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Service dates requested: 5/28/2024- 11/28/2024

Section	Contents	Page
Section 1	Client Information	2
Section 2	Provider Information	2
Section 3	Reason for Referral and DSM-V Clinical Observations	2
Section 4	Family and Education History	3
Section 5	Assessment Information	4
Section 6	Caregiver Interview	4
Section 7	Vineland-3	5
Section 8	Reinforcer Assessment	6
Section 9	Direct Observation	6
Section 10	QABF	7
Section 11	Functional Behavior Assessment	8
Section 12	Treatment Goals	9
Section 13	Caregiver Goals	11
Section 14	Methods of Instruction	11
Section 15	Transition plan and Coordination of Care	11
Section 16	Discharge Criteria and Ethics Statement	12
Section 17	Emergency Plan	13
Section 18	Service Recommendation and Justification of Hour Request	13

Section 1: Client Information

Name:	Henry "Tucker" Hodgdon	Date of Birth: Age:	01/23/2020 4 yr, 3 mo
Caregiver: Phone number: Address: Email:	Anna Hodgdon 914-469-4240 3978 Land O Lakes Drive NE Atlanta, GA 30342 Anna.hodgdon@gmail.com	Insurance Plan: Member + number:	Cigna Evernorth U8353410703
Physician Contact Information:	Dr. Shea Fleming Peachtree Park Pediatrics	Date of report:	5/18/2024
Diagnosis/Neuropsychological Evaluation Report Completed by and Date: F84.0 Autism Spectrum Disorder completed on 2/1/2022 by Dr. Elizabeth Greenfield at Marcus Autism Center			

Section 2: Provider Information

Group Information:	Well ABA Therapy dba Journey Health	Contact Information:	770-268-3909
Name of Supervising BCBA:	Georgia Beauregard, MSW, BCBA	Practitioner License/Credentials:	1-16-23698

Section 3: Reason for Referral

Henry "Tucker" Hodgdon is a kind, energetic, engaging, and inquisitive 4-year-old boy diagnosed with Autism Spectrum Disorder. He was referred to Well ABA Therapy for an initial assessment due to significant concerns related to challenging behaviors, communication, and social skills. His diagnosis of Autism Spectrum Disorder profoundly impacts these areas, hindering his ability to engage in school and community activities compared to his peers. Specific concerns prompting this assessment include physical aggression (e.g., kicking, pushing, and screaming), difficulties tolerating changes in routines and interruptions in preferred activities, and challenges in self-advocacy.

DSM-V Clinical Observations

Tucker received a diagnosis of F84.0 Autism Spectrum Disorder (ASD) on 02/01/2022 by Dr. Elizabeth Greenfield. Although Board Certified Behavior Analysts are not diagnosticians, below are my clinical impressions specific to the DSM-V diagnostic criteria for ASD. Based on the DSM-V diagnostic criteria for Autism Spectrum Disorder, Tucker demonstrates the following characteristics:

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history

Tucker is observed to enjoy engaging in activities with select peers, however he often prefers to engage in play with adults. He shows interest in peers by laughing, smiling, imitating, manding, and engaging in cooperative play. Tucker has difficulty with reduced attention from adults when being prompted to play with peers, or work collaboratively with peers.

B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following,

currently or by history

- **Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal nonverbal behavior**

(e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need

- **Highly restricted, fixated interests that are abnormal in intensity or focus (e.g, strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interest).**

Tucker struggles with changes in his routine. When routine changes occur, Tucker is more likely to engage in tantrums or aggression toward others. Tucker also exhibits a “fixated interest” on a few highly preferred activities, including Magnatiles. When this highly preferred toy was present, Tucker engaged in higher rates of aggression toward others.

C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities or may be masked by learned strategies in later life).

Tucker was diagnosed with ASD at the age of 2.

E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for gernal developmental level.

Tucker does not currently have any comorbid diagnoses.

