**ABA Treatment Plan/Concurrent Review Template**

## Basic Information:

|  |  |
| --- | --- |
| Member’s Name:       | Date Report Submitted:       |
| Member’s DOB (*If the member is over 13 years, you must submit the Depression Screening)*:      | Agency Name and Address:        |
| Insurance ID:       | Agency Tax ID # and NPI #:        |
| Member Address:       | Agency Administrative Contact and Phone/Email/Fax:       |
| Guardian Name and Phone Number:        | Agency Clinical Contact and Phone/Email/Fax:       |

## Previous and Current Services:

Current Service Schedule:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Service(s) Provided | Time *(e.g., 3:00-5:00)* | Location – List all that apply *(home, office/clinic, community, school)* |
| Monday |        |        |        |
| Tuesday |        |        |        |
| Wednesday |        |        |        |
| Thursday |        |        |        |
| Friday |        |        |        |
| Saturday/Sunday |        |        |        |

ABA Treatment History *(Please include all prior ABA services, as well as start date of current services)*:

|  |  |  |  |
| --- | --- | --- | --- |
| Service Dates | Intensity/Week | Provider | Response to Treatment |
|        |        |        |        |
|        |        |        |        |
|        |        |        |        |

Other Services *(E.g., speech therapy, occupational therapy, physical therapy, psychotherapy/counseling; please detail your efforts within the medical model to work with member’s other service providers)*:

|  |  |  |  |
| --- | --- | --- | --- |
| Service Type | Intensity/Week | Response to Treatment | Collaboration Description |
|        |        |        |        |
|        |        |        |        |
|        |        |        |        |

School Information: Is this member currently enrolled in school with an IEP? Yes [ ]  No [ ]

*If “No” please provide rationale why there is no IEP in place. Also, include what the family’s plan is to have the member enrolled in school/IEP.*

## Depression Screening:

*If the member is 13 or older, it’s important for you to evaluate for the presence of depression. Please ask the member or his/her guardian(s) if the member has experienced the following symptoms of depression:*

During the past **month**, have you often been bothered by feeling down, depressed, or hopeless?

Yes [ ]  No [ ]

During the past **month**, have you been bothered by little interest or pleasure in doing things?

Yes [ ]  No [ ]

## Background Information:

Diagnosis *(Include member’s primary diagnosis, as well as all comorbid diagnoses):*

|  |  |  |  |
| --- | --- | --- | --- |
| Diagnosis | Severity Level | Date of Diagnosis | Name and Credentials of Diagnostician |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

Has the member ever been assessed for comorbid diagnoses? Yes [ ]  No [ ]  Unsure [ ]

Medications *(Please include any medications, along with dosage)*:

|  |  |  |  |
| --- | --- | --- | --- |
| Medication | Dosage | Prescribing Physician | Collaboration with Physician |
|        |        |        |        |
|        |        |        |        |
|        |        |        |        |

Collaboration with Treating Physicians *(E.g., pediatrician, neurologist, psychiatrist; any information regarding the current staff collaborating with medical professionals, if it’s been attempted, recommendations, etc.):*

Allergies:

Background Information *(Include any other pertinent information on the history of ABA and treatment results, referral information, family knowledge of ABA, living situation, safety concerns, prior services received in the home/school/community, etc. If member is over 18 years old, please note if parents have conservatorship):*

## Behavior Reduction Goals

***Include a copy of chart and include a behavior reduction graph for each of your goals****. This information is required for tantrums, stereotypy, self‐injurious behaviors, aggression, and other safety risks.*

|  |  |
| --- | --- |
| Target Maladaptive Behavior Name |        |
| Definition of Behavior |        |
| Function |        |
| Baseline and Date of Baseline |        |
| Antecedent |        |
| Proactive Strategies |        |
| Reactive Strategies |        |
| Behavior Reduction Goal |        |
| Functionally-Equivalent Replacement Behavior(s)*List current and mastered FERB(s):* *include goal/data in skill acquisition section* |        |
| Progress Summary of Behavior |        |

Enter Graph:

*Behavior reduction graphs are* ***required.*** *Please include the initial baseline of the behavior as well as the entire graphic display of progress since the intervention started. The X‐axis should be in equal-interval units of measurement and match the unit of measurement presented in the goal. Interventions over long periods of time should be consolidated to weekly/monthly/etc. units of measurement. Phase change lines should be used to separate baseline data from intervention data as well as any changes to the intervention and/or varying levels of service.*

## Adaptive Developmental Assessment:

*The ABAS or Vineland is* ***required****; although additional assessment measures may be used to assist with program planning, an updated ABAS or Vineland must be included every six months. Please include a date for the baseline and re-assessment A consistent rater should be administered the assessment at baseline and across each six-month reevaluation.*

**ABAS‐3 Scoring Information:**

|  |  |
| --- | --- |
| **Baseline Administration Date:**       | **Current Administration Date:**       |
| **Categories** | **Standard Score*****(Baseline)*** | **Qualitative Range*****(Baseline)*** | **Standard Score*****(Current)*** | **Qualitative Range*****(Current)*** |
| General Adaptive (GAC) |       |       |       |       |
| Conceptual |       |       |       |       |
| Social |       |       |       |       |
| Practical |       |       |       |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ABAS‐3 Skill Areas** | **Scaled Score****(Baseline)** | **Qualitative Range (Baseline)** | **Scaled Score****(Current)** | **Qualitative Range (Current)** |
| Communication |       |       |       |       |
| Functional Pre‐ Academics |       |       |       |       |
| Leisure |       |       |       |       |
| Social |       |       |       |       |
| Community Use |       |       |       |       |
| School Living |       |       |       |       |
| Health and Safety |       |       |       |       |
| Self‐Care |       |       |       |       |
| Work |       |       |       |       |

