**Applied Behavior Analysis** **Progress Report**

|  |  |
| --- | --- |
| **Provider Name OR** | BLUE SHIELD |
| **Provider Logo (optional)gfhgfhgfhgfhgfhgfhgfhgfhgfhgfghgfhgfgfhgfhgfhgfhgfhgfhgfhghgfhgfhghghgfhgfhgfh** | Hhhhhhhhhhhhhhhhhhhh kkkkkkkk mmmmm  Hhhhh mmmm JJJJJJ MMMM NNNNN  Ll jjjjj |

**CLIENT INFORMATION**

|  |  |
| --- | --- |
| **Client Full Legal Name:** | Aariz Hussain |
| **Medical Record Number:** | 12345 |
| **Date of Birth:** | Mon Dec 24 2018 05:30:00 GMT+0530 (India Standard Time) |
| **Client Age in Years, Months:**  *(e.g., 02 years, 08 months)* | 1 Years 2 Months |
| **Date of Report** | Click or tap to enter a date. |
| **Parent/Guardian Name:** | sdafsda Kumar |
| **Parent/ Guardian Address:** |  |
| **Out of Service Area (OOSA) Yes or No:**  *(If Yes, provide treatment location)* | Click or tap here to enter text. |
| **Phone Number** | (880) 23423 |
| **KP Case Manager Name:** | kjohn wick |
| **BHPN Clinical Case Manager Name** *(if known)***:** | Click or tap here to enter text. |
| **Treatment Team:**  *(include contact email and phone for supervisor)* | Click or tap here to enter text. |
| **Diagnosis** (listed on authorization)**:** | Click or tap here to enter text. |
| **Diagnosing MD or Psychologist Name AND Date of Diagnoses**  (if not ASD Client, use the referring physician) | Click or tap here to enter text. |
| **Academic Performance** *(School)*  **IEP: Yes or No**  **Special Education: Yes or No**  **Performance in General Education** (low, medium, high)**:** | Click or tap here to enter text. |

**TREATMENT PLAN SUMMARY**

|  |  |
| --- | --- |
| **Initial Treatment Start Date:** | Click or tap to enter a date. |
| **Current Authorization Treatment Start Date:** | Click or tap to enter a date. |
| **Treatment Plan Review Date with Family:** (Date you met with client/family to provide update and obtain their input on treatment) *NOTE: Ensure client/family is provided a copy of this progress report following its approval.* | Click or tap to enter a date. |
| **Current Treatment Authorization Dates, Start through End:** | Click or tap here to enter text. |

**CURRENT AUTHORIZATION**

**Dates of Authorization That Are Being Reported**

|  |  |  |
| --- | --- | --- |
| **Service** | **Start Date** | **Intensity** |
| Direct Service Practitioner – H2019 (weekly) | Click or tap to enter a date. | \_\_ Hours/Week |
| BHT Group – H2014 (only if part of treatment plan with ABA) (weekly) | Click or tap to enter a date. | \_\_ Hours/Week |
| Mid-Level Supervisor– H0032 (monthly) | Click or tap to enter a date. | \_\_ Hours/Month |
| High-Level Supervisor– H0004 (monthly) | Click or tap to enter a date. | \_\_ Hours/Month |

**Average Hours Provided for This Authorization Period**

|  |  |  |
| --- | --- | --- |
| **Service** | **Start Date** | **Intensity** |
| Direct Service Practitioner – H2019\* (weekly) | Click or tap to enter a date. | \_\_ Hours/Week |
| BHT Group (weekly) | Click or tap to enter a date. | \_\_ Hours/Week |
| Mid-Level Supervisor– H0032 (monthly) | Click or tap to enter a date. | \_\_ Hours/Month |
| High-Level Supervisor– H0004 (monthly) | Click or tap to enter a date. | \_\_ Hours/Month |

\**Total H2019 Hours Used: \_\_\_\_ / Weekly*

**SERVICE DELIVERY**

Click or tap here to enter text.

Click or tap here to enter text.