Section 4: Family history

Living with:	Mother, Father, Sister (age 6) and Brother (age 1)
Medications:	Guanfacine 1x per day
Any outside services and frequency:	Speech Therapy in daycare setting 2x per week for 30 min
Any allergies:	none
Any previous ABA services and frequency:	Tucker previously received 15 hours per week of 1:1 ABA Therapy through Dogwood Autism Services. He graduated from this level support and is titrating down to 6 hours per week with Well ABA Therapy.
Any dietary restrictions:	Tucker is described as a “picky eater” but does not have any food allergies. His pediatrician has advised that he does not require targeted intervention to address “picky eating”
Any health conditions:	none
Medical History	<p>Tucker is up to date on his vision and hearing tests as well as his immunizations. Outside of a surgery to input ear tubes in September 2021, Tucker has not had any other surgeries or medical complications. He also sees Andy Sipp, ENT for follow up visits from his ear tube surgery. He has no history of seizures.</p> <p>His family does not report any sleep problems, other than him frequently drinking large amounts of water before bed leading to accidents at night. Due to this, they still have him wear a pull up at</p>

night. This is the only time Tucker is reliant on a pull up, and is otherwise is potty trained. His pediatrician did not express concern around the night time pull ups, so his mom has held off on removing them.

Education History

School name:	The Preschool at Peachtree Road United Methodist Church
Educational placement:	Private Preschool and Daycare
Services at school/dates+times:	Speech Therapy Session for 30 min 2x per week at daycare
IEP:	No

Section 5: Assessment Information

Initial Assessment Schedule:

5/10/24 10:00 am- 11:30 am: Caregiver Interview and Vineland-3 conducted

5/13/24 9:00 am- 11:00 am: Direct Observation and FBA administered

5/16/24 2:45 pm- 3:45 pm: Reinforcer Assessment and QABF administered

5/16/24 5:00 pm- 6:00 pm: Report writing completed including caregiver interview and Vineland-3 analysis

5/17/24 11:00 am- 1:00 pm Report writing completed including FBA, Behavior Intervention Plan, and Treatment Goals

5/18/24 10:00 am- 10:30 am Report writing completed including treatment recommendations and discharge plan

Section 6: Caregiver Interviews

Tucker's mother and daycare team members were interviewed during the initial assessment. His mother and daycare team members highlighted his strengths, including imaginative play with his sister and peers, interest in a variety of toys and activities, ability to request help from adults, and ability to follow instructions. Their concerns are within the following domains:

Challenging Behaviors

Tucker's mother is primarily concerned about his challenging behaviors. At home, Tucker exhibits tantrums when there are changes in routine or when his siblings approach him during highly preferred activities like playing with Magnatiles. His daycare caregivers reported that challenging behaviors, including aggression and tantrums, generally occur during unstructured times or when there are changes in routine, such as the absence of his 1:1 ABA Therapist. These behaviors are less frequent when an adult is in close proximity or during structured activities. They described these behaviors as mild to moderate in severity.

Communication

In terms of communication, Tucker's mother noted that he sometimes asks for help with tasks he can likely perform on his own. His daycare caregivers observed that he frequently seeks adult assistance before attempting to advocate for himself during peer conflicts. Additionally, Tucker tends to inform caregivers when peers are not following whole group instructions.

Social Skills

Regarding social skills, Tucker engages in imaginative play and parallel play with peers but does not yet collaborate with them to accomplish tasks. His mother's goals for ABA Therapy include helping Tucker participate independently in school and community activities and building and maintaining healthy friendships with peers. Similarly, his daycare caregivers hope he will be able to independently participate in daycare and community activities without the need for 1:1 support from an ABA Therapist.

Section 7: Vineland-3

The Vineland-3 is a standardized measure of adaptive behavior--the things that people do to function in their everyday lives. Whereas ability measures focus on what the examinee can do in a testing situation, the Vineland-3 focuses on what they actually do in daily life. Because it is a norm-based instrument, the examinee's adaptive functioning is compared to that of others their age.

