

Wonderway ABA Services
 923 N Wood Ave
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Authorization Date Range: [MM/DD/YY-MM/DD/YY]			
Client Name:		Date of Birth:	
Member ID:			
Report Supervisor:		Supervisor Credentials:	
Provider Name:	Wonderway ABA Services	Tax ID:	3 0 - 1 3 6 - 6 0 9 3
Date of Report:		Report Range:	
Diagnosis:			
Date of Diagnosis:		Diagnosed By:	
Previous ABA Therapy:		Date first began ABA with Wonderway ABA:	

ABA Treatment Assessment

Medical Necessity:

It has been proven that ABA methodology is effective in the remediation of maladaptive behaviors and skill deficits demonstrated by children diagnosed with autism spectrum disorder (ASD). Data will be taken to measure pertinent skills, and it will help determine what the client needs to learn in order to achieve mastery. This will enable each step to be taught until mastery is attained. Establishing an intensive program using the principles of ABA will aid in addressing any maladaptive behaviors and teach age-appropriate skills that improve functioning and independence in all settings (NAC, 2009).

Requested Hours

___	hours per week of direct intervention by a behavior technician	97153
___	hours per week of Group adaptive behavior treatment by protocol	97154
___	hour(s) per week of supervision by a BCBA, data analysis and treatment updates/behavior treatment with protocol modification by a BCBA	97155
___	hour(s) per week of parent training by a BCBA	97156
___	hours of reassessment by a BCBA	97151

Schedule of ABA Services:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Direct Care	7:45-9:45am 2:00-4:00pm	7:45-9:45am 3:30-6:00pm	7:45-9:45am 3:30-6:00pm	7:45-9:45am 3:30-6:00pm	7:45-9:45am 3:30-6:00pm	12:15-3:15pm	
Location	Home	Home	Home	Home	Home	Home	
Supervision			4:00pm-5:00pm		4:00pm-5:00pm		
Parent Training							

School Schedule:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time							

Note: *The Daily Schedule is subject to change based on the member's preferences, availability, and environmental factors.*

Supervision Protocol: At least one hour of supervision per ten hours of direct care will be provided to the unlicensed or non-certified provider by a certified behavior analyst or licensed psychologist. All supervision will occur face-to-face and on-site with the patient.

BCBA conducts direct sessions with the client to accurately gauge client's development, appropriateness of goals, level of reinforcement schedule, etc. Although BCBA conducts supervision sessions regularly, when working with the client directly BCBA can edit programs and update targets more successfully.

Background Information:
Developmental History
Birth History:
Milestones: Sitting/Crawling: Standing/Walking: Eye Contact: Speaking:
Early Intervention Received:
Concerns of Development:

Diagnostic and Medical Information	
Medications:	Primary Care Physician:
Allergy Information:	
Relevant Medical History:	
Family History of Medical/Mental Health:	

Education Information	
Educational Setting:	Type of Classroom:
	Student Ratio to Staff:
	Hours in School per week and Schedule:
	Behavior Supports used at school:
IEP Services:	
Relevant Educational History:	

Other Services
This client also participates in the following services:
Social and Community Supports:
Caregiver involvement in treatment:

Level of involvement:

Assessment of Current Functioning:

Indirect Methods:

Observation 1:

Observation 2:

Direct Methods:

Anticipated Barriers/Current Barriers to Treatment:

is actively able to participate in ABA services provided by Wonderway ABA.

Clinical Interpretation/Response to Treatment:

Reason for Referral:

Client's Area of Strength:

Current Techniques being Implemented:

Current Problem Areas:

1. Communication Skills:

DSM-5 Criteria: Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.

As evidenced by:

Communication.

Behaviors Targeted for Increase:

EXAMPLE GOALS:

Domain Area	Behavioral Objective	Mastery Criteria	Baseline Data / Date	Current Level	Target Date

2. Social Skills:

DSM-5 Criteria: Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive): (a) Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions, (b) Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication, (c) Deficits in developing, maintaining, and understand relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

skills. **presents with** **deficits in the area of social**

As evidenced by:

Socialization. **presents with:** **deficits in the area of social skills.**

Behaviors Targeted for Increase:

EXAMPLE GOALS:

Domain Area	Behavioral Objective	Mastery Criteria	Baseline Data / Date	Current Level	Target Date

3. Functional Skills

presents with deficits in the area of functional skills and activities of daily living.

As evidenced by:

presents with: deficits in the area of functional skills and activities of daily living.

Behaviors Targeted for Increase:

EXAMPLE GOALS:

Domain Area	Behavioral Objective	Mastery Criteria	Baseline Data / Date	Current Level	Target Date

4. Maladaptive Behavior:

Type 1: DSM V Criteria: Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day). Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).

Type 2: DSM V Criteria: Destructive behaviors such as aggression, self-injurious behavior, elopement, property destruction, non-compliance

presents with

deficits in the area of behavioral deficits.

