

**Inland Empire Health Plan**

**Behavioral Health Treatment Progress Report**

**6-Month Report/Exit Report**

**PLEASE SELECT THE REPORT TYPE:** 6-Month Exit

1. ***GENERAL INFORMATION:***

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** |  | **Last Name:** |  |
| **Birth Date:** |  | **IEHP Member ID#:** |  |
| **Present Address:** |  | | |
| **Parent/Guardian:** |  | **Phone:** |  |
| **Language:** |  | **Reporting Period:** | XX/XX/XX - XX/XX/XX |
| **Report Date:** |  | **Program Supervisor:** |  |

1. ***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** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Total** |
| **# of Treatment Sessions:** |  |  |  |  |  |  |  |
| **# of Treatment Hours:** |  |  |  |  |  |  |  |
| **# of Supervision Hours:** |  |  |  |  |  |  |  |
| **# of Sessions Canceled by Member:** |  |  |  |  |  |  |  |
| **# of Sessions Canceled by Provider:** |  |  |  |  |  |  |  |

1. ***BACKGROUND INFORMATION: UPDATE ANY INFORMATION FROM THE INITIAL ASSESSMENT OR PREVIOUS REPORTING PERIOD.*** 
   1. ***Living Situation-***

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

* 1. ***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).*

* 1. ***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.*

* 1. ***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 Inland 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.).*

1. ***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.

1. ***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.

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1. ***ASSESSMENT MEAURES:***

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

**Milestones Scoring Form**



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**VB-MAPP Barriers to Learning**



(Insert page break)

**Vineland Adaptive Behavior Scales, 2nd Edition**

**Date Administered: XX/XX/XXXX**

**Name of Interview: First Name/Last Name, Credentials**

**Name of Respondent: First Name/Last Name, relationship**

**Assessment Summary:**

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

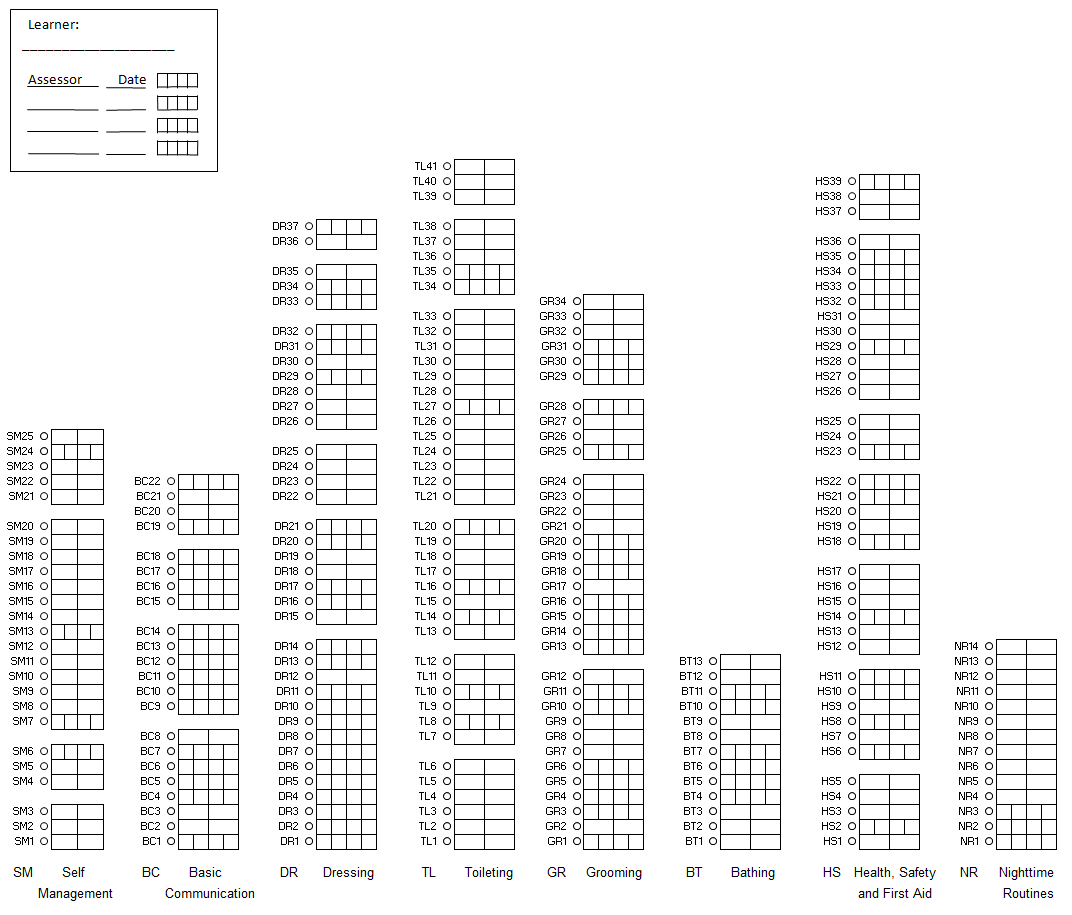
* If there are significant differences between what is reported by the respondent to your observations, note that tactfully
* Note the Adaptive Behavior Composite score from last year and any significant changes with the results since then
* Refer the reader to reference last year’s report for full Vineland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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Domain** | **Standard**  **Score\*** | **95% Confidence**  **Interval\*\*** | **Age**  **Equivalent\*\*\*** | **Adaptive**  **Level\*\*\*\*** |
| **Communication** |  |  |  |  |
| Receptive |  |  | 3 years, 5 months |  |
| 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** |  |  |  |  |