Henry "Tucker" Hodgdon was evaluated using the Vineland-3 Comprehensive Parent/Caregiver Form on 05/10/2024. Anna Hodgdon, Tucker's mother, completed the form.

Tucker's overall level of adaptive functioning is described by his score on the Adaptive Behavior Composite (ABC). His ABC score is 99, which is close to the normative mean of 100 (the normative standard deviation is 15). The percentile rank for this overall score is 47.

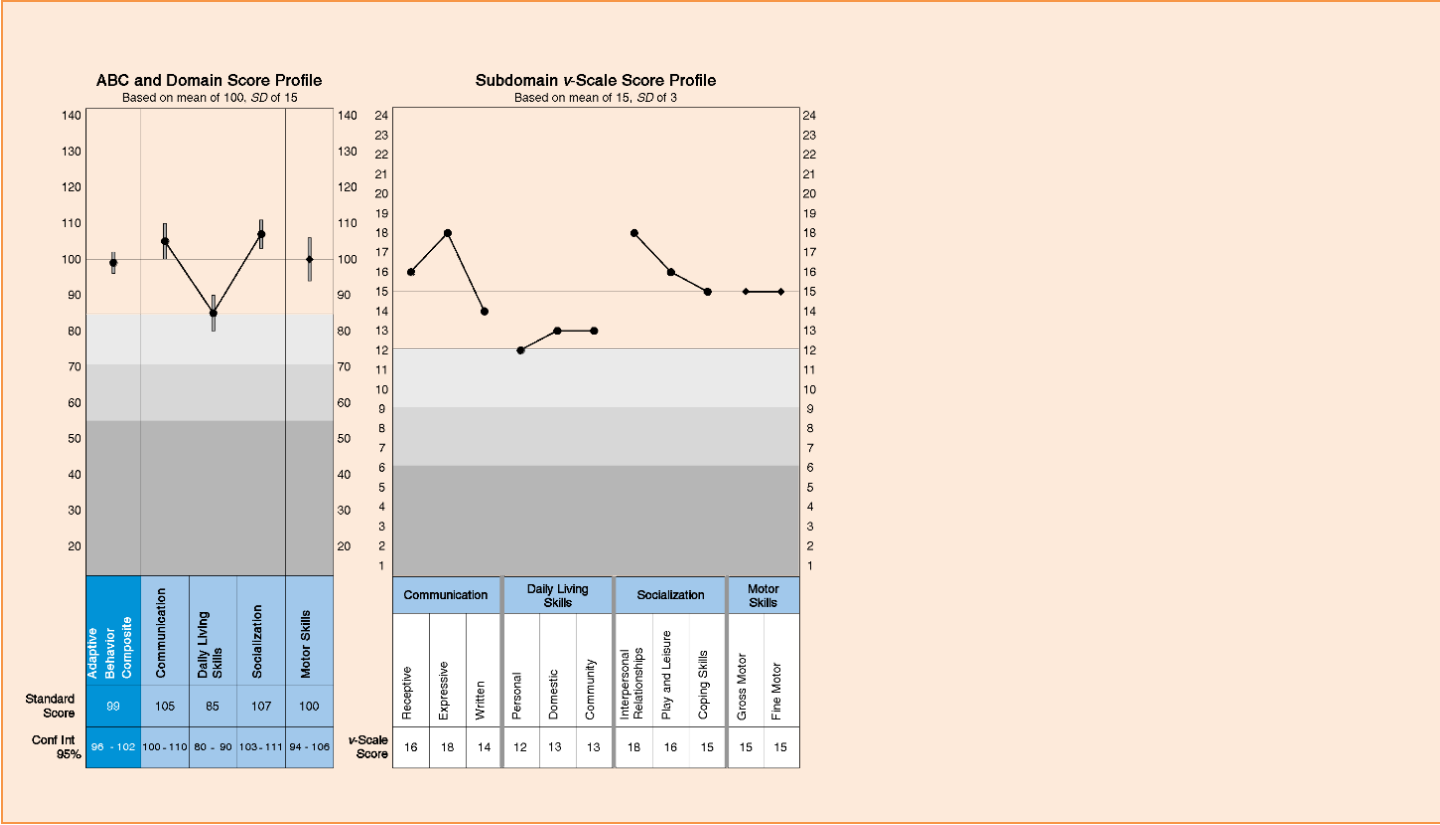
The ABC score is based on scores for three specific adaptive behavior domains: Communication, Daily Living Skills, and Socialization. The domain scores are also expressed as standard scores with a mean of 100 and standard deviation of 15.

