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West Coast ABA

Last Name, First Name
CIN #:_____

CalOptima Health Functional Behavior Assessment / Initial Treatment Plan

PLEASE USE THIS REPORT TEMPLATE ONLY
You may include additional information as needed.

All fields are required to be completed. Please indicate "N/A" if not applicable.

I. IDENTIFICATION
Member Name

Member DOB	CIN # (Client Index Number)

Diagnoses/with ICD Code: (including physical, mental health and medical diagnoses):

Guardian Name	Phone

Primary Care Provider	Known Allergies

Current Medications/Dosage	Dietary Restrictions

LMHP (Licensed Mental Health Professional)
Information required if member has a non-ASD diagnosis

Full name & Credential	
Contact Number	

Service Initiation Date *Date services started with your agency*	Date ABA first began *Date when ABA services started for this member*

Prior Applied Behavioral Health Agencies

Administrative Contact for Current Authorization Request	
Full Name and Title	
Phone Number	
Fax Number	

Chief Complaint/Reason for Seeking Applied Behavior Analysis (ABA) Treatment:

II. DATA SOURCES

Records Reviewed (e.g., Individualized Education Plan (IEP), therapy plans)		
Record Type	Author of Record	Date of Record

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.
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.
Third Interview/Observation: Include location, date, attendees and who conducted the interview/observation. Describe observations of the member in their natural environment and their behavior.

III. 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.

Significant Medical History: List any pertinent information about the member's medical history that could impact treatment.

Functional Communication Skills: List modalities of communication and how the member has been observed to primarily communicate.

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.

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).

Mobility Functioning and Restrictions: List any pertinent information about the member's mobility/motor functioning that could impact treatment.

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

IV. SCHOOL INFORMATION
Any request for ABA services onsite at school and/or during remote school sessions requires a current IEP or equivalent (non-public school) to be submitted with the BHT-ARF.

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

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	
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):

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

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:	
School:	
Regional Center:	
Speech/OT/PT:	
Primary Care Provider/Specialist:	
Mental Health Provider:	

For non-ASD members only					
Treating Provider's Name	Licensure	Agency/Provider Group Name	Frequency of Coordination	Date of Contact	Type of Contact

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.*

Domain	Baseline			Current		
	Raw Score	Standard Score/ V-Scale Score	Age Equivalent	Raw Score	Standard Score/ V-Scale Score	Age Equivalent Current
Date Administered						
Facilitated By:						
Respondent:						
Communication						
Receptive						
Expressive						
Written						
Daily Living Skills						
Personal						
Domestic						
Community						
Socialization						
Interpersonal Relationships						
Play and Leisure						
Coping Skills						
Motor						
Gross Motor Skills						
Maladaptive Behaviors						
Internalizing						
Externalizing						

VIII. COGNITIVE ASSESSMENT

Please remove templates that do not apply.

Use the Developmental Assessment of Young Children, Second Edition (DAYC-2), Bayley Scales of Infant Development, Third Edition (BSID-III), Wechsler Abbreviated Scale of Intelligence, Second Edition (WASI-II), or Kaufman Brief Intelligence Test, Second Edition (KBIT-2). The test used should be developmentally appropriate for the abilities of the person tested. If such a test has been completed in a recent Comprehensive Diagnostic Evaluation (CDE), include information regarding previous testing in the "other" section.

DAYC-2 Cognitive Subtest

The DAYC-2 is a comprehensive tool for infants and young children designed to measure abilities of young children across five developmental domains, each of which can be assessed independently. The DAYC-2 format allows examiners to obtain information about a child's

abilities through observation, interview of caregivers and direct assessment. The DAYC-2 is a norm‐referenced measure of early childhood development from birth to 5 years, 11 months.
 ** *Current assessment/scores need to be included in every treatment plan submission.*

Date Administered	
By Whom	

Raw Score	Age Equivalent	Standard Score

BSID-III Cognitive Subtest

The Bayley Scales of Infant and Toddler Development, Third Edition is a standardized and norm-referenced, individually administered instrument used to identify developmental competencies for children between the ages of 1–42 months. It assesses individuals across five developmental domains: cognitive, language, motor, social-emotional and adaptive behavior.

