Applied Behavioral Analysis Treatment Report—Initial

Current Impairments: (Please select one value for each type of impairment. Scale: 0=none; 1=mild/mildly incapacitating; 2=moderate/moderately incapacitating; 3=severe or severely incapacitating; na=not assessed.)

- Danger to Self
- Danger to Others
- Communication
- Social Interactions
- Anxiety
- Psychosis/Hallucinations/Delusions
- Thinking/Cognition/Memory/Concentration Problems
- Impulsive/Reckless/Aggressive Behavior
- Activities of Daily Living Problems
- Weight Change Associated with a Behavioral Diagnosis
- Medical/Physical Condition
- Substance Abuse/Dependence
- Job/School Performance Problems
- Legal Problems

Please indicate type(s) of service provided BY OTHERS (select all that apply):
- Medication Management
- Group Therapy
- Occupational Therapy
- Physical Therapy
- Family Psychotherapy
- Self Help Group(s)
- Speech Therapy

I am coordinating this patient’s case with other providers as appropriate.
- Behavioral
- Medical
- Community Services
- Regional/State Program
- Educational Program

Current Medications including Psychotropic: Dosage and Frequency

1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________
5. ____________________________

Treating Provider’s Signature: ____________________________ Date: ______________

Completed form can be faxed to: 855-241-8895 or mailed to: Horizon BCBSNJ, Horizon Behavioral Health PO Box # 4274 Cherry Hill, NJ 08034
ABA INITIAL SERVICES REQUEST
Please indicate type(s) of service provided by care team in next 6 months and requested hours per day and days per week

Program Setting:  
☐ Home  ☐ Facility/Clinic  ☐ School  ☐ Other:

- **Adaptive Behavior Treatment** (Direct 1:1 ABA Therapy)
  - 0364T, 0365T: by technician, receiving 1 hr of supervision for every 5 to 10 hrs of direct treatment.
    - ____ hours per day (based on 30 min. increments), ____ days per week
  - 0368T, 0369T: by MD/QHCP
    - ____ hours per day (based on 30 min. increments), ____ days per week
  - 0373T, 0374T: Exposure Adaptive Behavior Treatment requiring 2 or more technicians, for severe maladaptive behaviors
    - ____ hours per day (on an initial 60 minutes with additional 30 minute increments) by technician, ____ days per week

- **Group** Adaptive Behavior Treatment
  - 0372T: Social Skills Group by MD/QHCP,
    - ____ hours per day (based on 30 minute increments), ____ days per week
  - 0366T, 0367T: Group Adaptive Behavior Treatment by Protocol by technician,
    - ____ hours per day (based on 30 min. increments), ____ days per week

- **Assessment / Follow-up Assessment** by MD/QHCP. Behavior identification assessment, administration of tests, detailed behavioral history, observation, caretaker interview, interpretation, discussion of findings, recommendations, preparation of report, development of treatment plan. Assessment of strengths and weaknesses of skill areas across skill domains (e.g., VB-MAPP, ABLLS-R, Functional Behavior Assessment, Functional Analysis) and follow-up assessments
  - 0359T: Behavior Identification Assessment (initial), 60 minute increment
  - 0360T/0361T: Observational Behavior Follow-up Assessment, 30 min increment
  - 0362T/0363T Exposure Behavior Follow-up Assessment, 30 minute increments
    - Requested total hours for combined 0359T, 0360T/0361T, 0362T/0362T
      - 0-6 hours in 6 months (consistent with 5 hrs or less direct ABA/wk)
      - 7-12 hours in 6 months (consistent with 10 hr direct ABA/wk)
      - 13-18 hours in 6 months (consistent with 15 hr direct ABA/wk)
      - 19-24 hours in 6 months (consistent with 20-40 hrs direct ABA/wk)

- **Family** adaptive behavior treatment guidance by MD/QHCP, without patient
  - 0370T: with individual family.
    - ____ hours per day (based on 30 minute increments), ____ days per week
  - 0371T: with multiple family group,
    - ____ hours per day (based on 30 minute increments), ____ days per week

- **Other** frequency: __________

Patient Name: ___________________________  ID#_____________________
(name and ID are needed to ensure that both pages are for same individual)

**INITIAL ASSESSMENT and TREATMENT REPORT**

ABA Provider Report Guidelines are available on ValueOptions.com  (ATTACH your treatment report ensuring that all required details are covered)

I. **ASSESSMENT**

**Capabilities/Strengths**

**Current Problem Areas/Skill Deficits**

- Social Interaction Impairments
- Communication Impairments
- Restricted, repetitive, stereotyped patterns of behavior, interests, and activities

**Assessment Description /Assessment Tool Used**

- Indirect observations (record reviews, interviews)
- Direct observations (ABC charting)
- Functional Behavioral Assessment (FBA) - Direct and Indirect
- Verbal Behavior Milestones Assessment & Placement Program VB-MAPP
- Assessment of Basic Language and Learning Skills - Revised ABLLS-R
- Other—(Specify other methods to systematically evaluate abilities, and development of structured program)
- Further assessment needed—specify type and why

**Assessment outcomes /Baseline data results (attach graphic display) / Conclusions**

**Family/Caregiver Composition and Plan for Treatment Participation/ Behavioral Management Skill Transfer**

II. **TREATMENT**

**General Treatment Recommendations**

- Instructional Methods to be used (ie DTT, PRT, Natural Environment):
- Behavioral Methods to be used (DRA, DRO, Behavioral Momentum):
- Treatment Setting to be used
- Describe how supervision & direct services to be delivered (address frequency on pg 1)
- Describe how coordination of care will be facilitated

**Measurable Objectives to be Addressed**—Specify all that apply for both Behavior & Skill Deficits, include baseline data:

- Conditions in which behavior & skill is to occur / including generalized settings
- Behavioral definition of behaviors & skills - observable and measurable
- Behavior mastery criteria (quantify frequency and settings to demonstrate mastery compared to baseline measures; introduction target date; mastery target date)

Page 2 of 2  The Horizon Behavioral Health program is administered by ValueOptions of New Jersey, Inc.  Revised 11/24/2014