The Communication domain measures how well Tucker listens and understands, expresses himself through speech, and reads and writes. His Communication standard score is 105. This corresponds to a percentile rank of 63. This domain is a relative strength for him.

The Daily Living Skills domain assesses Tucker's performance of the practical, everyday tasks of living that are appropriate for his age. His standard score for Daily Living Skills is 85, which corresponds to a percentile rank of 16. This domain is a relative weakness for Tucker.

Tucker's score for the Socialization domain reflects his functioning in social situations. His Socialization standard score is 107. The percentile rank is 68. This domain is a relative strength for him.

ABC	Standard Score (SS)	95% Confidence Interval	Percentile Rank	SS Minus Mean SS*	Strength or Weakness**	Base Rate
Adaptive Behavior Composite	99	96 - 102	47			
Domains						
Communication	105	100 - 110	63	5.7	Strength	>25%
Daily Living Skills	85	80 - 90	16	-14.3	Weakness	<=5%
Socialization	107	103 - 111	68	7.7	Strength	<=25%
Motor Skills	100	94 - 106	50	0.7	-	-



Section 8: Reinforcers pulled from reinforcer assessment	
Likes:	Magnatiles, legos, trucks, dogs, brio trains, airplanes, baseball, soccer, and imaginative and pretend play
Dislikes:	Clothing getting wet, close proximity of peers or interruption by peers when engaging with highly preferred toys such as Magnatiles, unexpected changes in his routine

Section 9: Direct Observation

A direct observation was conducted in the daycare setting on 5/13/2024. Tucker entered the classroom cheerfully and required only one instruction from his daycare caregivers to put away his personal items and engage in an activity of his choice. Throughout the observation, Tucker demonstrated strong listening skills, following most instructions from his caregivers without repetition, particularly when following a routine. Tucker enjoys praise from his caregivers and will appropriately get their attention to show his work.

Challenging Behaviors

Throughout the two-hour observation, Tucker engaged in 7 instances of physical aggression towards peers, including kicking, pushing, hitting with an open hand, and yelling. These behaviors occurred when a peer stood close to Tucker while he was engaged in highly preferred activities, such as building with Magnatiles. The severity of this behavior was mild, as Tucker stopped within 10 seconds of a daycare caregiver instructing him and the peer to give each other space. While caregivers reported tantrum behaviors during the caregiver interview, no tantrums were observed during this direct observation. If this behavior is

observed after the onset of services, baseline data will be collected, and a functional behavior assessment will be conducted to determine a behavior intervention plan.

Communication

Tucker communicates vocally using 2-3 word phrases and full sentences. He initiates exchanges with both adults and peers. When frustrated, Tucker sometimes resorts to tantrums and physical aggression towards peers instead of using his words, as described in the challenging behaviors section.

Social Skills

The observation in the daycare setting allowed for multiple peer interactions. Tucker's social strengths include joint attention and social play. He was observed initiating greetings with peers and requesting to play "Titanic." During the "Titanic" activity, Tucker engaged in parallel play and shared materials, as this activity was enjoyable but not as highly preferred as Magnatiles. Tucker was observed engaging in challenging behaviors when peers stood or sat close to him while he was using a highly preferred toy. Additionally, Tucker reported peers not following directions to an adult at a rate of 17 times per hour, compared to his peers, who averaged two or fewer reports per hour.

