

Behavioral Health



Treatment Progress Report 6-Month Report/Exit Report

Please submit this form with the Behavioral Health 50-1 Treatment Authorization Request Form and Service Logs

Behavioral Health Department Secure Link: <https://gateway.cencalhealth.org/form/bh>

Behavioral Health Fax: (805) 681-3070

If you have any questions, please contact our Behavioral Health Provider Line: (805) 562-1600

PLEASE SELECT THE REPORT TYPE:

- 6-Month
- Exit
- Other Time Period
- Month

I. GENERAL INFORMATION

First Name: Last Name:

Member DOB: Member ID:

Present Address:

Parent/Guardian: Phone:

Language: Reporting Period:

Diagnosis: *If undiagnosed (N/A)*

Diagnosis MD or Psychologist Name AND Date of Diagnosis:

Report Date:

Treatment Team: *(John Doe, MA., BCBA Jane Doe, B.S., RBT)*

REPORT DATE:

CCH ID:

II. SESSION INFORMATION

Within the section and using the table below, Provider will list the treatment period months (see example) in the top box of each column. Provider will provide the number of sessions, number of direct treatment hours, number of supervision hours provided to the member each month, number of treatment sessions canceled by the Member and the number of treatment sessions canceled by the Provider. Provider will provide a narrative on any barriers to providing treatment to the Member within this section; this will include frequent cancelations, late starts, staff turnover, etc...

Behavior Health Treatment	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Total
# of Treatment Sessions:													
# of Treatment Hours:													
# of Supervision Hours:													
# of Sessions Canceled by Member:													
# of Sessions Canceled by Provider:													

III. BACKGROUND INFORMATION *Update any information from the initial assessment or previous reporting period.*

a) Living Situation

Within this section describe where and with whom the Member lives (include any custody/visitation orders, childcare arrangements).

Member Availability for BHT services					
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

b) School Information

Within this section list the Member's school information: Grade Level, School placement (e.g., General Education Class, Specialized Academic Support, Autism Program, Mild/Moderate, Moderate/Severe, or Non-Public School), School name, School attendance days and hours, frequency and duration of related services provided by the school district (e.g., Occupational therapy, Speech Therapy, Physical Therapy, Adaptive Physical Education, Counseling, Nursing, Applied Behavior Analysis).

School Schedule (Monday-Friday: start/end time)				
Monday	Tuesday	Wednesday	Thursday	Friday

c) Health and Medical

Within this section Provide the Member's psychological and medical diagnoses (include when and who provided the diagnoses). Describe the Member's birth history, major illness, surgeries, hospitalizations, seizure history, allergies, hearing and vision screening results, vaccination, specialized diet or food consumption challenges, sleep difficulties. Include a list of medications and their relevance to behavior services. Member must be medically stable, not have a need for 24-hour nursing/monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities.

d) Current Services and Activities

Within this section list the weekly frequency and duration of all services funded by insurance (e.g., OT, ST, PT, Social Skills) and Tri-County Regional Center (e.g., Infant Stimulation, Respite, Adaptive Skills, Day Program). Additionally, include any weekly activities the Member participates in (e.g., Boy/Girl Scouts, Baseball, Basketball, Soccer, Dance/Gymnastics, Art therapy, etc.).

Current Services and Activities:	Schedule (M-F, hours/week)

d) Clinical Interview

Within this section the assessor will narrate the date, time, location, and person's involved in the clinical interview. The assessor will write a summary of parental concerns (examples: challenging behaviors and skill deficits).

IV. SUMMARY OF PROGRESS

Within the summary of progress section, the provider will need to provide a narrative on the Member's overall treatment progress during the current reporting period. Summary of progress will need to include the following information:

- *% of current treatment plan goals mastered during the reporting period.*
- *% of current treatment plan goals that the Member is making progress toward.*
- *Explain how the Member has responded to treatment with the Provider.*

V. BARRIERS TO PROGRESS

Within the barriers to progress section, the Provider will include information on any or all barriers to the Member's progress (e.g., frequent cancellations, illness, vacations, etc.). The provider will need to include any action plans or actions take to address the outlined barriers to progress.

If no barriers exist, the Provider will need to make a statement that there are no barriers to the delivery of service at this time.

REPORT DATE:

CCH ID:

Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP) Milestones Scoring Form

Please ensure one standardized assessment is completed each authorization period (Please note the following are templates and providers can submit any updated version for the following assessments below)

Child's Name: Date of birth: Age at testing:

Key:	Score	Date	Color	Tester
1st Test:				
2nd Test:				
3rd Test:				
4th Test:				

LEVEL 3

	Mand	Tact	Listener	VP/MTS	Play	Social	Reading	Writing	LRFFC	IV	Group	Ling.	Math
15													
14													
13													
12													
11													

0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000

LEVEL 2

	Mand	Tact	Listener	VP/MTS	Play	Social	Imitation	Echoic	LRFFC	IV	Group	Ling.
10												
9												
8												
7												
6												

0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000

LEVEL 1

	Mand	Tact	Listener	VP/MTS	Play	Social	Imitation	Echoic	Vocal
5									
4									
3									
2									
1									

0000 0000 0000 0000 0000 0000 0000 0000 0000 0000

REPORT DATE:

CCH ID:

VI. ASSESSMENT MEASURES (cont.)

VB-MAPP Barriers to Learning

Child's Name:

Date of birth:

Age at testing:

Key:	Score	Date	Color	Tester
1st Test:				
2nd Test:				
3rd Test:				
4th Test:				

	Behavior Problems	Instructional Control	Defective Mand	Defective Tact	Defective Echoic	Defective Imitation
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
	Defective VP-MTS	Defective Listener	Defective Intraverbal	Defective Social Skills	Prompt Dependent	Scrolling
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
	Defective Scanning	Defective Conditional Discrimination	Failure to Generalize	Weak Motivators	Response Requirement Weakens MO	Reinforcer Dependent
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
	Self-Stimulation	Defective Articulation	Obsessive-Compulsive Behavior	Hyperactive Behavior	Failure to Make Eye Contact	Sensory Defensiveness
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

