



We heal and inspire the human spirit.

To: Behavioral Health Treatment (BHT) Providers
From: IEHP – Behavioral Health Treatment Team
Date: October 16, 2024
Subject: **Updated: ABA (BHT) 6-Month and Exit Progress Report Template**

We have made updates to the **ABA (BHT) 6-Month and Exit Progress Report Template**, a requirement for all BHT Providers when submitting a request for services. **Please begin to utilize the new template no later than November 1, 2024.**

All new requirements in the template are outlined in **red**. Please continue to submit your treatment plans every six months, at the conclusion of your authorization period.

The new [template](#) can be found on our website by searching ProviderServices.iehp.org > Resources > Resources for Providers > Forms > Behavioral Health.

As a reminder, each treatment plan should abide by the latest BHT DHCS All Plan Letter 23-010.

The following 11 elements need to be included in each treatment plan:

- 1) Include a description of patient information, reason for referral, brief background information (e.g., demographics, living situation, or home/school/work information), clinical interview, review of recent assessments/reports, assessment procedures and results, and evidence-based BHT services.
- 2) Delineate both the frequency of baseline behaviors and the treatment planned to address the behaviors.
- 3) Identify measurable long-, intermediate-, and short-term goals and objectives that are specific, behaviorally defined, developmentally appropriate, socially significant, and based upon clinical observation.
- 4) Include outcome measurement assessment criteria that will be used to measure achievement of behavior objectives.
- 5) Include the Member's current level of need (baseline, expected behaviors the Guardian will demonstrate, including condition under which it must be demonstrated and mastery criteria [the objective goal]), date of introduction, estimated date of mastery, specify plan for generalization and report goal as met, not met, or modified (include explanation).
- 6) Utilize evidence based BHT services with demonstrated clinical efficacy tailored to the Member.
- 7) Clearly identify the service type, number of hours of direct service(s), observation and direction, Guardian training, support, and participation needed to achieve the goals and objectives, the frequency at which the Member's progress is measured and reported, transition plan, crisis plan, and each individual Provider who

is responsible for delivering services.

- 8) Include care coordination that involves the Guardian, school, state disability programs, and other programs and institutions, as applicable.
- 9) Consider the Member's age, school attendance requirements, and other daily activities when determining the number of hours of Medically Necessary direct service and supervision. However, MCPs must not reduce the number of Medically Necessary BHT hours that a Member is determined to need by the hours the Member spends at school or participating in other activities.
- 10) Deliver BHT services in a home or community-based setting, including clinics. BHT intervention services provided in schools, in the home, or other community settings, must be clinically indicated, Medically Necessary and delivered in the most appropriate setting for the direct benefit of the Member. BHT service hours delivered across settings, including during school, must be proportionate to the Member's medical need for BHT services in each setting.
- 11) Include an exit plan/criteria. However, only a determination that services are no longer Medically Necessary under the EPSDT standard can be used to reduce or eliminate services.

If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org

All IEHP communications can be found at: www.providerservices.iehp.org > News and Updates > Notices