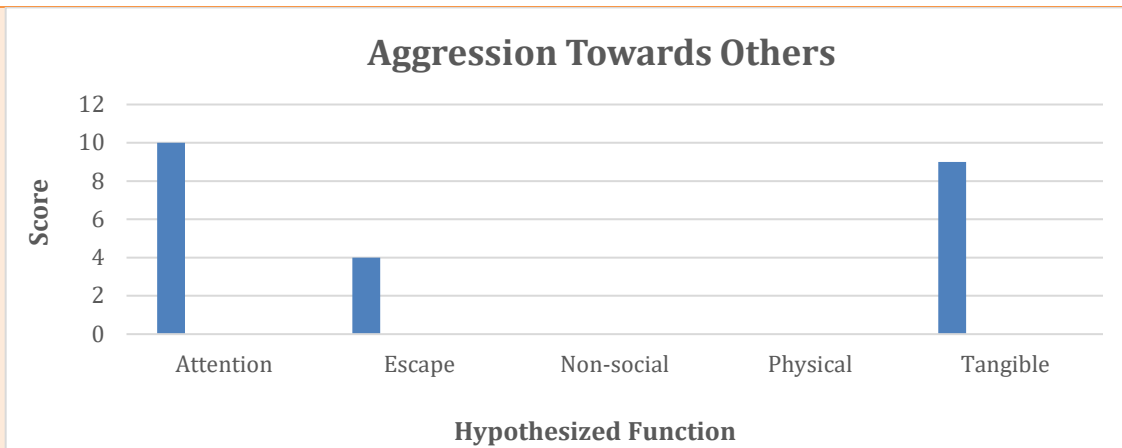
Section 10: QABF

The QABF (Functional Assessment of Behavior) is an assessment tool used in applied behavior analysis (ABA) to identify the functions of problem behavior. It was developed by Dr. James Luiselli and colleagues in 2000. The QABF is a structured interview that is administered to caregivers or other individuals who are familiar with the person exhibiting problem behavior. The interview consists of a series of questions about the problem behavior, including its frequency, duration, and intensity, as well as the antecedents and consequences of the behavior.

Based on the information obtained from the interview, the QABF generates a hypothesis about the function of the problem behavior. The QABF identifies four possible functions of behavior: attention, escape, access to tangibles, and automatic reinforcement.

Once the function of the problem behavior has been identified, a treatment plan can be developed that addresses the underlying cause of the behavior. The QABF is widely used in clinical settings to develop effective behavior interventions for individuals with developmental disabilities and other behavior disorders.

Figure 1. This graph depicts the possible function of behavior for Tucker's behaviors. Results of this assessment indicate that attention and access to tangibles are most likely functions of behavior.



Section 11: Functional Behavior Assessment including Behavior Reduction Plan and Behavior Reduction Goals

Antecedent Strategies:

1. First-Then Statements

a. "Tucker, first we are going to give (peer) a turn, and then you can have the next turn". This sets clear expectations for him.

2. Prompting Communication

a. When we see Tucker getting frustrated, we can remind him that he can use his words or tell his friends what he wants or doesn't like. "Back up please"

3. Prompting Emotion Regulation Skills

a. When Tucker grows frustrated with a task, or when there are changes in routine, we can prompt him to take deep breaths, and remind him of what he can do to feel better "When my blocks fall, I can always build again", "This isn't working. I can try something else"

b. Review examples of problem sizes at the beginning of each session before Tucker encounters situations that may elicit challenging behaviors

4. Provide Attention for prosocial behaviors

a. Provide high quality attention for all the great things we are seeing (appropriate peer communication, following directions, waiting), particularly during times of day that have been shown to be more difficult for Tucker in the past.

5. Do vs. Don't Language

a. If Tucker is doing something undesirable, tell him what you want to see. "Tucker, remember to stand back from the swings so you don't get hit".