REPORT DATE:

CCH ID:

Vineland Adaptive Behavior Scales, 2nd Edition

Date Administered:

Name of Interview:
First Name/Last Name, Credentials

Name of Respondent:
First Name/Last Name, Credentials

Assessment Summary:

Write a brief narrative about the results and include the following in a paragraph:

- If there are significant differences between what is reported by the respondent to your observations, note that tactfully
- Note the Adaptive Behavior Composite score from last year and any significant changes with the results since then
- Refer the reader to reference last year's report for full Vineland scores

Domain	Standard Score*	95% Confidence Interval**	Age Equivalent***	Adaptive Level****
Communication				
Receptive				
Expressive				
Daily Living Skills				
Personal				
Domestic				
Community				
Socialization				
Interpersonal Relationships				
Play and Leisure Time				
Coping Skills				
Motor Skills				
Gross Motor				
Fine Motor				
Adaptive Behavior Composite				

REPORT DATE:

CCH ID:

Assessment of Functional Living Skills (AFLS) Basic Skills/Community Participation/Home Skills

Learner:

Assessor _____ **Date**

SM25 ○
 SM24 ○
 SM23 ○
 SM22 ○
 SM21 ○
 SM20 ○
 SM19 ○
 SM18 ○
 SM17 ○
 SM16 ○
 SM15 ○
 SM14 ○
 SM13 ○
 SM12 ○
 SM11 ○
 SM10 ○
 SM9 ○
 SM8 ○
 SM7 ○
 SM6 ○
 SM5 ○
 SM4 ○
 SM3 ○
 SM2 ○
 SM1 ○

BC22 ○
 BC21 ○
 BC20 ○
 BC19 ○
 BC18 ○
 BC17 ○
 BC16 ○
 BC15 ○
 BC14 ○
 BC13 ○
 BC12 ○
 BC11 ○
 BC10 ○
 BC9 ○
 BC8 ○
 BC7 ○
 BC6 ○
 BC5 ○
 BC4 ○
 BC3 ○
 BC2 ○
 BC1 ○

DR37 ○
 DR36 ○
 DR35 ○
 DR34 ○
 DR33 ○
 DR32 ○
 DR31 ○
 DR30 ○
 DR29 ○
 DR28 ○
 DR27 ○
 DR26 ○
 DR25 ○
 DR24 ○
 DR23 ○
 DR22 ○
 DR21 ○
 DR20 ○
 DR19 ○
 DR18 ○
 DR17 ○
 DR16 ○
 DR15 ○
 DR14 ○
 DR13 ○
 DR12 ○
 DR11 ○
 DR10 ○
 DR9 ○
 DR8 ○
 DR7 ○
 DR6 ○
 DR5 ○
 DR4 ○
 DR3 ○
 DR2 ○
 DR1 ○

TL41 ○
 TL40 ○
 TL39 ○
 TL38 ○
 TL37 ○
 TL36 ○
 TL35 ○
 TL34 ○
 TL33 ○
 TL32 ○
 TL31 ○
 TL30 ○
 TL29 ○
 TL28 ○
 TL27 ○
 TL26 ○
 TL25 ○
 TL24 ○
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 TL18 ○
 TL17 ○
 TL16 ○
 TL15 ○
 TL14 ○
 TL13 ○
 TL12 ○
 TL11 ○
 TL10 ○
 TL9 ○
 TL8 ○
 TL7 ○
 TL6 ○
 TL5 ○
 TL4 ○
 TL3 ○
 TL2 ○
 TL1 ○

GR34 ○
 GR33 ○
 GR32 ○
 GR31 ○
 GR30 ○
 GR29 ○
 GR28 ○
 GR27 ○
 GR26 ○
 GR25 ○
 GR24 ○
 GR23 ○
 GR22 ○
 GR21 ○
 GR20 ○
 GR19 ○
 GR18 ○
 GR17 ○
 GR16 ○
 GR15 ○
 GR14 ○
 GR13 ○
 GR12 ○
 GR11 ○
 GR10 ○
 GR9 ○
 GR8 ○
 GR7 ○
 GR6 ○
 GR5 ○
 GR4 ○
 GR3 ○
 GR2 ○
 GR1 ○

BT13 ○
 BT12 ○
 BT11 ○
 BT10 ○
 BT9 ○
 BT8 ○
 BT7 ○
 BT6 ○
 BT5 ○
 BT4 ○
 BT3 ○
 BT2 ○
 BT1 ○

HS39 ○
 HS38 ○
 HS37 ○
 HS36 ○
 HS35 ○
 HS34 ○
 HS33 ○
 HS32 ○
 HS31 ○
 HS30 ○
 HS29 ○
 HS28 ○
 HS27 ○
 HS26 ○
 HS25 ○
 HS24 ○
 HS23 ○
 HS22 ○
 HS21 ○
 HS20 ○
 HS19 ○
 HS18 ○
 HS17 ○
 HS16 ○
 HS15 ○
 HS14 ○
 HS13 ○
 HS12 ○
 HS11 ○
 HS10 ○
 HS9 ○
 HS8 ○
 HS7 ○
 HS6 ○
 HS5 ○
 HS4 ○
 HS3 ○
 HS2 ○
 HS1 ○

NR14 ○
 NR13 ○
 NR12 ○
 NR11 ○
 NR10 ○
 NR9 ○
 NR8 ○
 NR7 ○
 NR6 ○
 NR5 ○
 NR4 ○
 NR3 ○
 NR2 ○
 NR1 ○

SM Self Management BC Basic Communication DR Dressing TL Toileting GR Grooming BT Bathing HS Health, Safety and First Aid NR Nighttime Routines