As evidenced by:

Maladaptive/Repetitive/Restrictive Behavior presents with: deficits in the area of behavioral deficits.

Progress: is progressing nicely in the behavior domain. She has reduced instances of crying, aggression, and repetitive behaviors.

Behavioral Assessment:

presents with some challenging behaviors. Behavior Assessment has been conducted to determine the function of the target behavior(s)

Behaviors Targeted for Decrease:

EXAMPLE GOALS:

Target Behavior	Behavioral Objective	Mastery Criteria	Baseline Data / Date	Current Level	Target Date

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Behavior Intervention Plan: Behavior intervention plan is subject to change once treatment has begun based on data collected on maladaptive behavior and client's response to treatment.

Target Behavior: Property Destruction	
Operational Definition	
Probable Function	
Proactive Strategies	
Functionally Equivalent Replacement Behaviors	
De-escalation Measures/ Reactive Strategies	
Target Behavior: Tantrum episode	
Operational Definition	
Probable Function	

Proactive Strategies	
Functionally Equivalent Replacement Behaviors	
De-escalation Measures/ Reactive Strategies	
Target Behavior: Eloping	
Operational Definition	
Probable Function	
Proactive Strategies	
Functionally Equivalent Replacement Behaviors	

De-escalation Measures/ Reactive Strategies	
Target Behavior: Hand Stimming	
Operational Definition	
Probable Function	
Proactive Strategies	
Functionally Equivalent Replacement Behaviors	
De-escalation Measures/ Reactive Strategies	
Target Behavior:	
Operational Definition	
Probable Function	
Proactive Strategies	

Functionally Equivalent Replacement Behaviors	
De-escalation Measures/ Reactive Strategies	

Replacement Behaviors:

Functionally Equivalent Replacement behaviors/Behaviors Targeted for Increase:

EXAMPLE GOALS:

Target Behavior	Behavioral Objective	Mastery Criteria	Baseline Data / Date	Current Level	Target Date

Preference Assessment:
<p>Reinforcement is a fundamental element to ensure success with ABA treatment procedures. A Preference assessment was conducted to determine preferred reinforcement choices that can be used during sessions. Preference assessments will be subsequently used throughout ABA treatment as needed. Currently, the top effective reinforcements identified are:</p> <p>Primary Reinforcer(s)</p> <p>Secondary Paired Reinforcer(s)</p> <p>Generalized reinforcer schedule (token system including backup reinforcer schedule):</p>
<p>Plan for Generalization:</p> <p>Generalization will be initiated once mastery criteria in the intervention phase has been met. This phase will determine if the client is able to transfer all mastered skill to similar stimuli under varied conditions. The BCBA will individualize the generalization criteria and establish how frequently a goal should be targeted by delineating hours per week during which the skill should be addressed. The interventions in which a skill is implemented and the opportunities to address the skill in novel contexts, will be ascertained by the frequency and duration of how often a goal will be targeted. If the skill is not properly generalized, the target will be reintroduced by focusing on intentionally varying stimuli as well as teaching loosely so that the client is prepared for generalization at the onset. The BCBA will assess if client is responding well to generalization by viewing data collection output.</p>

Plan for Maintenance:

Maintenance will be introduced once a goal has been met and can be generalized through various stimuli, settings and across individuals. Maintenance of skills will occur for a number of weeks or months, depending on the client's level of retention. If the client meets mastery levels in maintenance, the skill will be considered fully attained. If the client fails to retain the skill in maintenance, the skill will be reintroduced in intervention to ensure proper acquisition of the skill. The skill will then follow the maintenance schedule once more to ensure retention. The schedule will be modified by the BCBA according to the client's needs. Skills that follow a hierarchy will not need maintenance criteria as subsequent goals will automatically establish retention of skill.

Risk Assessment:

ABA as a method is proven to be effective in making socially significant changes in behaviors of children with Autism Spectrum Disorder when applied properly. Some potential risks are when a therapist begins to implement the programs without proper training. Additionally, when attempting to place some maladaptive behaviors on extinction, clients may experience an "extinction burst" where the behavior seems to get worse before it begins to get better. However, if ABA therapy is not provided, client may fail to acquire needed skills and maladaptive behaviors may persist. Additional risks may include prompt dependency, or response scrolling. ABA is contraindicated if no progress is noted, or if symptoms get worse following the onset of services, that don't change after significant time has elapsed.

Coordination of Care:**Plan for Coordination:**

The BCBA assigned to this case coordinates care with all service providers that take part in care. The BCBA will make every effort to communicate with service providers.

Reports of progress will be shared among providers in order to establish consistency in treatment and promote generalization in learning when appropriate. Declination of participation in coordination of care by a service provider will be documented.