**ADAPTIVE REASSESSMENT**

(Provider Name) uses the Vineland Adaptive Scales, 3rd edition to assess an individual’s developmental functioning. The standard scores reported have an average of 100 and a standard deviation of 15. Age-equivalents indicate the average age of the individual from the Vineland-3 normative sample who obtained the same raw score as the individual currently being assessed. Adaptive levels are scored on a 5-point scale from Low to High.

|  |  |
| --- | --- |
| **Vineland-3 Form Used** (Interview Form / Parent Caregiver Form) |  |
| **Vineland-3 Assessment Date** | Click or tap to enter a date. |
| **Name of Respondent** |  |
| **Relationship of Respondent to Client** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Domain** | **Standard Score** | **V-Scale Score** | **Adaptive Level** | **Percentile Rank** | **Age Equivalent** |
| **Communication** |  |  |  |  |  |
| Receptive |  |  |  |  |  |
| Expressive |  |  |  |  |  |
| **Daily Living Skills** |  |  |  |  |  |
| Personal |  |  |  |  |  |
| Domestic |  |  |  |  |  |
| Community |  |  |  |  |  |
| **Socialization** |  |  |  |  |  |
| Interpersonal Relationships |  |  |  |  |  |
| Play and Leisure Time |  |  |  |  |  |
| Coping Skills |  |  |  |  |  |
| **Motor Skills** *(optional)* |  |  |  |  |  |
| Fine Motor |  |  |  |  |  |
| Gross Motor |  |  |  |  |  |
| **Maladaptive Behavior (optional)** |  |  |  |  |  |
| Internalizing |  |  |  |  |  |
| Externalizing |  |  |  |  |  |
| Other |  |  |  |  |  |
| **Adaptive Behavior Composite** |  |  |  |  |  |

**ASSESSMENT RESULTS**

Click or tap here to enter text.

**PROGRESS REPORT & TREATMENT PLAN**

Below is the treatment plan for intervention and provider’s report on progress toward goal mastery. Treatment plans are based on ongoing assessment, response to treatment, priorities of the individual, and input from any other professionals that support the family.

**RECEPTIVE COMMUNICATION**  
Skills in this domain target a client’s responses to communication from others across settings, communication partners, and language functions.

1. **Treatment Goal:**

**Goal Status:** Choose an item.

**Mastery Criterion:**

**Generalization Criterion:**

**Maintenance Plan (if applicable):**

**Assessment Tool Source:** *Required*

**Baseline:**

**Progress:** Choose an item.

Click or tap here to enter text.

**Graphic Display:**

1. **Treatment Goal:**

**Goal Status:** Choose an item.

**Mastery Criterion:**

**Generalization Criterion:**

**Maintenance Plan (if applicable):**

**Assessment Tool Source:** Required

**Baseline:**

**Progress:** Choose an item.

Click or tap here to enter text.

**Graphic Display:**

|  |
| --- |
| **EXPRESSIVE COMMUNICATION** Skills in this domain target a client’s functional use of expressive language across settings, communication partners, and language functions. |

1. **Treatment Goal:**

**Goal Status:** Choose an item.

**Mastery Criterion:**

**Generalization Criterion:**

**Maintenance Plan (if applicable):**

**Assessment Tool Source:** Required

**Baseline:**

**Progress:** Choose an item.

Click or tap here to enter text.

**Graphic Display:**

|  |
| --- |
| **PRAGMATIC COMMUNICATION** Skills in this domain target a client’s functional use of communication, imitation, and joint attention in interaction with others and in social environments |

1. **Treatment Goal:**

**Goal Status:** Choose an item.

**Mastery Criterion:**

**Generalization Criterion:**

**Maintenance Plan (if applicable):**

**Assessment Tool Source:** Required

**Baseline:**

**Progress:** Choose an item.

Click or tap here to enter text.