Date Administered	
By Whom	

Sum of Scaled Scores	Composite Score	Percentile Rank	Age Equivalent	Qualitative Description

WASI-II

The Wechsler Abbreviated Scale of Intelligence, Second Edition (WASI-II) is an individually administered, brief, reliable measure of cognitive ability in clinical, educational and research settings. Flexible administration offers the opportunity to include either two or four subtests designed to be used with individuals ages 6 to 90. Subtests include vocabulary, block design, similarities and matrix reasoning, and these subtests "mirror" content from the Wechsler Intelligence Scale for Children, Fourth Edition (WISC-IV) and Wechsler Adult Intelligence Scale, Fourth Edition (WAIS- IV). The four subtests form yields three scores — Full Scale IQ (FISQ), Verbal Comprehension and Perceptual Reasoning. The two subtests form yields a FSIQ-2 score, which is an estimate of general cognitive ability.

Date Administered			
By Whom			
Scale	Sum of T Scores	Composite Score	Percentile Rank
Verbal Comprehension			
Perceptual Reasoning			
Full Scale IQ-4			
Full Scale IQ-2			

KBIT-2

The Kaufman Brief Intelligence Test-2 is an individually administered, norm-referenced test of verbal and nonverbal intelligence for individuals ages 4–90. The verbal score is comprised of two tasks — one that assesses receptive vocabulary/general knowledge (verbal knowledge) and the other that assesses comprehension, reasoning and vocabulary knowledge (riddles). The matrices subtest is the sole nonverbal marker and assesses nonverbal conceptual reasoning and problem solving.

Date Administered				
By Whom				
Composite	Raw Score	Standard Score	Percentile Rank	Age Equivalent
Verbal				
Nonverbal				
IQ Composite				

OTHER COGNITIVE ASSESSMENT COMPLETED WITHIN PREVIOUS YEAR *(Replace with title of assessment)*			
Date Administered			
By Whom			

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)

X. FUNCTIONAL ASSESSMENT OR ANALYSIS OF TARGET BEHAVIORS

Target Behavior 1:	

 1. **Identifying Behavior**

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

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.

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

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.

3. Antecedent Analysis

a. Setting Events
Define setting events (e.g., time of day, physiological states, such as hunger or fatigue) that may contribute to the occurrence of target behavior.

b. Trigger Events
Define specific events or actions that appear to serve as an antecedent to the target behavior.

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

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.

Target Behavior 2:	

1. Identifying Behavior

   a. Operational Definition

   b. Course of Behavior

   c. Baseline Data

2. History of the Problem/Chief Complaint

3. Antecedent Analysis

   a. Setting Events

   b. Trigger Events

4. Consequent Analysis

5. Impressions and Analysis of Hypothesized Function

Target Behavior 3:	

1. Identifying Behavior

   a. Operational Definition

b. Course of Behavior
c. Baseline Data
2. History of the Problem/Chief Complaint
3. Antecedent Analysis
a. Setting Events
b. Trigger Events
4. Consequent Analysis
5. Impressions and Analysis of Hypothesized Function

Target Behavior *n*:	
1. Identifying Behavior	
a. Operational Definition	
b. Course of Behavior	

c. Baseline Data
2. History of the Problem/Chief Complaint
3. Antecedent Analysis
a. Setting Events
b. Trigger Events
4. Consequent Analysis
5. Impressions and Analysis of Hypothesized Function

XI. BEHAVIOR INTERVENTION PLAN

Target Behavior 1:	

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.
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

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:*
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.*
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.*

Target Behavior 2:
a. Ecological interventions
b. Training of replacement behaviors
c. Focused intervention strategies (e.g., Reinforcement schedule)
d. Reactive Strategies
e. Data collection procedures (e.g., whom, type):

Target Behavior 3:	
a. Ecological interventions	
b. Training of replacement behaviors	
c. Focused intervention strategies (e.g., Reinforcement schedule)	
d. Reactive Strategies	
e. Data collection procedures (e.g., whom, type):	

Target Behavior *n*:	
a. Ecological interventions	
b. Training of replacement behaviors	
c. Focused intervention strategies (e.g., Reinforcement schedule)	
d. Reactive Strategies	

e. Data collection procedures (e.g., whom, type):

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.

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.