Parent Training:

Parent training is crucial to ensuring that skills taught to the client are yielding effective outcomes in the home setting. The BCBA will initially assess parent/caregiver's difficulty in the home environment and discuss with them which primary deficits of their child hinder their daily routines. Parent training activities include discussion and training via direct teaching, modeling/role playing the skill when appropriate as well the BCBA observing the parents implementing the skill. Data collection will be taken by either the BCBA or parent to determine measurable progress. Feedback will be provided by the BCBA and modifications to the parent goals will be made as needed. As parents gain proficiency in ABA treatment, additional parent goals will be added and a more parent consultative model will be recommended once parents are proficient in implementing ABA strategies and techniques independently. If multiple family members are receiving ABA services, BCBA will collaborate with all providers that provide parent training.

Parent Compliance:

Parent understands the risks and benefits of the plan, and the risks of failure to comply with the plan. Parent also understand that due to the nature of delivering ABA services, minor adjustments to goals and protocols may be necessary through the duration of the 6-month period. Any new goals or substantial changes in protocol will be discussed verbally with parent/child's guardian prior to implementation. This will be further documented in Team Meeting notes. Parent agrees to the implementation of the above treatment plan and understands that they can discuss questions and request changes for the team to review by contacting the BCBA. Parent also understands that they could withdraw their consent at any time by providing a written statement to the BCBA.

Parent Goals:

Domain Behavior	Baseline Data / Date	Current Level	Mastery Criteria	Target Date	Behavioral Objective

Parent Involvement:
In addition to parent training sessions, involvement by parents is essential as the more exposure the parents acquire in ABA, the better equipped they will be to administer treatment independently. Parents anticipate that they will be involved _____ hours a month by:
Parent Proficiency:
Parents are currently _____ in implementing ABA strategies independently with their child.

Team Trainings
BCBA assigned to _____ team will schedule staff trainings regularly to ensure that all providers servicing _____ are well equipped to address all target behaviors and to teach all skills at delineated on the Treatment Plan.

Emergency Plan:

Crisis Plan
<p>is of sound physical health. All therapists have been advised how to manage a medical emergency, should one arise. All therapists will have access to a working phone always and will dial 911 in case of serious medical or other type of emergency. Therapists have been further advised that in case of inclement weather, (such that warrant school closings), treatment will be postponed until conditions improve. In cases of severe inclement weather, treatment will be postponed until safety can be ensured. Please see behavior intervention plan for more information on crisis management for behavior issues.</p>

Transition Plan:
<p>Services will be titrated when child has mastered the below targets across multiple adults and peers across a one-week period;</p> <p>The following goals are recommended for to meet in order to begin fading direct care services.</p> <p>Social Communication Goal: will communicate her needs effectively with prompts</p> <p>will engage with peers appropriately with prompts</p> <p>Behavior Goal: will decrease crying for more than 8 minutes and aggression to no more than once a day for 2 months with prompts</p> <p>will decrease repetitive behaviors to zero times for 4 weeks with prompts</p>
Discharge Criteria:

Discharge will be considered when (1) parent/caregiver voluntarily removes the patient from the program, (2) patient's individual treatment plan goals have been met, (3) patient has achieved adequate stabilization of the challenging behavior and less-intensive modes of treatment are appropriate and indicated, (4) patient can no longer participate in ABA treatment due to medical problems, family problems or other factors that prohibit participation.

Discharge will occur by reducing hours in small increments of half-hour per week while ensuring that all mastered goals are being maintained. If _____ retains skills despite decrease in hours, he will be a candidate for complete discharge. Parents will be provided with BCBA/Service Coordinator contact information upon discharge and referrals to other providers will be made as necessary. Clinical records will be made available within 30 days of discharge. The BCBA will remain available to answer parent concerns and questions.

Discharge Goals:

Once the client has met the following ABA treatment plan goals and is no longer in need of ABA, the BCBA will recommend that _____ be discharged from ABA services.

Social Communication Goal: _____ will communicate her needs effectively for 90% of opportunities for 3 consecutive months

_____ will engage with peers appropriately for 90% of opportunities for 3 consecutive months.

Instructions: A target mastery goal under the social communication domain should be a deficit that is listed in the DSM-5. Examples include deficits in social-emotional reciprocity, non-verbal communication used in social interactions or difficulty in developing or understanding social relationships.

Behavior Goal: _____ will decrease crying for more than 8 minutes and aggression to no more than once a day for 4 consecutive months

_____ will decrease repetitive behaviors to zero times for 4 consecutive months

Instructions: A target mastery goal under the behavior domain should be a deficit that are listed in the DSM-5 under autism spectrum disorder. Examples include deficits in restrictive repetitive patterns of behavior, interests or activities which include stereotyped movements, use of objects, speech, insistence of sameness, or inflexible with routines, fixated interests as well as hyper/hypo activity to sensory input.

Provider Signature Credentials

Date

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