

ABA Progress Report		
Supervising clinician's credentials	Clinical director credentials	Service modalities being provided to member by clinician
BACB Certification <input type="checkbox"/> BCBA <input type="checkbox"/> RBT <input type="checkbox"/> BcABA State Licensure <input type="checkbox"/> LBS <input type="checkbox"/> LABA <input type="checkbox"/> Not Applicable	BACB Certification <input type="checkbox"/> BCBA State Licensure <input type="checkbox"/> LBS <input type="checkbox"/> LABA <input type="checkbox"/> Not Applicable	<input type="checkbox"/> ABA Therapy (97151, 97152, 97153, 97155, 97156, 97154, 97158) You may <u>NOT</u> bill ABA CPT Codes when providing Mobile Therapy (H2019) or Wraparound Services (H2021). We will not review for non-ABA Services. Please refer to your state funding source for IBHS Individual Services (e.g. H2019 / H2021)

Member's Identifying Information			
Member name:		D.O.B.:	
Parent/Caregiver(s):		Member's ID #:	
Service address:		Phone #:	
Diagnosis (list all):		Date of diagnosis:	
		Name of diagnosing physician:	
Report completed by:		Date of report:	
Supervising BCBA:		Current authorization period:	

Basic Biopsychosocial Information			
Family members living in household:		Family primary concerns:	
Current medications/dosages:		Other medical/mental health history:	
Member's School:		School hours:	
School Placement:		School services: (SLP, OT, 1:1 support, etc.)	

History of Program Summary			
Treatment start date:		Current auth end date:	
Current program hours:		Current program setting(s):	
Gaps in treatment (vacation, staff change, illness, etc.):			
Previous ABA treatment (dates, level of care, etc.):			

Utilization			
Total units for 1:1 (97153) requested (for the previous auth period):	Total units of 1:1 (97153) billed (for the previous auth period):	Total units for caregiver training (97156) requested (for the previous auth period):	Total units for caregiver training (97156) billed (for the previous auth period):

Observation			
<i>Notes:</i>			
<i>Description of observations (date, setting, duration, location, people present, activities, etc.). Detailed description of behaviors/skills observed in the member's natural environment (this should not be during assessment). Second observation only required for the initial report.</i>			
1 st Observation			
Date:	Time:	Location:	Descriptions and data:
2 st Observation			
Date:	Time:	Location:	Descriptions and data:

Skills Assessment			
Assessment type:			
<i>Ex. Vineland</i>			
Notes:			
<i>Include summary of findings including graphs, tables, or grids. Include dates and assessment tools used (i.e., family interview, records review, functional assessment tool, etc.). Please include at least 1 standardized assessment tool (VB-MAPP, Vineland, ABLLS, AFLS, etc.) which will be completed annually.</i>			
Score type:	Date:	Score:	Possible score:
Initial assessment:	Ex. 1/1/21	Ex. 56	Ex. 127
Initial treatment:			
Concurrent:			
Concurrent:			
Concurrent:			

Skills Assessment Description	
Current assessment description:	
<i>Example for the vineland:</i>	
Domain/Subdomain	Description
Communication	
<i>Receptive:</i>	
<i>Expressive:</i>	
<i>Written:</i>	
Daily living skills	
<i>Personal:</i>	
<i>Domestic:</i>	
<i>Community:</i>	
Socialization	
<i>Interpersonal relationships:</i>	
<i>Play and leisure time:</i>	
<i>Coping skills</i>	
Additional information:	

Functional Behavior Assessment (FBA)

Notes:
 Include the following for each target behavior. Baseline and current levels of data must be **quantitative**.

Bx 1.

Name:	Operational definition:		
Date of baseline:			
Baseline frequency:	Baseline duration:	Baseline intensity:	Baseline severity:
Date range of current data:			
Current frequency:	Current duration:	Current intensity:	Current severity:
Antecedent analysis (setting events, people, time of day, other events):			
Consequence analysis (include how the behavior is currently responded to (planned and unplanned) and the effects):			
Primary hypothesized function			
<input type="checkbox"/> Attention	<input type="checkbox"/> Tangible	<input type="checkbox"/> Escape	<input type="checkbox"/> Automatic
Secondary hypothesized function			
<input type="checkbox"/> Attention	<input type="checkbox"/> Tangible	<input type="checkbox"/> Escape	<input type="checkbox"/> Automatic <input type="checkbox"/> N/A

Behavior Intervention Plan (BIP)

Notes:
 Include the following for each target behavior

Bx 1.

