



Mountain Valley Health Plan

BEHAVIORAL HEALTH TREATMENT REPORT COVER PAGE

The purpose of this template is to provide a standardized template for capturing the necessary information when submitting a functional behavioral assessment (FBA) and progress report (PR) attached with the prior authorization request for treatment services.

Please complete all necessary fields, including attaching graphs or other necessary information to support the prior authorization request for treatment services.

PLEASE SELECT THE REPORT TYPE:

FBA Progress Report

Date of Report:	
Agency:	
Member ID:	
Authorization Number:	
Treatment/Authorization Period:	
Appointments Missed:	
Appointments Cancelled:	
Treatment Team Members: (include parent/caregiver and their relationship, direct service provider(s), social skills provider(s), Supervisor(s), BCBA, and other service providers and their role)	
Reviewed and signed by BCBA:	

Section I: GENERAL INFORMATION

Member First Name:	Member Last Name:	Member BOD:	Member Plan ID:
Parent/Caregiver Name:		Parent/Caregiver Phone:	
Member Address:		City:	State: Zip Code:
Primary Language:		Services being delivered by a translator: Yes No	

Section II: PRESENTING ISSUES/REFERRING INFORMATION

ABA Referral Date:	Referred by:
Reason for Referral:	Referring Party Phone #:
	Referring Party Fax #:

Section III: BACKGROUND INFORMATION

Living Situation:					
School Information:					
Grade Level: PreK K 1 2 3 4 5 6 7 8 9 10 11 12	Placement: Mainstream Mild/Mood Mod/Severe				
Other:					
School Name:					
School Schedule:	Monday:	Tuesday	Wednesday	Thursday	Friday
Services provided at School: OT ST PT O&M VI BI/ABA APE Other: _____					
Health & Medical History:					
Diagnoses:					
Current Services & Activities:					

Intervention History:**Records Reviewed:**

Record Title:	Date of Report Reviewed:	Location & Staff Involved:
Individual Program Plan (IPP)		
Psych/Comprehensive-Diagnostic Evaluation (P/CDE)		
Functional Behavior Assessment		
Intensive Intervention Progress Report		
Individualized Education Plan (IEP)		
Other:		
Clinical Interview		
1st Member Observation		
2nd Member Observation		
Brief Functional Analysis		

Section IV: DESCRIPTION OF ASSESSMENT PROCEDURES (attach assessments/notes in report submission)**Clinical Interview:****1st Member Obs.:****2nd Member Obs.:****Stimulus Preference Assessment(s):**

Title	Date(s) Administered:
Free Operant Observations	
Single Stimulus	
Paired Stimulus	
Multiple Stimulus with Replacement (MSW)	
Structured Interview (RAISD)	
Checklist	

Preference Assessment:

Preference Area(s):	Potential Reinforcer(s):
Social	
Sensory	
Toys or Activities	
Food	

Limited Reinforcers:

Assessments/Tools:

Tool Name:	Date Administered:
Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP)	
Vineland Adaptive Behavior Scales, 2nd Edition	
Adaptive Behavior Assessment System, 3rd Edition	
Assessment of Functional Living Skills (AFLS)	
Functional Assessment Screening Tool (FAST)	
Motivation Assessment Scale (MAS)	
Questions About Behavior Function (QABF)	

Section V: SESSION INFORMATION *Please indicate, anticipated schedule, current schedule, and/or timeframes for multiple sessions in a day*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Proposed:							
Agreed:							
Location of Services:							

NOTE: Consider parent/caregiver and member availability when developing the proposed schedule.

Section VI: Program Treatment Plan

CLIENT PROGRAM GOALS INSTRUCTIONS:

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:

- Graph Title should match the name of the Goal
- Y & X axis should correlate with data collection procedures and reported information.
- Breaks in data path should include a textbox explaining the break in data.
- All phase change lines have been inserted and labeled.

Attach graphs after the goal template. Repeat template for all client/member goals.

PARENT/CAREGIVER PROGRAM GOALS INSTRUCTIONS:

Within the program goals section of the progress report, the Provider should include at minimum 2 parent/caregiver goals. This should include a domain being targeted, instrumental goals, the baseline, and progress. If the goal is on hold or ended, include the date of which that is occurring.

Repeat the template for all parent goals.

Client Goal			
Goal #	Goal Type	Category	Details
New Goal Revised Date Revised:	Behavior Communication Self-Help Social Skill	Program Name:	
		Instrumental Goals:	
		Data Collection Method:	
		Mastery Criteria:	
		Generalization Criteria:	
		Baseline:	
		Progress:	
		Date on Hold/Ended:	
Barriers to Progress:			
Graph(s)			
(insert after this page)			

Parent Goal			
Goal #	Goal Type	Domain	Details
	New Goal Revised Date Revised:		Instrumental Goals:
			Baseline:
			Progress:
			Date on Hold/Ended:

NOTE: 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.

Section VII: BEHAVIOR INTERVENTION PLAN	
Plan Date:	
Ecological Strategies:	
Antecedent Based Intervention Strategies:	
Reactive/Consequence Based Intervention Strategies:	
Safety Procedure:	
Section VIII: TEACHING INTERVENTION STRATEGIES	
Section IX: FAMILY INVOLVEMENT	
Section X: COORDINATION OF CARE	
Section XI: TRANSITION OF CARE	
Section XII: CRISIS PLAN	
Section XIII: DISCHARGE CRITERIA	

Section XIV: RECOMMENDATION

Units requested Per Month. Recommendation is what is clinically recommended. Availability Accommodation is what the parent/caregiver/member are able to commit to per their availability and will be what is requested for the treatment authorization request.

Refer to your contract for service code descriptions and frequencies.

	H0031	H0032	H0046	H2019	H2014	H2019	S5111
Recommendation:							
Availability Accommodation:							

REPORT COMPLETED BY:

SIGNATURE REQUIRED

Name, Title
Agency

Date

Signature

REPORT REVIEWED AND APPROVED BY:

Health Plan requires a review & signature by BCBA

SIGNATURE REQUIRED

Name, Title
Agency

Date

Signature

PARENT/CAREGIVER:

SIGNATURE REQUIRED

Parent/Guardian Name and Relationship

Date

Signature

NOTE: If parent/guardian could not sign, then please provide a date of when the treatment plan was reviewed with the parent/guardian and if they were in agreement to the treatment recommendations.