attention, escape, access to tangibles, and automatic reinforcement) win 30% of opportunities across 4 consecutive weeks, averaging across a 6-month reporting period.
a. Date initiated: August 2025
b. Parent/Caregiver goal: ☒ Telehealth ☒ Home ☐ School ☐ Clinic ☐ Community
c. Baseline Data and Date:7/2025 0% of opportunities
N/A
Hours will be split between mom and the direct daycare staff. More goals will be implememnted based on the need discovered within the first 2 weeks of sessions.

XVII. PLAN FOR GENERALIZATION (INCLUDING TRANSITION TO NATURAL MEDIATORS) AND MAINTENANCE
Data Collection (include plan to address): A comprehensive data collection plan will be implemented to monitor Jhon's behavior and progress, with a primary focus on reducing her biting behaviors and supporting the acquisition of functional replacement and adaptive skills. ABC (Antecedent-Behavior-Consequence) data will be collected to identify patterns and environmental triggers, while frequency counts will measure how often the target behavior occurs during daily routines. For skill acquisition goals, data will be collected using percentage of opportunities—each target skill (e.g., functional communication, self-care, following directions) will be measured by the number of successful responses divided by the total number of opportunities, aiming for a mastery criterion of 80% accuracy across four consecutive sessions. Registered Behavior Technicians (RBTs) will collect data during structured ABA sessions, and caregivers will be trained to collect simplified data at home, especially during transitions and downtime when problem behavior is more likely to occur.
Procedural Reliability (include plan to address): To ensure procedural reliability, a plan will be implemented to confirm that all intervention strategies, data collection methods, and behavior protocols are carried out consistently and as designed by the supervising BCBA. All staff involved in the treatment—RBTs, parents, and caregivers—will receive thorough training on the individualized Behavior Intervention Plan (BIP), including modeling, role-playing, and competency checks. Fidelity checklists will be used during sessions at least once per week to assess implementation accuracy. The BCBA will conduct regular observations (in person or via video) to monitor fidelity, provide corrective feedback, and retrain when necessary. A minimum of 90% procedural fidelity will be expected during implementation of intervention components. In addition, parent coaching sessions will include opportunities for guided practice with immediate feedback to promote consistency in the home environment.

Thinning the Schedule of Reinforcement (include plan to address): Schedules of reinforcement will be thinned systematically, beginning with continues reinforcement for skill acquisition and progressively moving towards a variable ratio schedule. For target behavior reduction, a DRA plan will be put in place. The alternative behaviors will be reinforced on a fixed interval schedule, with increasingly linger intervals as progress is made.

Family/Caregiver Training and Monitoring (include plan to address): A structured family and caregiver training plan will be implemented to ensure consistency, generalization of skills, and support for the client's progress across home and community settings. Caregivers will receive individualized training on the principles of Applied Behavior Analysis (ABA), the Behavior Intervention Plan (BIP), and skill acquisition targets. Training will include modeling, role-playing, guided practice, and real-time feedback to ensure understanding and confidence in applying strategies such as prompting, reinforcement, and response to challenging behavior. Progress will be monitored through weekly check-ins (virtual or in-person), during which the supervising BCBA will review caregiver-implemented data, answer questions, and provide additional coaching. Competency checks will be conducted periodically to ensure fidelity in strategy implementation, with the goal of reaching at least 80% accuracy across targeted areas.

Transition to Natural Mediators (include plan to address): Through skill acquisition intervention and replacement behavior training, Jhon will acquire the skill to contact reinforcement from family and peers in the natural environment.

Relapse Prevention (include plan to address): Parent consultation sessions will ensure that when ABA services conclude, only replacement behaviors and other functional communication will be reinforced as opposed to maladaptive behaviors.

Generalization and Maintenance Plan (include plan to address): Generalization of replacement behaviors as well as adaptive age-appropriate behaviors should be reinforced across settings and people throughout the intervention. Caregivers should learn how to fade prompts to facilitate stimulus control and how to apply an intermittent schedule of reinforcement to maintain alternative behaviors.

XIII. TRANSITION PLAN

□   Final treatment report
     If checked:
        Reason for Discharge: _____
        Last date of service: _____
        Date the school district was notified of discharge (if applicable): _____
        Date RCOC was notified of the discharge (if applicable): _____
 	
□   Treatment report transition to parent/caregiver or social skills group primarily.
□   Treatment report with fading of interventionist's direct hours
X   Treatment report initial/ongoing relationship with expectation of completing ABA
     services and coordination with other providers.

Complete 1-4 below that describe the engagement with family/caregivers in position to affect patient behavior of the Medi-Cal-required exit plan.