**Graphic Display:**

|  |
| --- |
| **SELF HELP / DAILY LIVING SKILLS** Skills in this domain focus on activities of daily living including developmentally appropriate personal independence (eating, dressing, hygiene, household responsibilities), safety, play and leisure (independent and with adult and peer partners), and community skills. |

1. **Treatment Goal:**

**Goal Status:** Choose an item.

**Mastery Criterion:**

**Generalization Criterion:**

**Maintenance Plan (if applicable):**

**Assessment Tool Source:** Required

**Baseline:**

**Progress:** Choose an item.

Click or tap here to enter text.

**Graphic Display:**

|  |
| --- |
| **BEHAVIOR**  This domain focuses on behavioral excesses and skill deficits, which pose a risk to the client or others, or present a clinically significant need for intervention. |

1. **Treatment Goal:**

**Goal Status:** Choose an item.

**Mastery Criterion:**

**Generalization Criterion:**

**Maintenance Plan (if applicable):**

**Assessment Tool Source:** Required

**Baseline:**

**Progress:** Choose an item.

**Graphic Display:**

Click or tap here to enter text.

**FUNCTIONAL BEHAVIOR ASSESSMENT**

Click or tap here to enter text.

**BEHAVIORAL CRISIS PLAN**

Click or tap here to enter text.

|  |
| --- |
| **CAREGIVER EDUCATION**  This domain is focused on education for caregivers. Goals are developed in collaboration with the caregivers and reflect their identified needs and priorities. |

1. **Caregiver Education Goal:**

**Goal Status:** Choose an item.

**Mastery Criterion:**

**Source:** Required

**Baseline:**

**Progress:** Choose an item.

Click or tap here to enter text.

**Graphic Display:**

**SUMMARY AND RECOMMENDATIONS**

**SUMMARY OF PROGRESS**

Click or tap here to enter text.

**GENERALIZATION GOALS**

|  |  |
| --- | --- |
| **Goal** | **Generalization Criteria** |
|  |  |
|  |  |
|  |  |
|  |  |

**MAINTENANCE GOALS**

|  |
| --- |
| **Goal** |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **BARRIERS TO SERVICE** | Environmental or family concerns that are likely to have significantly impacted service delivery in the last treatment period.  Yes  No |
| **DANGEROUS BEHAVIORS** | Check any dangerous behaviors demonstrated by the client in the last treatment period.  Harm to self (e.g. SIB, unsafe behavior with strangers)  Harm to others/animals (e.g. aggression, dangerous throwing, inappropriate/unwanted sexual behavior)  Dangerous behavior in primary environments (e.g. pica, elopement/wandering, unsafe behavior with oven/stove/climbing, dangerous property destruction) |

**PARENT PARTICIPATION IN PROGRAM**

Compliance with treatment recommendations and active parent/caregiver participation is essential to optimal client progress in programs. Treatment aims at empowering parent(s)/caregiver(s) to independently carry over strategies to their daily lives thus enabling independence and fulfillment for the client and their family.

**Parent/Caregiver Participation**

##### Empowers clients and parent(s)/caregiver(s) to actively participate with the team to promote progress towards and achievement of desired outcomes. This includes encourage parental/caregiver participation in the client’s ABA treatment program and training parents/caregivers in implementing treatment strategies.

##### Provides services that are consistent with the needs of each client through direct interaction with the client and/or with their support system.

##### Provides services that are culturally and linguistically competent.

##### There are no specific rules (e.g. rules around cancelations of sessions) around parent/caregiver participation.

|  |
| --- |
| **Plan for parent participation** |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

**EMERGENCY / CRISIS PLAN**

In the event of an unexpected crisis during sessions, treatment staff will follow the general guidelines outlined below:

* + Responsible Adult oversees client safety
  + Treatment staff will ensure safety of self
  + If the Responsible Adult is unavailable or unable to help, treatment staff will assist by calling 911 if appropriate and possible
  + Treatment staff will inform supervisor of the incident as soon as possible
  + Immediate notification to the BHPN and submission of a Reportable Event Form to [theBHPN@theBHPN.org](mailto:theBHPN@theBHPN.org) within 1 business day of the incident