Name:	Operational definition:		
Hypothesized function:			
<input type="checkbox"/> Attention	<input type="checkbox"/> Tangible	<input type="checkbox"/> Escape	<input type="checkbox"/> Automatic
Setting interventions:			
Antecedent interventions:			
Consequent interventions:			
Functionally equivalent replacement behaviors (FERBS):			

Preference Assessment

Preference assessment name:	Preference assessment type:
	<input type="checkbox"/> Forced-choice <input type="checkbox"/> Checklist <input type="checkbox"/> Inventory <input type="checkbox"/> Client interview <input type="checkbox"/> Parent interview <input type="checkbox"/> Other (specify) _____

Identified reinforcers:	
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Goal Summary		
# of goals (worked on during the last auth period):	# of goals met (during the last auth period):	# of goals discontinued (during the last auth period):

Behavior Reduction Goals						
<i>Notes:</i>						
<i>Include as many as needed.</i>						
<i>Baseline and current data should be in the same measurement as the mastery criteria.</i>						
Reduction goal:	Mastery criteria:	Date introduced:	Baseline score (from probes prior to introduction):	Dates of current data:	Current data:	Goal status (met/continued/modified):
<i>Ex. Goal 1: ___ will reduce the rate/frequency/percentage of XX to an average of XX over XX consecutive (days/weeks/months).</i>	<i>Ex. 80% of opportunities across 3 consecutive sessions.</i>	<i>Ex. 1/1/21</i>	<i>Ex. 15% of opportunities probed at baseline.</i>	<i>Ex. 2/12/21 - 8/12/21</i>	<i>Ex. 50% of opportunities across the last reporting period.</i>	<i>Ex. Continued</i>
Goal 1.						
Goal 2.						
Goal 3.						
Additional information:						

Functionally Equivalent Replacement Behavior (FERB) Goals						
<i>Notes:</i>						
<i>FERBs should allow the client to access the type of reinforcement maintaining the excess behavior. For example, if the client engages in aggression for escape a FERB could be requesting to end a task or requesting a break. A non-example would be completing a task. Completing a task is a non-example because finishing a task does not provide socially appropriate access to escape, although it would be an appropriate antecedent intervention and skill acquisition goal.</i>						
<i>Include as many as needed. There must be at least one goal per hypothesized maintaining function.</i>						
<i>Baseline and current data should be in the same measurement as the mastery criteria.</i>						
FERB goal:	Mastery criteria:	Date introduced:	Baseline score (from probes prior to introduction):	Dates of current data:	Current data:	Goal status (met/continued/modified):
<i>Ex. Goal 1: ___ will use [FCT] at rate/frequency/percentage of XX to an average of XX over XX consecutive (days/weeks/months).</i>	<i>Ex. 80% of opportunities across 3 consecutive sessions.</i>	<i>Ex. 1/1/21</i>	<i>Ex. 15% of opportunities probed at baseline.</i>	<i>Ex. 2/12/21 - 8/12/21</i>	<i>Ex. 50% of opportunities across the last reporting period.</i>	<i>Ex. Continued</i>
Goal 1.						
Goal 2.						
Goal 3.						

Skill Acquisition Goals

Notes:

Include as many as needed goals must be specific enough to know what skill is being targeted for increase/to know what skill the data is representative of baseline and current data should be in the same measurement as the mastery criteria.

Please make sure there are enough goals to fill the level of 97153 being requested. **NOTE: Academic goals, motor goals, and independence goals (such as cooking) will not meet medical necessity criteria and therefore should not be in the report.** If you believe an **independence** goal is needed and within the scope of ABA therapy, please provide a clinical rationale or consider adapting it to a parent training goal.

Skill/Domain:	Mastery criteria:	Date introduced:	Baseline score (from probes prior to introduction):	Dates of current data:	Current data:	Goal status (met/continued/modified):
Ex. Goal 1: When ___ name is called, he will turn and look in the direction of the speaker across 80% of opportunities over XX consecutive (days/weeks/months).	Ex. 80% of opportunities across 3 consecutive sessions.	Ex. 1/1/21	Ex. 15% of opportunities probed at baseline.	Ex. 2/12/21 - 8/12/21	Ex. 50% of opportunities across the last reporting period.	Ex. Continued
Goal 1.						
Goal 2.						
Goal 3.						

Group ABA/Social Skills (if applicable)

Description of group: (overall focus of group)

Demographics of group: (include number of members, age range)

97154: Group of 2 or more members with ASD diagnosis run by a technician level staff (individualized supervision provided under 97155).

97158: Group of 2 or more members with ASD diagnosis run by a BCBA/LBS.

Include as many goals as needed. If a goal is addressed in direct ABA **and** Group, please report goal/data in both locations. **Note: Academic goals, vocational skills, and independent living goals (such as cooking) will not meet medical necessity criteria and therefore should not be in the report.** If you believe an **independence** goal is needed and within the scope of ABA therapy, please provide a clinical rationale or consider adapting it to a parent training goal.