Adaptive Behavior Assessment System, Third Edition (ABAS-3)

Date Administered:
XX/XX/XXXX

Name of Interview:
First Name/Last Name, Credentials

Name of Respondent:
First Name/Last Name, relationship

Age:
XX years, XX months

Age at testing:
XX years, XX months

Assessment Summary:

Write a brief narrative about the results and include the following in a paragraph:

Skill Area	Raw Score	Scaled Score	Description
Communication			
Community Use			
Functional Academics			
Home Living			
Health and Safety			
Leisure			
Self-Care			
Self-Direction			
Social			
Work			

REPORT DATE:

CCH ID:

VII. Target Behaviors

Please ensure the treatment plan is modified every 6 months. Do not include educational goals and ensure goals are developmentally appropriate

1. Behavior:

Insert Behavior Name

Information here is taken from the FBA. NEW identified behaviors need to follow FBA template format. Each identified behavior needs to have a reduction and replacement goal.

a) Topography of Behavior: Operational definition of the target behavior. The definition will be observable, measurable, and objective. (Based on this technological description all individuals will be able to easily recognize and record behavior). Definition should include criteria regarding what is and is not counted as the target behavior (e.g., duration, severity, instances vs. episodes, etc.).

b) Onset/Offset: Statement regarding when the behavior begins and ends.

c) Course of Behavior: Describe whether or not the behavior occurs across (persons, places, and times of the day). List any escalation patterns and/or cycles. Describe how the behavior typically subsides.

d) Baseline Data: Insert baseline data for target behavior.

REPORT DATE:

CCH ID:

VII. Target Behaviors (cont.)

Intervention Plan (Updated as of [REDACTED])

The behavior intervention plan is taken from the initial FBA and needs to be updated on an ongoing basis. The intervention plan needs to be individualized and written in a technological manner.

a) Ecological Strategies: Within this section of the behavior intervention plan describe all ecological strategies used. Strategies should be written technological.

b) Antecedent Based Intervention Strategies: Within this section of the behavior intervention plan describe all antecedent interventions used. Strategies should be written technological. Examples include but not limited to: Visual schedules, priming, clear expectations, fist/then contingency training, structured choices, etc...

c) Reactive/Consequence Based Intervention Strategies: Within this section of the behavior intervention plan describe all consequence interventions used. Strategies should be written technological. Examples include but not limited to: redirection, extinction, differential reinforcement, etc...

d) Crisis Plan: Within this section please provide safety procedures used to keep the Member and other's safe during crisis situations, extinction bursts, and behavior escalation. This can include any special instructions from the QASP's adoptive Crisis Prevention Training Programs (e.g., Nonviolent Crisis Intervention, Safety-Care Behavioral Safety, Professional Crisis Management, or Professional Assault Crisis Training).

VIII. Program Goals

Please enter all applicable Goals, not all sections are required to be complete.

Within the program goals section of the progress report, the Provider will report on the progress from the treatment goals outlined from the Functional Behavior Assessment. Graphs need to be included for each treatment goal. Line Percentage Graphs should not have more than 3 data paths on a single graph.

*Providers are encouraged to use cumulative graphs for accusation treatment goals that have many program targets. Graphs should include the following elements: **Please attach your graphs as attachments.***

Goal #1:

Program Name:

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Date of Introduction:

Instrumental Goal: *(By Date) Objective of the program (make sure this is measurable, objective, and specific)*

*Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. **Each Progress Report must include** a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.*

Short Term Goal (By Date)

Short Term Goal (By Date)

Short Term Goal (By Date)

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

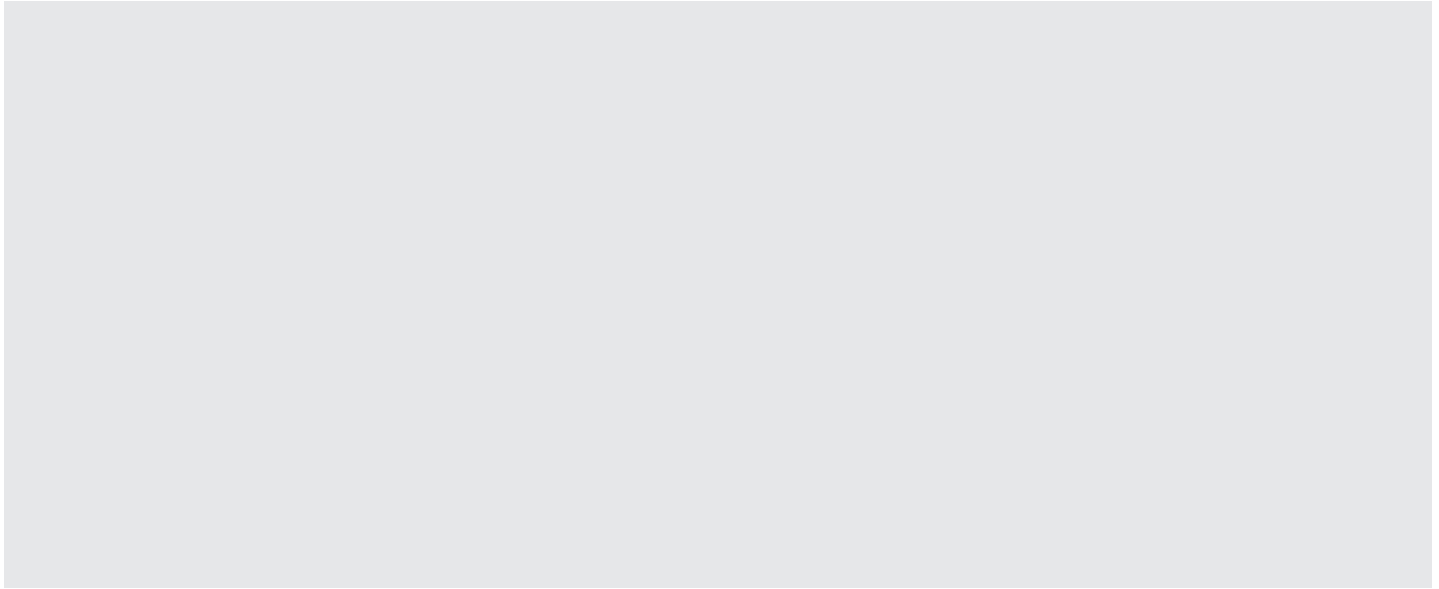
Date of Mastery:

REPORT DATE:

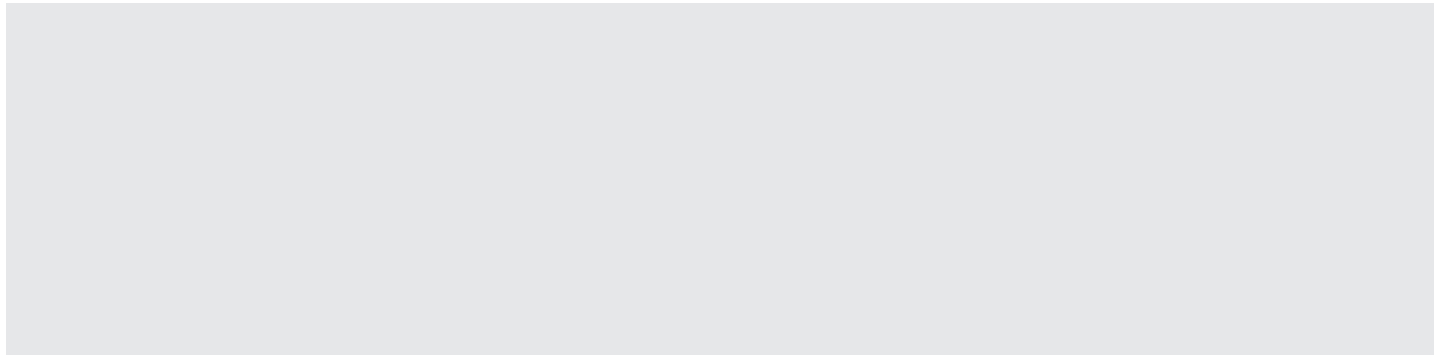
CCH ID:

VIII. Program Goals (cont.)

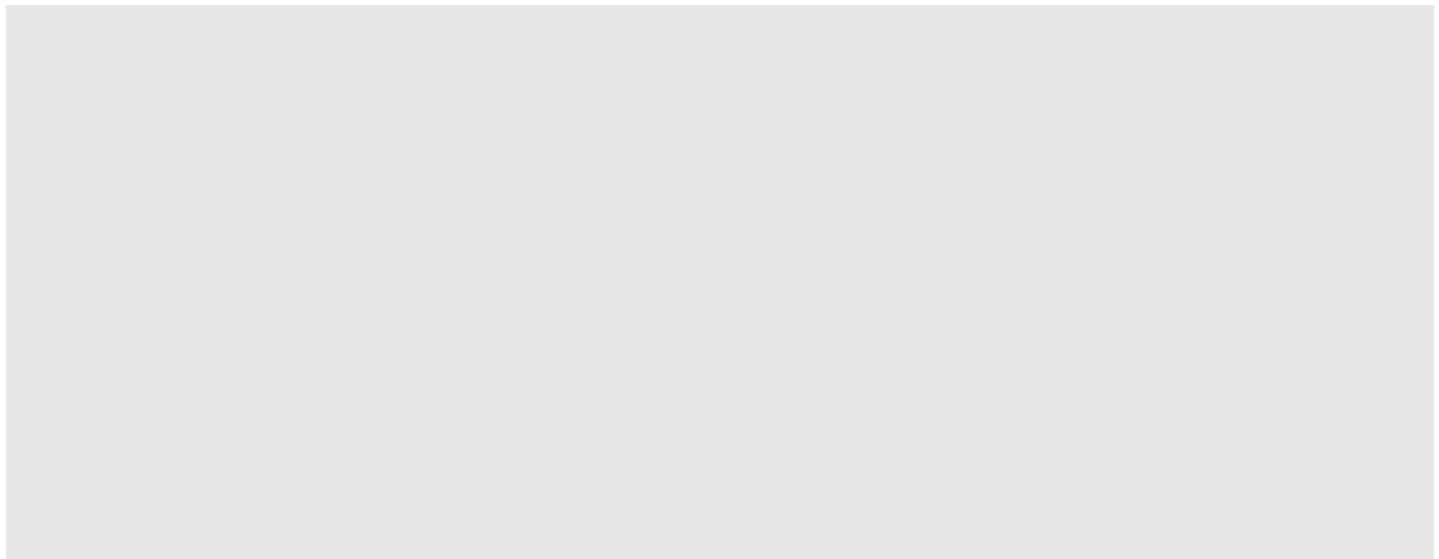
Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period.



Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)



New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)



REPORT DATE:

CCH ID:

VIII. Program Goals (cont.)

Goal #2:

Program Name:

Date of Introduction:

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measureable, objective, and specific)*
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

Short Term Goal (By Date)

Intermediate Goal (By Date)

Long Term Goal (By Date)

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery:

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

VIII. Program Goals (cont.)

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period.

Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

VIII. Program Goals (cont.)

Goal #3: _____

Program Name: _____

Date of Introduction: _____

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measureable, objective, and specific)*
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

Short Term Goal (By Date)

Intermediate Goal (By Date)

Long Term Goal (By Date)

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery: _____

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

VIII. Program Goals (cont.)

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period.

Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

VIII. Program Goals (cont.)

Goal #4: _____

Program Name: _____

Date of Introduction: _____

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measureable, objective, and specific)*
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

Short Term Goal (By Date)

Intermediate Goal (By Date)

Long Term Goal (By Date)

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery: _____

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

VIII. Program Goals (cont.)

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period.

Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

VIII. Program Goals (cont.)

Goal #5: _____

Program Name: _____

Date of Introduction: _____

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measureable, objective, and specific)*
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

Short Term Goal (By Date)

Intermediate Goal (By Date)

Long Term Goal (By Date)

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

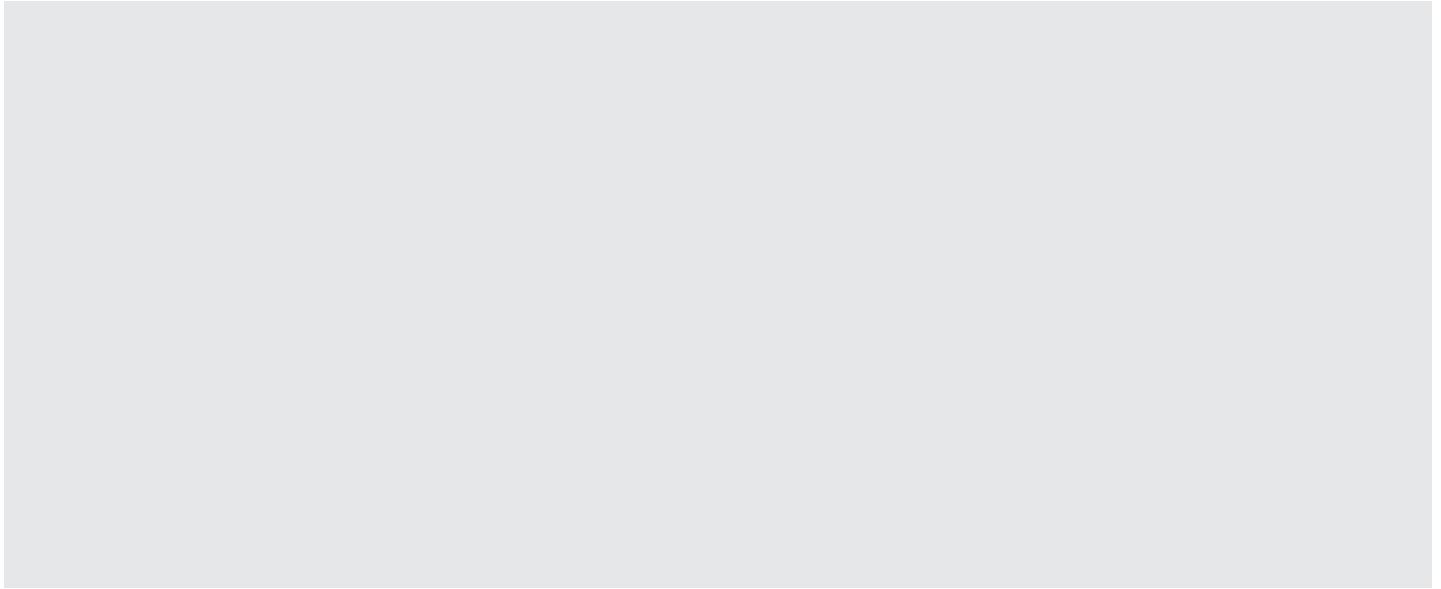
Date of Mastery: _____

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

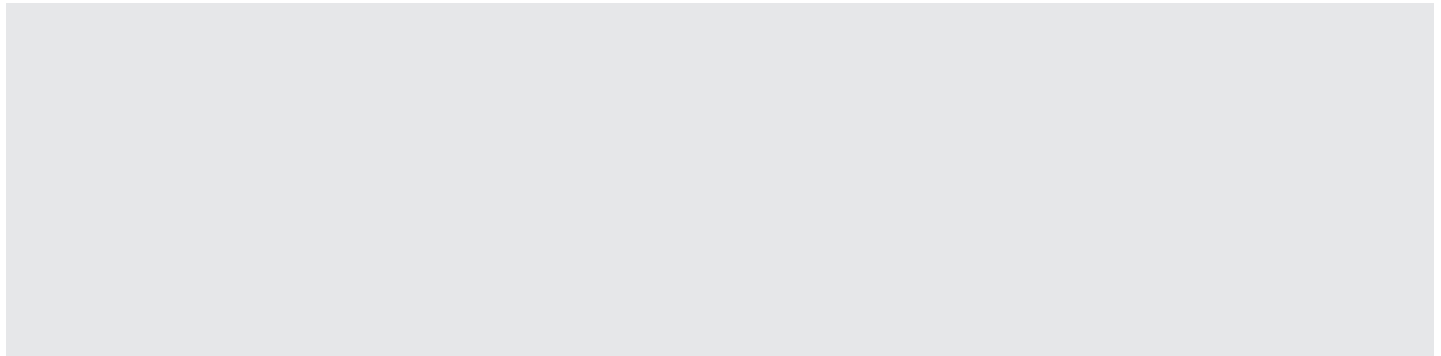
Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