6. Warnings

a. Provide Tucker warnings about changes in routines, preferred activities coming to a close, and unfamiliar concepts. This should allow him to adjust before the onset of something confusing for him or non-preferred. "In 3 minutes, we're going inside."

Target Behavior 1: Aggression Towards Others

Definition: Episodes of Aggression Towards Others may include kicking others, hitting others with an open hand, pushing others with one or both hands; may occur in isolation or together within one episode. The episode has concluded when none of the above actions have occurred for at least 30 seconds.

Behavior data:	<table> <tr> <td>Initial or concurrent:</td><td>Concurrent</td></tr> <tr> <td>Baseline Frequency:</td><td>7 episodes</td></tr> <tr> <td>Severity:</td><td>Mild; episodes typically end when a teacher provides a verbal prompt to stop.</td></tr> </table>	Initial or concurrent:	Concurrent	Baseline Frequency:	7 episodes	Severity:	Mild; episodes typically end when a teacher provides a verbal prompt to stop.
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Behavior reduction goals:	<table> <tr> <td>Goal:</td><td>Tucker will engage in less than 1 episode per session across 10 consecutive sessions</td></tr> <tr> <td>Mastery criteria:</td><td>Less than 1 per session for 10 consecutive sessions</td></tr> </table>	Goal:	Tucker will engage in less than 1 episode per session across 10 consecutive sessions	Mastery criteria:	Less than 1 per session for 10 consecutive sessions		
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Mastery criteria:	Less than 1 per session for 10 consecutive sessions						
Graph:	This is an Initial Treatment Plan. Re-assessment Treatment Plans will include graphs documenting progress.						
Hypothesized Function of Behaviors:	Based on the direct observation, caregiver interviews, and QABF, the target behavior Aggression Towards Others is maintained by attention from adults and continued access to highly preferred tangibles without peer interruption.						
Replacement Behaviors:	<ul style="list-style-type: none"> -Review sizes of problems with Tucker at the beginning of each session -Review replacement behaviors with Tucker at the beginning of each session -Ensure additional activities are available prior to transitioning away from his highest preferred activities 						
Behavior reduction strategies:	<ul style="list-style-type: none"> -Reinforce cooperation with peers with praise -Reinforce matching his reaction to the size of the problem with praise and extra time with highest preferred activities -If target behaviors occur, provide a verbal prompt to step away from the peer to take a break -Once calm, review the size of the problem with Tucker and steps he can take next time 						

Section 12: Treatment Goals

- 1) Tucker will work cooperatively with a peer for a duration of 2 minutes without requiring teacher intervention for 80% of opportunities across 3 consecutive sessions

Date: **5/28/2024**

Baseline Data and Direct Observation:	0% Tucker will engage in parallel play alongside peers, or engage in cooperative play, but he does not currently work cooperatively with a peer to achieve a specific task or outcome
Anticipated Date of Mastery:	11/28/2024
2) Tucker will accurately label at least 10 different situations as “small”, “medium”, or “big” problems and identify a matching response prior to the occurrence of target behaviors with 80% accuracy across 3 consecutive sessions	
Date:	5/28/2024
Baseline Data and Direct Observation:	0% Tucker currently requires prompts to label problems as “small”, “medium”, or “big”
Anticipated Date of Mastery:	11/28/2024
3) Once calm following the occurrence of a target behavior, Tucker will identify the size of the problem that occurred as “small”, “medium”, or “big” with 80% accuracy across 3 consecutive sessions	
Date:	5/28/2024
Baseline Data and Direct Observation:	0% Tucker was not able to identify the size of the problem once calm following the occurrence of target behaviors
Anticipated Date of Mastery:	11/28/2024
4) When a “small problem” with a peer occurs, Tucker will attempt to advocate for himself using his words first prior to requesting help from an adult for 80% of opportunities across 3 consecutive sessions	
Date:	5/28/2024
Baseline Data and Direct Observation:	15% Tucker attempted to resolve the small problem on his own 3 out of 20 of the opportunities during the initial observation
Anticipated Date of Mastery:	11/28/2024
5) Tucker will transition away from highly preferred activities to complete less preferred tasks within 5 seconds of the instructions without engaging in target behaviors for 80% of opportunities presented across 3 consecutive sessions	
Date:	5/28/2024
Baseline Data and Direct Observation:	33% Tucker transitioned away from highly preferred activities 1 out of 3 opportunities without engaging in target behaviors
Anticipated Date of Mastery:	11/28/2024
6) Tucker will exhibit a reduction in episodes of aggression towards peers from 7 per day to less than 1 per session across 10 consecutive sessions	
Date:	5/28/2024
Baseline Data and Direct Observation:	7 episodes were observed during the direction observation
Anticipated Date of Mastery:	11/28/2024