\**Qualitative ranges are from extremely low to high*

**Vineland Adaptive Behavior Scales, 3rd Edition Scoring Information:**

|  |  |
| --- | --- |
| Baseline Administration Date:       | Current Administration Date:       |
| **Domain** | **Baseline****Standard****/V-scale****Score** | **Current****Standard****/V-scale****Score** | **Baseline****Age****Equivalence** | **Current** **Age****Equivalence** | **Baseline****Adaptive****Level** | **Current****Adaptive****Level** |
| **Communication** |       |       |  |  |       |       |
| Receptive |       |       |       |       |       |       |
| Expressive |       |       |       |       |       |       |
| Written |       |       |       |       |       |       |
| **Daily Living Skills** |       |       |  |  |       |       |
| Personal |       |       |       |       |       |       |
| Domestic |       |       |       |       |       |       |
| Community |       |       |       |       |       |       |
| **Socialization** |       |       |  |  |       |       |
| Interpersonal |       |       |       |       |       |       |
| Play/Leisure |       |       |       |       |       |       |
| Coping Skills |       |       |       |       |       |       |
| **Motor Skills** |       |       |  |  |       |       |
| Fine Motor |       |       |       |       |       |       |
| Gross Motor |       |       |       |       |       |       |
| **Adaptive Behavior Composite** |       |       |  |  |       |       |
| **Maladaptive Behavior Composite:**       |
| Internalizing |       |       |  |  |       |       |
| Externalizing |       |       |  |  |       |       |

*Baseline information should never change. 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‐III 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. Maladaptive behavior qualitative descriptors range from average to clinically significant.*

## Skill Acquisition Goals*:*

*Please copy the chart and enter a new chart for each goal. You may have multiple goals for an area but are not required to have a goal for every area.*

**Communication Goal(s):**

|  |  |
| --- | --- |
| Goal with Mastery Criteria |       |
| Baseline Data and Date |       |
| Current Data and Date(s) |       |
| Progress Summary |       |

Optional Graph(s):

**Adaptive Living Skills Goal(s):**

|  |  |
| --- | --- |
| Goal with Mastery Criteria |       |
| Baseline Data and Date |       |
| Current Data and Date(s) |       |
| Progress Summary |       |

Optional Graph(s):

**Socialization Goal(s):**

|  |  |
| --- | --- |
| Goal with Mastery Criteria |       |
| Baseline Data and Date |       |
| Current Data and Date(s) |       |
| Progress Summary |       |

Optional Graph(s):

**Skill Acquisition Goal Summary** *(for current reporting period only):*

|  |  |
| --- | --- |
| *Goals Included* | *e.g. 24*       |
| *Goals Met* | *e.g. 5*       |
| *Goals Added* | *e.g. 2*       |
| *Goals Discontinued* | *e.g. 0*       |

## Caregiver Training Goals:

*Please copy the chart for every caregiver goal. You are required to have and track at least two caregiver goals* *that focus on skill acquisition and/or behavior reduction specifically measuring the behavior of the caregiver – this does not include meetings, watching videos, etc.*

|  |  |
| --- | --- |
| Caregiver Goal with Mastery Criteria |       |
| Baseline Data and Date |       |
| Current Data and Date(s) |       |
| Progress Summary |       |

Optional Graph(s):

Summary of Caregiver Participation *(include frequency of participation, barriers to participation, location of caregiver training, etc.)*:

## Generalization and Maintenance:

*Include specific plan for generalization and maintenance of member’s behavior reduction and skill acquisition goals, including how skills will be generalized across at least two settings, caregivers, and typically-developing peers.*

## Discharge Criteria and Transition Plan:

*Measurable discharge goals should be included on each progress report to indicate the criteria for reducing care and/or graduating/transitioning from ABA services. Please note the estimated length of treatment for this member based on developmental assessment, baselines, age, time in treatment, and progress toward treatment goals. Note the clinical expectation of functioning. Per the BACB, the desired outcomes for discharge should be specified at the initiation of services and refined throughout the treatment process. It is imperative that a realistic exit criterion is established. Factor in all the facets above when creating the transition plan/exit criteria versus non‐specific or unrealistic future expectations. Terminal goals should be included as part of the discharge criteria, which should be clearly measurable.*

## Summary of Member’s Progress:

 Recommended Services:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CPT Code Requested | Description | Number of Hours per Week | Location of Service | Number of Days per Week Service is Received |
|       | Direct Services |       |       |       |
|       | Supervision of ABA and Treatment Planning |       |       |       |
|       | Caregiver Training |       |       |       |
|       | Social Skills Group |       |       |       |
|       |  |       |       |       |

*\*A 20 percent supervision ratio to direct hours is the general standard. If you feel you need additional supervision hours, indicate the clinical rationale below.*

Requested Start Date of Services:

Additional Information for Consideration:

Signature with degree/licensure/certification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_