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 (including anticipated timeline for achievement):

1. Topography of Target Behavior 1

2. Location/setting of target behavior (check all that applies)

   ☐ Telehealth ☐ Home ☐ School ☐ Clinic ☐ Community

3. Antecedent Strategies for Target Behavior 1

4. Consequent Strategies for Target Behavior 1

5. Date of Introduction
6. Baseline Data and Date
Insert graph (optional)

Replacement Behavior Goal 1 (including anticipated timeline for achievement):
1. Date of Introduction:
2. Location/setting of replacement behavior:
☐ Telehealth ☐ Home ☐ School ☐ Clinic ☐ Community
3. Baseline Data and Date:
Insert graph(optional)

Target Behavior Goal 2 (including anticipated timeline for achievement):
1. Topography of Target Behavior 2
2. Location/setting of target behavior (check all that applies)
☐ Telehealth ☐ Home ☐ School ☐ Clinic ☐ Community
3. Antecedent Strategies for Target Behavior 2
4. Consequent Strategies for Target Behavior 2

5. Date of Introduction
6. Baseline Data and Date
Insert graph (optional)

Replacement Behavior Goal 2 (including anticipated timeline for achievement):

1. Date of Introduction:
2. Location/setting of replacement behavior:
☐ Telehealth ☐ Home ☐ School ☐ Clinic ☐ Community
3. Baseline Data and Date:
Insert graph(optional)

Target Behavior Goal 3 (including anticipated timeline for achievement):

1. Topography of Target Behavior 3
2. Location/setting of target behavior (check all that applies)
☐ Telehealth ☐ Home ☐ School ☐ Clinic ☐ Community
3. Antecedent Strategies for Target Behavior 3
4. Consequent Strategies for Target Behavior 3

5. Date of Introduction
6. Baseline Data and Date
Insert graph (Optional)

Replacement Behavior Goal 3 (including anticipated timeline for achievement):
1. Date of Introduction:
2. Location/setting of replacement behavior: ☐ Telehealth ☐ Home ☐ School ☐ Clinic ☐ Community
3. Baseline Data and Date:
Insert graph(Optional)

Target Behavior Goal *n* (including anticipated timeline for achievement):
3. Topography of Target Behavior *n*
2. Location/setting of target behavior (check all that applies)   ☐ Telehealth ☐ Home ☐ School ☐ Clinic ☐ Community
3. Antecedent Strategies for Target Behavior *n*
4. Consequent Strategies for Target Behavior *n*

5. Date of Introduction
6. Baseline Data and Date
Insert graph(optional)
Replacement Behavior Goal *n* (including anticipated timeline for achievement):
1. Date of Introduction:
2. Location/setting of replacement behavior: ☐ Telehealth ☐ Home ☐ School ☐ Clinic ☐ Community
3. Baseline Data and Date:
Insert graph(optional)

Comments (include pertinent information related to the treatment plan):

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:

1. Skill Acquisition Goal 1 (including anticipated timeline for achievement):

    a. Date of Introduction:

    b. Location/setting of skill acquisition goal 1:
☐ Telehealth ☐ Home ☐ School ☐ Clinic ☐ Community

    c. Baseline Data with dates:

Insert graph(optional)

2. Skill Acquisition Goal 2 (including anticipated timeline for achievement):

    a. Date of Introduction:

    b. Location/setting of skill acquisition goal 2:
☐ Telehealth ☐ Home ☐ School ☐ Clinic ☐ Community

    c. Baseline Data with dates:

Insert graph(optional)

3. Skill Acquisition Goal 3 (including anticipated timeline for achievement):

    a. Date of Introduction:

    b. Location/setting of skill acquisition goal 3:
☐ Telehealth ☐ Home ☐ School ☐ Clinic ☐ Community

    c. Baseline Data with dates:

Insert graph(optional)

4. Skill Acquisition Goal *n* (including anticipated timeline for achievement):

    a. Date of Introduction:

    b. Location/setting of skill acquisition goal *n*:
☐ Telehealth ☐ Home ☐ School ☐ Clinic ☐ Community

    c. Baseline Data with dates:

Insert graph(optional)

Comments (include pertinent information related to the treatment plan):

B. Intervention Area:

1. Skill Acquisition Goal 1 (including anticipated timeline for achievement):

    a. Date of Introduction:

    b. Location/setting of skill acquisition goal 1:
      ☐ Telehealth ☐ Home ☐ School ☐ Clinic ☐ Community

    c. Baseline Data with dates:

Insert graph(optional)