Skill/Domain:	Mastery criteria:	Date introduced:	Baseline score (from probes prior to introduction):	Dates of current data:	Current data:	Goal status (met/continued/modified):
Ex. Goal 1: XX will respond to peer request by looking in the direction of the peer and answer or comment as needed across 80% of opportunities over XX consecutive (days/weeks/months).	Ex. 80% of opportunities across 3 consecutive sessions.	Ex. 1/1/21	Ex. 15% of opportunities probed at baseline.	Ex. 2/12/21 - 8/12/21	Ex. 50% of opportunities across the last reporting period.	Ex. Continued
Goal 1.						
Goal 2.						
Goal 3.						

Caregiver Goals

Notes:

Goals and data reflect the caregiver's performance, NOT the performance of the member. Include as many as needed.

Please make sure there are enough goals to fill the level of 97156 being requested. Baseline and current data should be in the same measurement as the mastery criteria.

Caregiver goals:	Mastery criteria:	Date introduced:	Baseline score (from probes prior to introduction):	Dates of current data:	Current data:	Goal status (met/continued/modified).
<i>Ex. Goal 1: ___'s mother will implement the BIP for XX behavior rate/frequency/percentage of XX to an average of XX over XX consecutive (days/weeks/months).</i>	<i>Ex. 80% of opportunities across 3 consecutive sessions.</i>	<i>Ex. 1/1/21</i>	<i>Ex. Parent performance of BIP implementation at baseline was 0%</i>	<i>Ex. 2/12/21 - 8/12/21</i>	<i>Ex. Parent performance of BIP implementation opportunities across the last reporting period.</i>	<i>Ex. Continued</i>
Goal 1.						
Goal 2.						
Goal 3.						

Transition/Step Down Plan

Notes:

The overall goal of ABA therapy should reflect generalization of skills across individuals and environments to allow step down in intensity of behavioral programming. As a part of this parents and caregiver should be engaged in transition planning and supported in training on how to address behavioral excesses and skill acquisition independent of professional support.

Criteria needs to be individualized, measurable, age appropriate, and achievable.

Focus of discharge goals should be the specific skills the member needs in order to be successful after services end.

Level:	Date:	Hrs/w:	Criteria:	1:1 reduction:	Supervision:	CT increase:
<i>Ex. 1.</i>	<i>Ex. 1/1/21</i>	<i>Ex. 15</i>	<i>Ex. Reduction in behavior by 50% of baseline sustained over 3 months</i>	<i>Ex. Reduction by 2 hours per week of direct therapy</i>	<i>Ex. Reduction by .25 hours per week</i>	<i>Ex. Caregiver Training Increase of .5hr/week</i>
<i>Ex. 2.</i>	<i>Ex. 8/12/21</i>	<i>Ex. 12</i>	<i>Ex. Reduction in behavior maintained and FCT is used in 80% of opportunities</i>	<i>Ex. Reduction by 4 hours per week of direct therapy</i>	<i>Ex. Reduction by .25 hours per week</i>	<i>Ex. Caregiver Training Increase of .5hr/week</i>
<i>Ex. 3.</i>	<i>Ex. 2/12/22</i>	<i>Ex. 8</i>	<i>Ex. Reduction in behavior maintained and FCT maintained</i>	<i>Ex. Recommended exit of services</i>	<i>Ex. Recommended exit of services</i>	<i>Ex. Recommended exit of services</i>
1.						
2.						
3.						

ABA Schedule and Generalization Plan

Notes:

For treatment occurring outside of the home, a thorough AND comprehensive plan for generalization should be included.

	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:	Sunday:
Time:							
Location:							
Service (1:1, supervision, caregiver training):							

Recommendations

Notes:

*If recommending an increase in services, report **explicitly** states **clinical** rationale (supported by data).*

97151: Recommends the standard 12 units of 97151 for reassessment and 32 units for the initial assessment

*97155: Recommend a **MINIMUM** of 10% supervision and a **MAXIMUM** of 20% supervision.*

*97156: Recommends caregiver training **a minimum of .25hr/week.***

CPT code:	CPT description:	Qualified provider:	Hours/week:	Total units across six months/26 weeks:
97151	Assessment/reassessment	BCBA ONLY		
97153	1:1 Direct therapy	Tech or above		
97155	Supervision and program modification	BCBA ONLY		
97156	Caregiver training	BCBA ONLY		
97154	Group skills training run by a tech	Tech		
97158	Group skills training run by a BCBA	BCBA ONLY		

BCBA Signature, Credentials and Date