1. Please list exit plan/criteria.

Discharge will be considered when Jhon meets the following goals for the desired outcomes necessary for independent living.
- Skill acquisition goals are maintained and continue to progress with at least 80% accuracy with parents in the natural environment without therapist support.
- Family Goals:
- Parents will demonstrate accuracy of 90% of opportunities over 4 consecutive parent meetings for all parent goals.
- Jhon may also be discharged should any of the exclusionary criteria noted below become evident during the course of his treatment:

The overall expected outcome includes increased fluent expressive and receptive communication skills. Jhon is expected to demonstrate a socially significant increase in his communication, adaptive living, social, and leisure skills. Additionally, these acquired skills are expected to provide him with the skills necessary to engage with peers and be an active member of their social community.

2. Please include an individualized timeline for achieving goals and objectives based on observations, assessments, and reasonable expectation of progress (person-centered, individualized, explicit and measurable recovery selected by families and other involved individuals).

- Length of treatment is approximately 2-4 years, contingent upon all goals addressing Jhon's needs being met across settings, times and people.

3. What is the expectation for generalization (what are the behaviors parents/guardians are expected to demonstrate) and estimated date of mastery? How are the ABA strategies taught to parents and how will supports be faded to achieve a mastery date?

- It is expected that all skills will be met and generalized within 2-4 years of its date of introduction (June 2025).
- ABA strategies will be taught to the parent with and without the client present through the use of Behavior Skills training.
- Supports will fade out once the parent can use behavior strategies learned in the intervention program to manage the client's behaviors independently outside of the session.

4. Please provide a description of how the level of services will be faded out based on the information and examples above, including minimal participation and patient not responding to treatment after consecutive reporting periods.

- Jhon master's skill criteria (including new goals) with the intervention team and the parent in the 1:1 session and in the community, for 50% of the total goals. The team will recommend a 1-2-hour reduction of 1:1 service hour.
- Jhon master's skill criteria (including new goals) with the intervention team and the parent in the 1:1 session and in the community, for 75-90% of the total goals. The team will recommend a 2-4-hour reduction of 1:1 service hours.
- Jhon master's skill criteria for 90-100% of the total goals, with the intervention team and the caregiver in the 1:1 session and in the community for 1-2 reporting periods
- The team will recommend the child and the parent graduate from the 1:1 intervention program completely without additional services, or Jhon enroll or continue enrollment in a social skill program with or without parent training.

In Case of Minimal Participation or Lack of Progress:
- If Jhon shows minimal participation in sessions (e.g., refusal to engage, avoidance) and/or no measurable progress toward goals after two consecutive progress reporting periods (approximately 6 months), the clinical team will:
    o Conduct a treatment plan reassessment to modify goals, strategies, or format (e.g., shorter sessions, different reinforcers).
    o Increase parent involvement to strengthen consistency across environments.
    o Explore potential co-occurring barriers (e.g., medical, sensory, or emotional factors) in collaboration with other providers.

If after these efforts Jhon continues to show poor response to treatment, the BCBA may recommend **a step-down in hours**, transition to **consultative-only services**, or temporary **discontinuation of services** with re-evaluation at a later date. The primary goal remains to provide effective, individualized treatment to Ronaldo to target his deficits.

XVIII. CRISIS PLAN

Define what steps the member, family and provider should take in the event of a crisis.

To ensure the safety of Jhon and those around him in the event of behavioral escalation—particularly tantrums involving aggression, self-injury, or property disruption—a proactive and reactive crisis management protocol will be in place. The following strategies are designed to prevent, de-escalate, and respond to behavioral crises safely and effectively:

Preventative Measures:
- Implement a structured daily routine with clear visual supports and predictable transitions.
- Provide frequent access to preferred activities and reinforcement for appropriate communication.
- Use Functional Communication Training (FCT) and noncontingent reinforcement to reduce motivation for problem behavior.
- Ensure consistent implementation of antecedent interventions and reinforcement schedules across home and daycare environments.

Crisis Response Protocol:
- Staff and caregivers will remain calm and use a neutral tone to reduce escalation.
- If safe to do so, the therapist or caregiver will redirect Jhon using previously taught communication strategies (e.g., AAC device, PEC, or verbal approximations).
- Dangerous behaviors will be safely blocked using non-restrictive protective techniques (e.g., redirecting body posture or removing access to unsafe items).
- Minimal verbal interaction will occur during escalation to avoid inadvertently reinforcing the behavior.
- Once Jhon begins to de-escalate, caregivers will prompt or reinforce use of replacement behavior (e.g., requesting "help" or "break").
- All incidents will be documented using ABC data, including duration, intensity, antecedents, and consequences.

