

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: Treatment Plan Update/Progress Report

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):	

Service Initiation Date (date services started with your agency):	Date ABA first began (date when ABA services started for this member):
Prior Behavioral Agencies:	
Were ABA services started within one month of receiving authorization? (Yes or no, and if not, provide the first date of service for initial treatment plan):	

Report Completed by (with credentials and phone number):	
Administrative Contact for Authorization Requests (with phone number):	

II. SESSION INFORMATION

Current authorization dates:	
Date range for data provided on current treatment plan:	

	Total hours AVAILABLE this data reporting period	Total hours USED this data reporting period	Percent Utilized
H2019 (paraprofessional)			
S5108 (parent consultant)			
S5110 (parent consultant)			
H0032-HN (Behavior Management Assistant)			
H0032-HO (Board Certified Behavior Analyst)			
H2014-HQ (social skills)			
If under-utilization has occurred, state reason (e.g., vendor cancellation, parent cancellation, vendor couldn't staff, family couldn't schedule):			

Daily schedule of all activities (e.g., school, therapies):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

III. SCHOOL INFORMATION

School Information, Individualized Educational Plan (IEP) Information (services, school hours):

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

IV. BACKGROUND INFORMATION —provide any updates since last reporting period

Reason for Referral: Please include any pertinent information regarding the continued need for member to receive ABA services.

Clinical Interview: Please provide updated clinical interview and observations since last reporting period.

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.

V. 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

Records Reviewed During the Current Authorization (e.g., Individualized Education Plan (IEP), therapy plans):

Record Type	Author of Record	Date of Record

VI. BARRIERS TO PROGRESS

- a. Barriers:

- b. Plan to address barriers:

VII. 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						

VIII. 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?	

IX. 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.)

- A. Target Behavior Goal 1 (including anticipated timeline for achievement):
1. Topography of Target Behavior 1:
 2. Antecedent Strategies for Target Behavior 1:
 3. Consequent Strategies for Target Behavior 1:
 4. Date of Introduction:
 5. Baseline Data and Date:
 6. Previous Report Data:
 7. Current Data:
 8. Status (see Status Legend at end of report):

Insert graph

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

1. Date of Introduction:
2. Baseline Data and Date:
3. Previous Report Data:
4. Current Data:
5. Status (see Status Legend at end of report):

Insert graph

- A. Target Behavior Goal 2 (including anticipated timeline for achievement):
1. Topography of Target Behavior 2:
 2. Antecedent Strategies for Target Behavior 2:
 3. Consequent Strategies for Target Behavior 2:
 4. Date of Introduction:
 5. Baseline Data and Date:
 6. Previous Report Data:
 7. Current Data:
 8. Status (see Status Legend at end of report):

Insert graph

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

1. Date of Introduction:
2. Baseline Data:
3. Previous Report Data:

4. Current Data:
5. Status (see Status Legend at end of report):

Insert graph

- A. Target Behavior Goal 3 (including anticipated timeline for achievement):
1. Topography of Target Behavior 3:
 2. Antecedent Strategies for Target Behavior 3:
 3. Consequent Strategies for Target Behavior 3:
 4. Date of Introduction:
 5. Baseline Data and Date:
 6. Previous Report Data:
 7. Current Data:
 8. Status (see Status Legend at end of report):

Insert graph

- Replacement Behavior Goal 3 (including anticipated timeline for achievement):
1. Date of Introduction:
 2. Baseline Data:
 3. Previous Report Data:
 4. Current Data:
 5. Status (see Status Legend at end of report):

Insert graph

- B. Target Behavior Goal n (including anticipated timeline for achievement):
1. Topography of Target Behavior Goal n :
 2. Antecedent Strategies for Target Behavior 3:
 3. Consequent Strategies for Target Behavior 3:
 4. Date of Introduction:
 5. Baseline Data and Date:
 6. Previous Report Data:
 7. Current Data:
 8. Status (see Status Legend at end of report):

Insert graph

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

1. Date of Introduction:
2. Baseline Data and Date:
3. Previous Report Data:
4. Current Data:
5. Status (see Status Legend at end of report):

Insert graph

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

X. SKILL ACQUISITION GOALS

(To address foundational skill deficits. Additional Intervention Areas can be added according to the consumer's deficits.)