**Total Number of Goals Met/Not Met**

|  |  |
| --- | --- |
| *Number of Total Goals* |  |
| *Number of Goals Met* |  |
| *Number of Goals Not Met* |  |
| *Number of Goals Showing Regression* |  |
| *Number of Total Parent Education Goals* |  |
| *Number of Parent Education Goals Not Met* |  |

**RECOMMENDATIONS**

The following recommendations are being made:

Based on the information collected during assessment and (Client Name)’s learner profile, (Provider Name) has determined that intensive ABA services are/ are not appropriate at this time. Direct services should be composed of home and clinic-based services focused on skill acquisition as detailed in the report above.  Additionally, natural settings in (Client Name)’s community should also be incorporated regularly into the intervention services provided. Providing intervention in community-based settings is critical to (Client Name) generalizing his/her skills for use in real world settings. The following recommendations are being made regarding these services.

It is recommended that \_\_\_\_\_\_\_\_\_\_ receive/not receive ongoing intensive behavioral intervention.

**Intervention should consist of:**

**\_\_\_\_\_\_\_\_\_\_\_ Recommended Hours of direct service (H2019) per week. *(Optimal Hours*** *clinically recommended for treatment)*

**\_\_\_\_\_\_\_\_\_\_\_ Requested Hours of direct service (H2019) per week for new authorization period. *(Beneficial Hours*** *accepted by the family. Treatment plan should be based on Beneficial Hours)*

**\*Please include explanation of difference between requested and recommended hours if applicable**

*Authorization Request (Hours that will be used by client/family)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Practitioner Level** | **Service Type** | **Hours** | **Location of services** |
| Direct Level Practitioner – H2019 | Direct | \_\_ Hours/Week | Choose an item. |
| BHT Group – H2014 | Direct | \_\_\_ Hours/Week | Clinic / Center Only |
| Mid-Level Supervisor – H0032 | Direct & Indirect | \_\_ Hours/Month | Choose an item. |
| High Level Supervisor – H0004 | Direct & Indirect | \_\_ Hours/Month | Choose an item. |

\*Prior to recommending services in school, please consult the BHPN.

**Recommendation Rationale:**

Click or tap here to enter text.

**anticipated discharge date:** Click or tap to enter a date.

**Anticipated Discharge Date Changed Since Last Report?** Choose an item.

**Reason for Change:**

|  |  |
| --- | --- |
| **Guidelines for Discharge from ABA Episode of Care** | |
| ***Discharge: Graduation*** | ***Discharge: ABA not appropriate or no longer appropriate*** |
| * Cognitive potential has been reached and no significant life interfering maladaptive behaviors are present OR * The client has achieved adequate stabilization and behaviors can be managed in a less intensive treatment/environment OR * The client can be treated with a less intensive level of care (e.g. community social program) OR * Behavior change is meaningful and sustainable (see definition of meaningful change) OR * Behavior is within normal limits when compared to peers without ASD who have a similar intellectual level | * Improvements are not maintained or generalized OR * There is a lack of meaningful progress (e.g. no change in adaptive domains) OR * Treatment is making the symptoms persistently worse (e.g. maladaptive behavior occurs more during ABA sessions; a trial of stopping ABA results in improved behavior) OR * Client becomes too fatigued with school/Day Program and ABA OR * Family members / caregivers are unable to support ABA and **no or minimal progress** has been made as a result (e.g. excess cancelations result in no progress). ***NOTE:*** *Discharge is based on progress not parent participation. Before discharge every effort should be made to support family/parents so that ABA can continue* OR * Client is 12 or older and has the ability to decline ABA (e.g. is able to express their desire to stop ABA) OR * Behavior is more related to non-ASD mental health symptoms such as an anxiety disorder |

**Please contact us or your BHPN Clinical Case Manager at 855-843-2476 (855-the-BHPN) directly with any additional questions or comments related to this report.**

Respectfully Submitted,

|  |  |  |  |
| --- | --- | --- | --- |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Signature | Print Name and Title | License/Cert.# | Date |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Signature | Print Name and Title | License/Cert.# | Date |