2. Skill Acquisition Goal 2 (including anticipated timeline for achievement):

    a. Date of Introduction:

    b. Location/setting of skill acquisition goal 2:
      ☐ Telehealth ☐ Home ☐ School ☐ Clinic ☐ Community

    c. Baseline Data with dates:

Insert graph(optional)

3. Skill Acquisition Goal 3 (including anticipated timeline for achievement):

    a. Date of Introduction:

    b. Location/setting of skill acquisition goal 3:
      ☐ Telehealth ☐ Home ☐ School ☐ Clinic ☐ Community

    c. Baseline Data with dates:

Insert graph(optional)
4. Skill Acquisition Goal *n* (including anticipated timeline for achievement):
a. Date of Introduction:
b. Location/setting of skill acquisition goal *n*:   ☐ Telehealth ☐ Home ☐ School ☐ Clinic ☐ Community
c. Baseline Data with dates:
Insert graph(optional)

Comments (include pertinent information related to the treatment plan):

C. Intervention Area
1. Skill Acquisition Goal 1 (including anticipated timeline for achievement):
a. Date of Introduction:
b. Location/setting of skill acquisition goal 1:   ☐ Telehealth ☐ Home ☐ School ☐ Clinic ☐ Community
c. Baseline Data with dates:
Insert graph(optional)
2. Skill Acquisition Goal 2 (including anticipated timeline for achievement):
a. Date of Introduction:
b. Location/setting of skill acquisition goal 2:   ☐ Telehealth ☐ Home ☐ School ☐ Clinic ☐ Community
c. Baseline Data with dates:
Insert graph(optional)
3. Skill Acquisition Goal 3 (including anticipated timeline for achievement):

a. Date of Introduction:
b. Location/setting of skill acquisition goal 3:   ☐ Telehealth ☐ Home ☐ School ☐ Clinic ☐ Community
c. Baseline Data with dates:
Insert graph(optional)
4. Skill Acquisition Goal *n* (including anticipated timeline for achievement):
a. Date of Introduction:
b. Location/setting of skill acquisition goal *n*:   ☐ Telehealth ☐ Home ☐ School ☐ Clinic ☐ Community
c. Baseline Data with dates:
Insert graph(optional)

Comments (include pertinent information related to the treatment plan):

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**

All graphs must show baseline data.

A. Parent/Caregiver Goal 1 (including anticipated timeline for achievement):

a. Date initiated:
b. Parent/Caregiver goal 1: ☐ Telehealth ☐ Home ☐ School ☐ Clinic ☐ Community
c. Baseline Data and Date:
Insert graph(optional)

B. Parent/Caregiver Goal 2 (including anticipated timeline for achievement):
a. Date initiated:
b. Parent/Caregiver goal 2: ☐ Telehealth ☐ Home ☐ School ☐ Clinic ☐ Community
c. Baseline Data and Date:
Insert graph (optional)

C. Parent/Caregiver Goal 3 (including anticipated timeline for achievement):
a. Date initiated:
b. Parent/Caregiver goal 3: ☐ Telehealth ☐ Home ☐ School ☐ Clinic ☐ Community
c. Baseline Data and Date:
Insert graph(optional)

D. Parent/Caregiver Goal *n* (including anticipated timeline for achievement):
a. Date initiated:
b. Parent/Caregiver goal *n*: ☐ Telehealth ☐ Home ☐ School ☐ Clinic ☐ Community
c. Baseline Data and Date:
Insert graph(optional)

Comments (include pertinent information related to the treatment plan):

XVII. PLAN FOR GENERALIZATION (INCLUDING TRANSITION TO NATURAL MEDIATORS) AND MAINTENANCE
Data Collection (include plan to address):
Procedural Reliability (include plan to address):
Thinning the Schedule of Reinforcement (include plan to address):
Family/Caregiver Training and Monitoring (include plan to address):
Transition to Natural Mediators (include plan to address):
Relapse Prevention (include plan to address):

Generalization and Maintenance Plan (include plan to address):

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
☐ 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.

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).

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?

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.

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

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.

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)				
H0032-HO	Mental Health Service Plan Development (BCBA/Licensed)				
H2014-HQ	Skills Training and Development				
H2019	Therapeutic Behavioral Services				
S5108	Home Care Training to Home Care, Client				
S5110	Home Care Training, Family				

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:

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	
Title, License/Certificate #:	
Date of Report Completed:	
Signature:	**Date:**

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.***