A. Intervention Area:

1. Skill Acquisition Goal 1 (including anticipated timeline for achievement):
 - a. Date of Introduction:
 - b. Baseline Data and Date:
 - c. Previous Report Data:
 - d. Current Data:
 - e. Status (see Status Legend at end of report):
2. Skill Acquisition Goal 2 (including anticipated timeline for achievement):
 - a. Date of Introduction:
 - b. Baseline Data and Date:
 - c. Previous Report Data:
 - d. Current Data:
 - e. Status (see Status Legend at end of report):
3. Skill Acquisition Goal 3 (including anticipated timeline for achievement):
 - a. Date of Introduction:
 - b. Baseline Data and Date:
 - c. Previous Report Data:
 - d. Current Data:
 - e. Status (see Status Legend at end of report):
4. Skill Acquisition Goal n (including anticipated timeline for achievement):
 - a. Date of Introduction:
 - b. Baseline Data and Date:
 - c. Previous Report Data:

- d. Current Data:
- e. Status (see Status Legend at end of report):

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. Baseline Data and Date:
 - c. Previous Report Data:
 - d. Current Data:
 - e. Status (see Status Legend at end of report):

2. Skill Acquisition Goal 2 (including anticipated timeline for achievement):
 - a. Date of Introduction:
 - b. Baseline Data and Date:
 - c. Previous Report Data:
 - d. Current Data:
 - e. Status (see Status Legend at end of report):

3. Skill Acquisition Goal 3 (including anticipated timeline for achievement):
 - a. Date of Introduction:
 - b. Baseline Data and Date:
 - c. Previous Report Data:
 - d. Current Data:
 - e. Status (see Status Legend at end of report):

4. Skill Acquisition Goal *n* (including anticipated timeline for achievement):
 - a. Date of Introduction:
 - b. Baseline Data and Date:
 - c. Previous Report Data:
 - d. Current Data:
 - e. Status (see Status Legend at end of report):

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. Baseline Data and Date:

- c. Previous Report Data:
 - d. Current Data:
 - e. Status (see Status Legend at end of report):
2. Skill Acquisition Goal 2 (including anticipated timeline for achievement):
 - a. Date of Introduction:
 - b. Baseline Data and Date:
 - c. Previous Report Data:
 - d. Current Data:
 - e. Status (see Status Legend at end of report):
 3. Skill Acquisition Goal 3 (including anticipated timeline for achievement):
 - a. Date of Introduction:
 - b. Baseline Data and Date:
 - c. Previous Report Data:
 - d. Current Data:
 - e. Status (see Status Legend at end of report):
 4. Skill Acquisition Goal *n* (including anticipated timeline for achievement):
 - a. Date of Introduction:
 - b. Baseline Data and Date:
 - c. Previous Report Data:
 - d. Current Data:
 - e. Status (see Status Legend at end of report):

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

XI. PARENT / CAREGIVER GOALS

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

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):
- Date initiated:
 - Baseline Data and Date:
 - Previous Report Data:
 - Current Data:
 - Status (see Status Legend at end of report):

Insert graph

- B. Parent/Caregiver Goal 2 (including anticipated timeline for achievement):
- Date initiated:
 - Baseline Data and Date:
 - Previous Report Data:
 - Current Data:
 - Status (see Status Legend at end of report):

Insert graph

- C. Parent/Caregiver Goal 3 (including anticipated timeline for achievement):
- Date initiated:
 - Baseline Data and Date:
 - Previous Report Data:
 - Current Data:
 - Status (see Status Legend at end of report):

Insert graph

- D. Parent/Caregiver Goal n (including anticipated timeline for achievement):
- Date initiated:
 - Baseline Data and Date:
 - Previous Report Data:
 - Current Data:
 - Status (see Status Legend at end of report):

Insert graph

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

XII. REPORT SUMMARY

A. Goal Progress

In This Report — # of Goals	Continue	Discontinue	Almost Met	Met	Proposed	Not Targeted/ On Hold
Target Behavior Goals						
Replacement Behavior Goals						
Skill Acquisition Goals						
Parent/Caregiver Goals						
TOTAL						

XIII. 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:

<p>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).</p>
<p>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?</p>

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.**

XIV. CRISIS PLAN

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

XV. SUMMARY AND RECOMMENDATIONS

Provide a clinical summary that justifies hours requested. 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
H2019	Direct Services			
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-HQ	Social Skills Group			

XVI. SIGNATURES

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

Signature: _____

Date: _____

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

Signature: _____

Date: _____

Status Legend:

Continue	This goal will continue to be addressed in the next reporting period.
Discontinue	This goal will not continue to be addressed in the next reporting period.

Proposed	This goal is proposed to be added to the next reporting period.
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