Post-Crisis Review:
- A post-incident debrief will occur with the supervising BCBA within 24–48 hours to review data and determine if modifications to the Behavior Intervention Plan (BIP) are necessary.
- If a crisis involves injury or poses immediate risk, caregivers will follow emergency protocols (e.g., contacting emergency services or seeking medical attention).
- The crisis plan will be reviewed quarterly and updated based on changes in behavior, setting events, or treatment progress.

This plan will be reviewed with and trained to all involved caregivers, with fidelity checks conducted by the BCBA to ensure safety and compliance.

XX. SUMMARY AND RECOMMENDATIONS

Provide a clinical summary that justifies hours requested for the next period. 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.

Jhon is a 3-year-old male with a diagnosis of Autism Spectrum Disorder (F84.0) who presents with deficits in expressive language, functional communication, daily living skills, and social engagement, along with frequent tantrum behaviors that interfere with learning and community participation. Based on the comprehensive assessment—including structured interviews, direct observations across home and daycare settings, and Vineland-3 results indicating global delays—he meets medical necessity criteria for intensive, individualized ABA services.

The assessment data support the implementation of a comprehensive ABA treatment model that includes skill acquisition programs targeting functional communication, adaptive behavior, and social-emotional development, as well as a Behavior Intervention Plan addressing tantrum behavior maintained by access to tangibles and escape from non-preferred tasks.

Given Jhon's developmental profile, his limited access to other therapies, and his full-time daycare schedule, the following medically necessary service recommendations are proposed to ensure meaningful progress:

- **40 hours/week of direct 1:1 ABA therapy (H2019)** to address skill acquisition and reduce maladaptive behavior across home and community settings.
- **8 hours/week of BCBA supervision (H0032-HO)** to oversee treatment integrity, adjust protocols based on data trends, and provide direct modeling to RBTs and caregivers.
- **6 hours/week of caregiver training (S5110)** using Behavior Skills Training (BST) to ensure generalization, maintenance, and caregiver consistency with intervention strategies.
- 30 hours will be done at the daycare and 10 hours will be done at the home/in clinic
- 3 hours of parent consultation will be done at home with caregivers 3 hours will be recommended to help teach direct staff while at the daycare.

Treatment goals have been developed to ensure generalization across natural environments, with data-driven criteria for mastery, and ongoing procedural fidelity checks. The recommended intensity is consistent with CalOptima guidelines and essential for addressing Jhon's behavioral needs and promoting developmental gains across functional domains.

HCPCS Code and Modifiers	Description	Total Hours Requested Per Month	Total Units Requested Per 6 Month (1 Unit = 15 Minutes)	Location of Service	Total Hours Requested Per month conducted by Telehealth
H0032-HN	Mental Health Service Plan Development (Non-BCBA)	N/A	N/A	N/A	N/A
H0032-HO	Mental Health Service Plan Development (BCBA/Licensed)	32	832	In home and daycare	N/A

H2014-HQ	Skills Training and Development	N/A	N/A	N/A	N/A
H2019	Therapeutic Behavioral Services	160	4160	In-home and daycare	N/A
S5108	Home Care Training to Home Care, Client	N/A	N/A	N/A	N/A
S5110	Home Care Training, Family	24	624	In home and daycare	N/A

Telehealth Consent Confirmation
Verbal or written consent was obtained and documented from the Member/Member Parent/Guardian for the use of Telehealth   ☒ Yes ☐ No ☐ N/A- No services conducted by telehealth
If yes, please confirm the date consent obtained: 7/7/2025

XXI. **PARENT/CAREGIVER OR LEGAL GUARDIAN INVOLVEMENT**	
**Providers are expected to provide a copy of the treatment plan to the parent/guardian.	
1. Was the Parent/guardian involved in the development of the treatment plan?	☒ Yes ☐ No
2. Is the parent/guardian in agreement with the submitted treatment plan?	☒ Yes ☐ No
If No to any response, please provide an explanation:	

XVIII. SIGNATURES

A. **Report written by:** *(printed name, credentials)* BCaBA/BMA or BCBA/BMC professional level	**Mey Lam M.A., M.S., BCBA**	
Title, License/Certificate #:	**Behavior Analyst, BACB #:1-18-32049**	
Date of Report Completed:	**7/21/2025**	
Signature:	Date:	**7/21/2025**

B. **Report reviewed by:** *(printed name, credentials)* *BCBA/BMC professional level*	
Title, License/Certificate #:	
Date of Report Completed:	

Signature: **		**Date:**	

** By signing, I attest that I have read, reviewed, and approved this proposed treatment plan.