Section 13: Caregiver Goals

- 1) Tucker's caregivers will provide praise after he advocates for self for 80% of opportunities across 3 consecutive sessions

Date: **5/28/2024**

Baseline Data and Direct Observation: **0%; Caregivers currently intervene and instruct peer to give Tucker space**

Anticipated Date of Mastery: **11/28/2024**

- 2) Tucker's caregivers will provide praise when he works cooperatively with a peer for 2 minutes for 80% of opportunities across 3 consecutive sessions

Date: **5/28/2024**

Baseline Data and Direct Observation: **0%; Tucker is not currently demonstrating this skill so there have not yet been opportunities for the caregivers to demonstrate this goal**

Anticipated Date of Mastery: **11/28/2024**

Section 14: Methods of Instructions

The following methods of instruction will be utilized:

1. Discrete Trial Training (DTT): This method involves breaking down skills into smaller, more manageable steps and teaching each step systematically, one at a time. DTT involves repeated trials of the same skill or task, with the therapist gradually fading out prompts or cues as the learner becomes more proficient.
2. Natural Environment Training (NET): This method involves teaching skills in the context of the learner's natural environment, such as during play or daily routines. NET focuses on using natural consequences and reinforcement to teach new skills.
3. Incidental Teaching: This involves taking advantage of opportunities that arise naturally during the day to teach new skills. For example, if a child is playing with a toy and reaches for a cup, the therapist might use that opportunity to teach the child to ask for the cup.
4. Pivotal Response Training (PRT): This method focuses on teaching "pivotal" skills that have a positive impact on other areas of the learner's life. For example, teaching a child to initiate communication might have a positive impact on their social skills, language development, and behavior.

Section 15: Transition Plans and Coordination of Care

Transition + Coordination of Care:

- The caregivers of Tucker will be requested to sign a confidential release of information to allow interventionists from different fields to share information and work together to ensure the appropriate coordination of care. This will help to promote generalization of skills across various individuals and settings. Tucker's BCBA and other providers will hold regular meetings to ensure the provision of overlapping services tailored to meet their unique needs. The BCBA will also consult with other professionals to ensure consistency of care during transition and discharge. As Tucker and his caregivers demonstrate mastery of skills and address any future concerns, titration of ABA

Therapy hours will continue until Tucker no longer requires 1:1 support. The titration plan is detailed in the Discharge Criteria section below.

- To ensure the delivery of quality treatment, the BCBA will meet regularly with Tucker’s caregivers. The BCBA will collaborate with the caregivers to train them on the methods being used to improve Tucker’s skills and provide updates on progress. The BCBA will review data weekly and update the treatment protocols as needed to support progress. The BCBA will also periodically contact the family to discuss progress and goals. The BCBA will coordinate with other providers as necessary through various modes of communication, including phone, email, telehealth, and in-person meetings. Additionally, the BCBA can collaborate with other professionals working with the client if requested.