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**Assessment of Functional Living Skills (AFLS)**

**Basic Skills/Community Participation/Home Skills**

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**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** |  |  |  |

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1. ***Program Goals***

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:

* The height of Graphs should be no larger than 3’’
* Graphs should be aligned left
* Graph Title should match the name of the Goal
* Y & X axis should correlate with data collection procedure and information reported.
* Breaks in data path should include a textbox explaining the break in data.
* All phase change lines have been inserted and labeled

1. **Behavior:**
2. **Program Name:** Title of program being targeted – **(Introduced XX/XX/XXXX) (On Hold XX/XX/XXXX)**

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

**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)

**Generalization 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.

**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.

(Insert graph – align left on the page)

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

1. **Program Name:** Title of program being targeted – **(Introduced XX/XX/XXXX)**

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

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

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

1. **Program Name:** Title of program being targeted

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

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

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**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.

1. **Communication:**
2. **Program Name:** Title of program being targeted – **(Introduced XX/XX/XXXX) (On Hold XX/XX/XXXX)**

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

**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)

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

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

**Generalization 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.

1. **Self-Help:**
2. **Program Name:** Title of program being targeted – **(Introduced XX/XX/XXXX) (On Hold XX/XX/XXXX)**

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

**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)

**Generalization 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.

**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.

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

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

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

**Generalization 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.

1. **Social Skills:**
2. **Program Name:** Title of program being targeted – **(Introduced XX/XX/XXXX) (On Hold XX/XX/XXXX)**

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

**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)

**Generalization 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.

**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.

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**Generalization 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.

**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.

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

1. **Program Name:** Title of program being targeted

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

**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)

**Generalization 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.

1. **Parent Education:**
2. **Parent Goal Domain:** Title of Domain being targeted

**Instrumental Goal:** Objective of the program (make sure this is measureable, objective, and specific) include data collection procedure and mastery criteria.

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

**Progress: In Progress/Goal Met/On Hold/Terminated –** Include specific information about progress made towards this goal.

1. **Parent Goal Domain:** Title of Domain being targeted

**Instrumental Goal:** Objective of the program (make sure this is measureable, objective, and specific) include data collection procedure and mastery criteria.

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

**Progress: In Progress/Goal Met/On Hold/Terminated –** Include specific information about progress made towards this goal.

1. ***Target Behaviors***

**Behavior #1 (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.*

1. **Topography of Behavior:** Operational definition of the target behavior. The definition will be observable, measureable, 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.).
2. **Onset/Offset:** Statement regarding when the behavior begins and ends.
3. **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.
4. **Baseline Data:** Insert baseline data for target behavior.
5. ***Behavior Intervention Plan (Updated as of XX-XX-XXXX)***

***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.***

* 1. ***Ecological Strategies-*** *Within this section of the behavior intervention plan describe all ecological strategies used.* ***Strategies should be written technological***
  2. ***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, first/then contingency training, structured choices, etc…*
  3. ***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…***
  4. ***Safety Procedure-*** *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).*

1. **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.*
2. ***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 IEHP 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.***
3. ***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.**
4. ***Coordination of Care:*** *Include a description on how the treatment team assigned to the Member’s case will work collaboratively with,* *their school and other health care professionals involved in the care of a Member (e.g., PCP, OT, SLP).*

***Discharge Criteria:*** *Within this section include a description regarding the discharge criteria and transition of care.* *Transition of care should include Member aging out of BHT services at the age of 21. Authorizations for BHT will not extend past the Member’s 21st birthday. For Members who are within sixty (60) days of their 21st birthday, the BHT Provider must initiate the transition process to an alternative funding source (e.g., Regional Center, County Services, or Department of Rehabilitation).*

1. ***Recommendations:*** *Within this section provide a summary of the clinical recommendations for the Member. This should include the rational for* ***MEDICALLY NECESSARY*** *behavioral health treatment. The rate of supervision provided by the QAS Professional and/or QAS Provider to the QAS Paraprofessionals will be based on a ratio of 2 hours of supervision service per every 10 hours of direct service authorized, unless the case calls for increased supervision as agreed by QAS Provider and IEHP Health Plan.* ***Providers requesting additional supervision beyond standard ratios and guidelines will need to include clinical justification on the need for enhanced supervision***

|  |  |  |
| --- | --- | --- |
| **Clinical Recommendations** | | |
| **CPT** | **Description** | **Units Requested** |
| **H2019** | **Therapeutic Behavioral Services, per 15 minutes** |  |
| **H0032** | **Mental Health Service Plan Development by Non-Physician, per 15 minutes (Mid-Tier Supervision by Non-certified/non-licensed Masters, BCaBA, BA enrolled in BCBA Program)** |  |
| **H0032-HO** | **Mental Health Service Plan Development by Non-Physician, per 15 minutes (Top-Tier Supervision by BCBA/LMFT/LCSW)** |  |
| **H0032-HP** | **Mental Health Service Plan Development by Non-Physician, per 15 minutes (Top-Tier Supervision by BCBA-D/Ph.D)** |  |
| **S5111** | **Home Care Training, Family; per session**  **(By BCBA, BCaBA, MA staff)** |  |
| **H2014** | **Skills Training and Development, per 15 minutes**  **(By BCBA, BCaBA, MA staff)** |  |

**Report completed by:**



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Date:

Title

Agency Name

**Report reviewed and approved by: *The Health plan requires a second review by BCBA***



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Name Date:

Title

Agency Name