VIII. Program Goals (cont.)

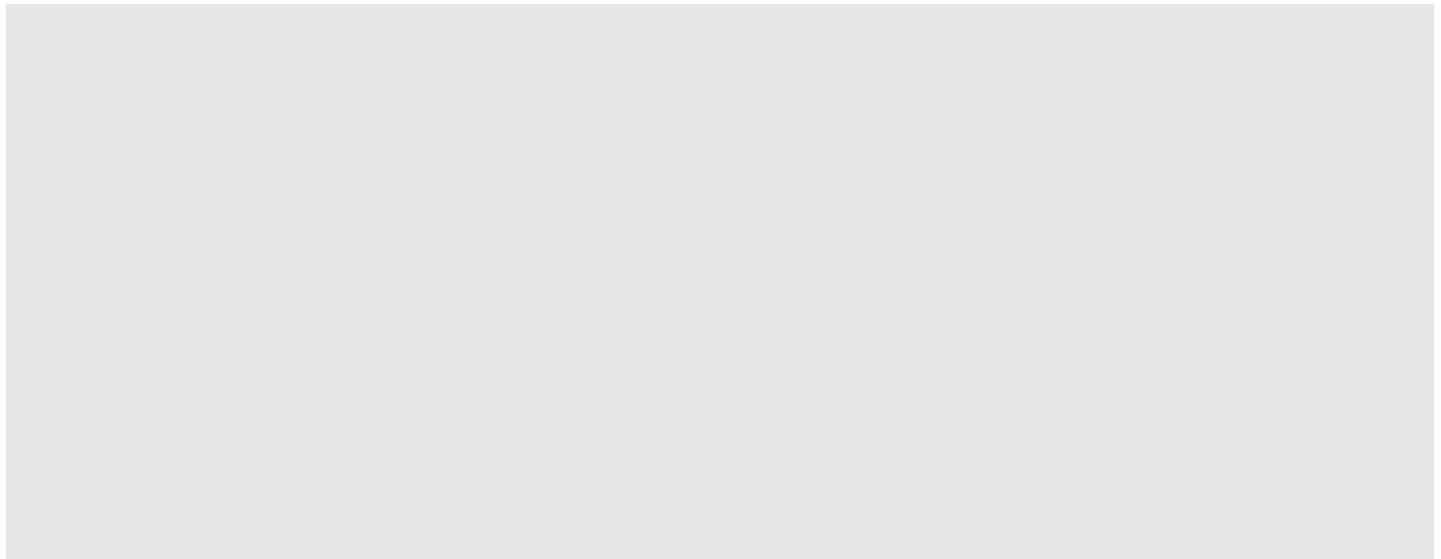
Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period.



Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)



New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)



VIII. Program Goals (cont.)

Goal #6:

Program Name:

Date of Introduction:

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measureable, objective, and specific)*
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

Short Term Goal (By Date)

Intermediate Goal (By Date)

Long Term Goal (By Date)

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery:

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

VIII. Program Goals (cont.)

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period.

Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

VIII. Program Goals (cont.)

Goal #7: _____

Program Name: _____

Date of Introduction: _____

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measureable, objective, and specific)*
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

Short Term Goal (By Date)

Intermediate Goal (By Date)

Long Term Goal (By Date)

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery: _____

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

VIII. Program Goals (cont.)

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period.

Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

VIII. Program Goals (cont.)

Goal #8: _____

Program Name: _____

Date of Introduction: _____

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measureable, objective, and specific)*
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

Short Term Goal (By Date)

Intermediate Goal (By Date)

Long Term Goal (By Date)

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery: _____

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

VIII. Program Goals (cont.)

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period.

Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

VIII. Program Goals (cont.)

Goal #9:

Program Name:

Date of Introduction:

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measureable, objective, and specific)*
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

Short Term Goal (By Date)

Intermediate Goal (By Date)

Long Term Goal (By Date)

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery:

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

VIII. Program Goals (cont.)

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period.

Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

VIII. Program Goals (cont.)

Goal #10:

Program Name:

Date of Introduction:

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measureable, objective, and specific)*
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

Short Term Goal (By Date)

Intermediate Goal (By Date)

Long Term Goal (By Date)

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery:

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

VIII. Program Goals (cont.)

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period.

Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

VIII. Program Goals (cont.)

Goal #11:

Program Name:

Date of Introduction:

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measureable, objective, and specific)*
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

Short Term Goal (By Date)

Intermediate Goal (By Date)

Long Term Goal (By Date)

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery:

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

VIII. Program Goals (cont.)

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period.

Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

VIII. Program Goals (cont.)

Goal #12:

Program Name:

Date of Introduction:

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measureable, objective, and specific)*
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

Short Term Goal (By Date)

Intermediate Goal (By Date)

Long Term Goal (By Date)

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery:

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

VIII. Program Goals (cont.)

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period.

Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

VIII. Program Goals (cont.)

Goal #13:

Program Name:

Date of Introduction:

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measureable, objective, and specific)*
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

Short Term Goal (By Date)

Intermediate Goal (By Date)

Long Term Goal (By Date)

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery:

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

VIII. Program Goals (cont.)

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period.

Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

VIII. Program Goals (cont.)

Goal #14:

Program Name:

Date of Introduction:

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measureable, objective, and specific)*
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

Short Term Goal (By Date)

Intermediate Goal (By Date)

Long Term Goal (By Date)

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery:

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

VIII. Program Goals (cont.)

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period.

Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

VIII. Program Goals (cont.)

Goal #15:

Program Name:

Date of Introduction:

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measureable, objective, and specific)*
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

Short Term Goal (By Date)

Intermediate Goal (By Date)

Long Term Goal (By Date)

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery:

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

VIII. Program Goals (cont.)

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period.

Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

VIII. Program Goals (cont.)

Goal #16:

Program Name:

Date of Introduction:

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measureable, objective, and specific)*
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

Short Term Goal (By Date)

Intermediate Goal (By Date)

Long Term Goal (By Date)

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery:

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

VIII. Program Goals (cont.)

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period.

Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

VIII. Program Goals (cont.)

Goal #17:

Program Name:

Date of Introduction:

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measureable, objective, and specific)*
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

Short Term Goal (By Date)

Intermediate Goal (By Date)

Long Term Goal (By Date)

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery:

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

VIII. Program Goals (cont.)

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period.

Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

VIII. Program Goals (cont.)

Goal #18:

Program Name:

Date of Introduction:

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measureable, objective, and specific)*
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

Short Term Goal (By Date)

Intermediate Goal (By Date)

Long Term Goal (By Date)

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery:

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

VIII. Program Goals (cont.)

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period.

Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

VIII. Program Goals (cont.)

Goal #19:

Program Name:

Date of Introduction:

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measureable, objective, and specific)*
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

Short Term Goal (By Date)

Intermediate Goal (By Date)

Long Term Goal (By Date)

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery:

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

VIII. Program Goals (cont.)

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period.

Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

VIII. Program Goals (cont.)

Goal #20: _____

Program Name: _____

Date of Introduction: _____

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measureable, objective, and specific)*
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

Short Term Goal (By Date)

Intermediate Goal (By Date)

Long Term Goal (By Date)

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery: _____

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

VIII. Program Goals (cont.)

Progress: In Progress/Goal Met/On Hold/Modified/In Maintenance/Discontinued – Include specific information about progress made towards this goal, which may include: Each goal should include a brief narrative on mastered program targets, current program targets in acquisition, the prompting and fading procedures utilized during the reporting period, and the teaching plan for the upcoming reporting period.

Revised Goal: (When Modifying/Revising a Goal use the title Revised Goal with the revised goal and progress)

New Goal(s): (When adding a new Goal within this section use the title New Goal(s) with the new goal)

IX. Family Goals

Parent Goal #1: _____

Program Name: _____

Date of Introduction: _____

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measureable, objective, and specific)*
Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

Short Term Goal (By Date)

Intermediate Goal (By Date)

Long Term Goal (By Date)

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery: _____

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

IX. Family Goals (cont.)

Parent Goal #2: _____

Program Name: _____

Date of Introduction: _____

Assessment Tool Source: *Input Evidence-based goal target from assessment (i.e., VB-MAPP Mand 1)*

Instrumental Goal: *(By Date) Objective of the program (make sure this is measurable, objective, and specific)*

Instrumental goals are the goals aiding the Member's ability to achieve the discharge criteria and support the Member's ability to function without the need for services. Each Progress Report must include a goal for short term, intermediate and long term goal that the member will be addressing during the next authorization period.

Short Term Goal (By Date)

Intermediate Goal (By Date)

Long Term Goal (By Date)

Data Collection: *How data will be collected (e.g., first trial data, rate per hour, percentage of opportunities, partial interval recording)*

Mastery Criteria: *How you will measure mastery (e.g., 3 consecutive sessions of correct responding)*

Date of Mastery: _____

Generalization Plan/Criteria: *How you will measure if the skill is generalized (e.g., Across 3 people, 3 settings, and 3 exemplars)*

Baseline: *Include a brief statement about the Member's current skill level including a baseline measurement that EXACTLY matches the mastery criteria of the goal.*

X. Behavior Intervention Plan

Topography of Behavior: Operational definition of the target behavior. The definition will be observable, measurable, and objective. (Based on this technological description all individuals will be able to easily recognize and record behavior). Definition should include criteria regarding what is and is not counted as the target behavior (e.g., duration, severity, instances vs. episodes, etc.).

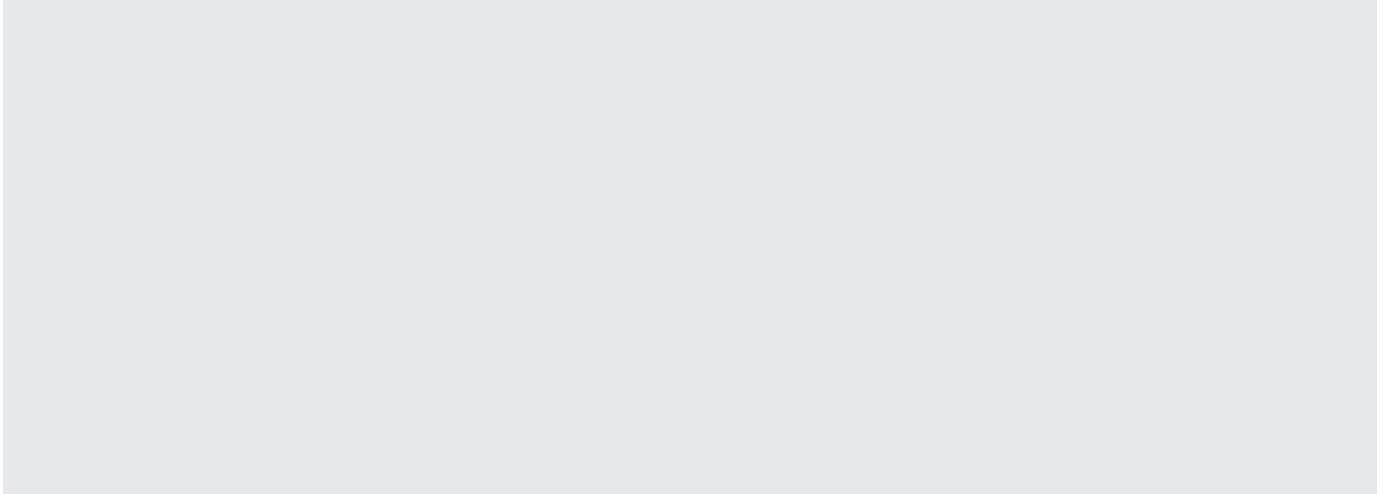
a) Onset/Offset: Statement regarding when the behavior begins and ends.

b) Course of Behavior: Describe whether or not the behavior occurs across (persons, places, and times of the day). List any escalation patterns and/or cycles. Describe how the behavior typically subsides.

c) Baseline Data: Insert baseline data for target behavior.

