

**Your Agency's Name/Logo Here
(Include Address, Phone Number,
Tax ID# and NPI#)**

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

CalOptima: Functional Behavior Assessment (FBA) / Initial Treatment Plan

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)	
Member's primary language and means of communication:	

Was the first FBA appointment offered within 14 calendar days of receiving authorization? (If not, please explain why.)
Date of first offered FBA appointment:
Date of first attended appointment:
Date ABA first began (date when ABA services started for this member)/Prior Behavioral Agencies:

II. REFERRAL INFORMATION

Date of Report:	
Period of Report (authorization dates):	
Report Completed by (with credentials and phone number):	
Administrative Contact for Authorization Requests: (with phone number)	

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

III. 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.

IV. 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 present during the assessment.

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

Daily schedule of all activities, e.g., school, therapies, etc. (include times and duration):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

V. SCHOOL INFORMATION

School Information, IEP information (services, school hours):

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

VI. 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

Last Name, First Name
 CIN#: _____

VII. COORDINATION OF CARE

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). At a minimum, 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.)

For non-ASD members, document specific coordination of care with LMHP.
 Parent/Caregiver:
 School:
 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

VIII. ADAPTIVE TESTING

Use only the Vineland Adaptive Behavior Scales, Third Edition. Complete

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.

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

IX. 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: (Date Administered and by Whom)

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.

Date Administered and by Whom:	Raw Score	Age Equivalent	Standard Score

BSID-III Cognitive Subtest: (Date Administered and by Whom)

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 and by Whom:	Sum of Scaled Scores	Composite Score	Percentile Rank	Age Equivalent	Qualitative Description

WASI-II: (Date Administered and by Whom)

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 and 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: (Date Administered and by Whom)

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 and 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 and by Whom)**

Date Administered and by Whom:				

X. DSM-V

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V). For members diagnosed with Autism, include DSM-V severity level from most recently completed diagnostic assessment available to you at time of report completion. This should be updated with the most recently completed diagnostic assessment available at each treatment plan update.

DSM-V

Qualified Assessor / Date:	
Diagnostic Criteria A Severity Level (1, 2, 3)	
Diagnostic Criteria B Severity Level (1, 2, 3)	
With or Without Accompanying Intellectual Impairment?	
With or Without Accompanying Language Impairment?	
Associated with a known medical or genetic condition or environmental factor?	
With Catatonia?	

XI. 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, that 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:

XII. BEHAVIOR INTERVENTION PLAN

A. Target Behaviors:

1. **Target Behavior:** _____

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:

2. **Target Behavior:** _____

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):

3. **Target Behavior:** _____

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):

4. **Target Behavior:** _____

- 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):

XIII. 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.

XIV. 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.

XV. GOALS

Target and Replacement Behavior Goals:

- A. Target Behavior Goal 1 (including anticipated timeline for achievement):
Baseline Data:

Replacement Behavior Goal 1 (including anticipated timeline for achievement):
Baseline Data:

- B. Target Behavior Goal 2 (including anticipated timeline for achievement):
Baseline Data:

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

- C. Target Behavior Goal 3 (including anticipated timeline for achievement):
Baseline Data:

Replacement Behavior Goal 3 (including anticipated timeline for achievement):
Baseline Data:

- D. Target Behavior Goal *n* (including anticipated timeline for achievement):
Baseline Data:

Replacement Behavior Goal n (including anticipated timeline for achievement):
Baseline Data:

Skill Acquisition Goals:

A. Intervention Area: _____

1. Skill Acquisition Goal 1 (including anticipated timeline for achievement):
Baseline Data:
2. Skill Acquisition Goal 2 (including anticipated timeline for achievement):
Baseline Data:
3. Skill Acquisition Goal 3 (including anticipated timeline for achievement):
Baseline Data:
4. Skill Acquisition Goal n (including anticipated timeline for achievement):
Baseline Data:

B. Intervention Area: _____

1. Skill Acquisition Goal 1 (including anticipated timeline for achievement):
Baseline Data:
2. Skill Acquisition Goal 2 (including anticipated timeline for achievement):
Baseline Data:
3. Skill Acquisition Goal 3 (including anticipated timeline for achievement):
Baseline Data:
4. Skill Acquisition Goal n (including anticipated timeline for achievement):
Baseline Data:

C. Intervention Area: _____

1. Skill Acquisition Goal 1 (including anticipated timeline for achievement):
Baseline Data:
2. Skill Acquisition Goal 2 (including anticipated timeline for achievement):
Baseline Data:
3. Skill Acquisition Goal 3 (including anticipated timeline for achievement):
Baseline Data:
4. Skill Acquisition Goal n (including anticipated timeline for achievement):
Baseline Data:

Parent/Caregiver Goals:

- A. Parent/Caregiver Goal 1 (including anticipated timeline for achievement):
Baseline Data:
- B. Parent/Caregiver Goal 2 (including anticipated timeline for achievement):
Baseline Data:
- C. Parent/Caregiver Goal 3 (including anticipated timeline for achievement):
Baseline Data:
- D. Parent/Caregiver Goal *n* (including anticipated timeline for achievement):
Baseline Data:

XVI. PLAN FOR GENERALIZATION (INCLUDING TRANSITION TO NATURAL MEDIATORS) AND MAINTENANCE

Parent/Caregiver goals should specify parent training procedures, describe data collection procedures and identify proposed goals and objectives:

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):

XVII. TRANSITION PLAN

- Final treatment report
- 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

Describe the engagement¹ with family/caregivers in position to affect patient behavior of the Medi-Cal-required exit plan,² including the agreed upon:

1. 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).
2. 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?
3. 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.

¹ MCG 806-T

² DHCS APL 18-006 — Medi-Cal requires each BHT treatment plan to include an exit plan with specific timeline for achieving person-centered, individualized, measurable goals and objectives, plan for generalization to parent/caregiver with behavior the parent/guardian is expected to demonstrate, mastery criteria and estimated date of mastery. BHT services may be discontinued when the treatment goals are achieved, goals are not met or services are no longer medically necessary, and a treatment does not meet medical necessity

³ **ABA Treatment of ASD: Practice Guidelines for Healthcare Funders and Managers 2014 2nd Edition SECTION 8 — The expectation of discharge and transition planning with families is reinforced by the Behavior Analyst’s Certification Board (BACB) that says, “The desired outcomes for discharge should be specified at the initiation of services and refined throughout the treatment process.” Fading is the expectation, as the BACB continues, “Discharge and transition planning from all treatment programs should generally involve a gradual step down in services.” The BACB reinforces that services may be discontinued when the client has achieved treatment goals, or the client does not demonstrate progress towards goals for successive authorization periods. Discharge and transition planning from all treatment programs should generally involve a gradual step down in services, which may take six months or longer.**

XVIII. CRISIS PLAN

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

XIX. SUMMARY AND RECOMMENDATIONS

(Provide a clinical summary that justifies hours requested)

HCPCS Code and Modifiers	Description	Total Hours Requested Per Month	Total Units Requested Per 6 Months (1 Unit = 15 Minutes)	Location of Service
H2019	Direct Services			

Last Name, First Name
 CIN#: _____

H0032-HN (BMA)	Supervision of ABA and Treatment Planning			
H0032-HO (BCBA)	Supervision of ABA and Treatment Planning			
S5110	Home Care Training, Family			
S5108	Home Care Training to Home Care, Client			
H2014	Social Skills Group			

Potential Schedule for ABA Treatment (include any special requests):

Service Provider	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

XX. SIGNATURES

A. Report written by (printed name):
 Title, License/Certificate #:

Signature: _____ Date: _____

B. Report reviewed by (printed name):
 Title, License/Certificate #:

Signature: _____ Date: _____