Section 16: Discharge Criteria and Ethics Statement

Discharge planning will commence under the following circumstances: Tucker has achieved all treatment objectives, no longer meets the ASD diagnostic criteria, and no new concerns in the areas of challenging behavior, communication, and social skills have emerged. These determinations are made based on skill and behavioral assessments. Direct observation, data examinations, and parental feedback will be used to assess behavioral skills. During 6 month reassessments, the BCBA will compare the student's current progress to their ultimate goals and recommend a reduction of hours or discharge if necessary. Discharge may also occur due to the violation of policies and procedures, which will be reviewed beforehand.

Tucker’s ABA program will gradually decrease when he has achieved the appropriate developmental milestones for his age level, as determined by standardized protocols. The reduction in hours may be accelerated by school requirements.

At this time, the proposed fading procedure of treatment is as follows:

- Decrease in hours from 6 to 4 per week upon mastery of all skill acquisition goals across items, people, and settings
- Decrease in hours from 4 to 0 (discharge) upon reduction in target behaviors to less than 1 episode per day across 10 consecutive days, and maintenance of skill acquisition goals across items, people, and settings during weekly probes for a duration of 4 weeks

Ethics Statement

This clinician has reviewed Tucker’s clinical documentation and has determined that these current service recommendations represent the least restrictive method(s) that should be utilized and that the potentially harmful effects of the behavior outweigh the potentially harmful effects of the procedures utilized in this program.

Current estimated length of service is:

2 authorization periods

Section 17: Emergency Plan

Emergency Plan:

Clients serviced by Well ABA Therapy must have a caregiver present who is 18 years of age or older at all times. In the event of an emergency or natural disaster, the BCBA will promptly notify the caregivers and contact emergency services for medical issues. To ensure safety, line-of-sight supervision is highly recommended. The BCBA has been instructed to follow the family's home evacuation procedures in the event of an emergency and call 911 if necessary. Medical cards should be easily accessible at all times.

The BCBA will inform parents of any unusual situations that arise and follow a standard protocol with written parental consent. The BCBA working with the client has received training on managing behavioral or medical emergencies. Physical intervention will only be used as a last resort, after all other less restrictive strategies have been attempted, or when the client poses a danger to themselves or others. If physical intervention is necessary, the BCBA will direct the parent or caregiver to use non-violent crisis intervention until the client can calm down. The BCBA will have access to a phone at all times and will contact the appropriate parties or 911 in case of an emergency. In cases of severe inclement weather, treatment may be postponed until safety can be ensured. For more information on crisis management for behavior issues, please refer to the behavior intervention plan.

Section 18: Service Recommendations and justification of hour request

It is recommended by this evaluator that Tucker will receive focused ABA therapy services rendered directly by the BCBA (97155) for 6 hours per week of direct services and protocol modification, and 0.5 hours per week of Caregiver Training (97156). This level of service and service model, which includes all direct services provided by the BCBA (97155) and 0 hours provided by an RBT (97153), is needed to address deficits in challenging behaviors, communication, and social skills. These hours are justified due to the behavior assessments and other assessments administered (listed above). Formal re-assessment will be completed every six months to determine medical necessity, and to determine if Tucker is still on track to discharge from ABA Therapy services within two authorization periods (1 calendar year).

Proposed ABA Therapy Schedule (Location): Daycare Setting

Monday	Tuesday
9:00 am- 12:00 pm	9:00 am- 12:00 pm

ABA Service Request:

Billing Codes	Total Units requested	Indicate total Hours /per week/ month
97151	32 units	8 hrs per 26 week authorization
97153	0 units	0 hrs per week
97155	624 units	6 hours per week
97156	52 units	0.5 hrs per week

Respectfully submitted by:

Georgia Beauregard

Georgia Beauregard, MSW, BCBA

1-16-23698

Well ABA Therapy

I have read the above treatment plan and understand that it will be implemented with my child by staff at Finni Health and I hereby give permission for this plan to be used with my child.

Parent signature: _____

Date: _____