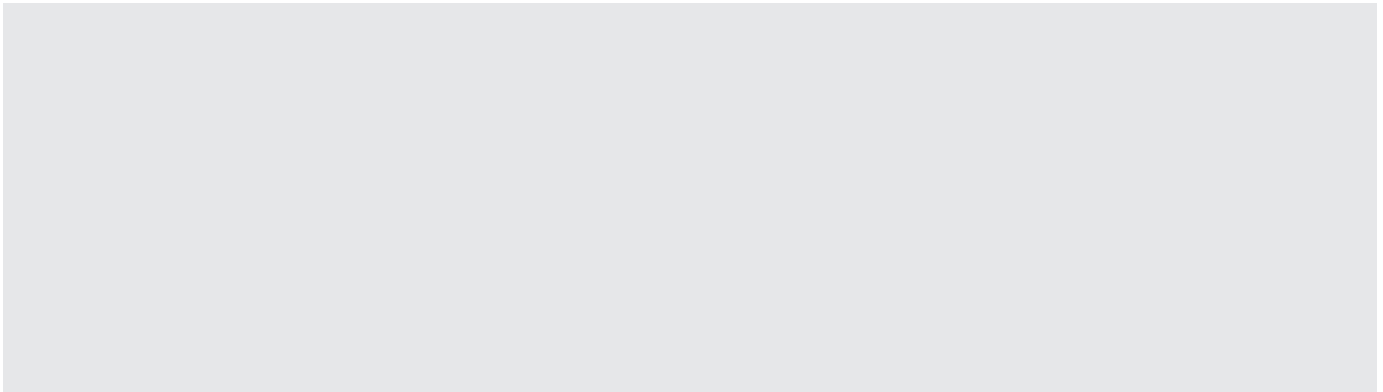
XI. Teaching Intervention Strategies

Within this section list all teaching procedures and methodologies used to the teach skill deficits and replacement behaviors. Include strategies on generalization, maintenance, thinning schedules of reinforcement, transition to natural mediators, and relapse prevention.



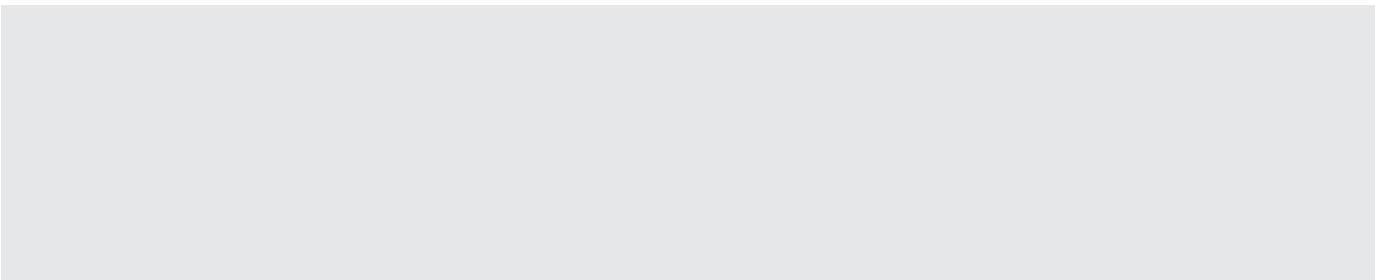
XII. Family Involvement

Within this section of the report Provider will outline parent involvement and participation within the therapy session. Provider will include statement on the expected level of participation as outlined within the Behavioral Health Treatment CENCAL HEALTH Policy. Provider will parent training approach and education. Parent education goals will be listed below. Parent Participation is not an education goal, it is an expectation.



XIII. Frequency Progress Measured

Please include a description outlining the frequency at which the member's progress will be measured and procedures (data collection procedures, methods) for measuring progress.



XIV. Location of Service

Include a description on where services will take place. Provider may not provide services in the school setting, day care, or other locations in which parent or caregiver is not present, unless prior authorization is given by the health plan.

XV. Coordination of Care

Include a description on how the treatment team assigned to the Member's case will work collaboratively with, other health care professionals involved in the care of a member (e.g., PCP, OT, SLP).

XVI. Transition Plan

Please include if family was informed and in agreement with transition plan, date of discharge, care coordination with TCRC, and services member will access after ABA services end.

XVII. Discharge Criteria

Within this section include a description regarding discharge criteria. Please be specific and measurable.

Approximate discharge date:

This can be updated every subsequent reporting period.

REPORT DATE:

CCH ID:

XVIII. Clinical Treatment Hours Recommendations

Providers requesting additional supervision beyond standard ratios of 2 supervision hours: 10 direct hours of care will need to include clinical justification on the need for enhanced supervision. Please provide a breakdown of activities that will be used under H0032 for indirect supervision:

Providers requesting more than 25 hours of ABA a week, must include a clinical justification for enhanced ABA Care.

Any services provided in school/day care must be clinically indicated, include a signed permission from school/day care and be in proportion to the total BHT services received at home and community.

Clinical Recommendations		
CPT	Description	Units Requested
H2019	Therapeutic Behavioral Services,	
H0031	Mental Health Assessment, by non-physician,	
H0032	Mental Health Service Plan Development by Non-Physician, direct supervision	
H0032	Mental Health Service Plan Development by Non-Physician, indirect supervision	
S5111	Home Care Training, Family;	
H2014	Skills Training and Development,	

Please include a Clinical Contact for Questions on this Report:	
Name/Title	
Email/Phone	

XIX. Clinical Treatment Hours Recommendations (cont.)

Report was prepared by (Required)

Signature Required

Date

Printed Name: _____

Licensure ID: _____

Title: _____

Agency Name: _____

Report was reviewed by BCBA (If report was completed by BCBA, a second signature is not required)

Signature Required (BCBA Signature Required)

Date

Printed Name: _____

Title: _____

Agency Name: _____

Parent Signature Required:

I have reviewed this report with my child's provider and agree to all goals and hours being requested.

Parent Printed Name (Required)

Date

REPORT DATE: _____

CCH ID: _____