

# BHPN ASSESSMENT REPORT TEMPLATE

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01 NOVEMBER 2019

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1. Client Full Name
2. Patient Insured ID

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1. Provider Full Name
2. Client Full Name
3. Patient Insured ID
4. Client Birth Date
5. Contact Full Name
6. Client Address
7. Client Home Phone
8. Client Claims Diagnosis

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1. Provider Full Name
2. Client First Name


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1. Name
2. Generalization Criteria
3. Baseline Criteria

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1. Client First
2. Provider First
3. Provider Full Name
4. Provider Credentials
5. Provider Occupation

## 🔒 HEADER -----

	Client Name: <input type="text" value="Client Full Name"/> ← 1
	MRN: <input type="text" value="Patient Insured Id"/> ← 2
	Date of Report: <input type="text" value="Date"/> 📅
	Addendum Report: <input type="text" value="Date"/> 📅

1. Pulls from the [Basics section](#) of the client's profile. ↴

**Navigate to client's account > Profile > Basics**

First Name	<input type="text" value="First"/>
MI	<input type="text" value="Middle Initial"/>
Last Name	<input type="text" value="Last"/>

2. Patient insured ID listed under client's [payor profile](#). ↴

**Navigate to client's account > Profile > Payors > Add or edit payor > Patient**

Insured ID	<input type="text" value="Insured ID"/> ↻
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## CLIENT INFORMATION

<b>Provider Name OR</b>	1 →	Provider Full Name
<b>Provider Logo (optional)</b>		

<b>Client Full Legal Name:</b>	2 →	Client Full Name
<b>Medical Record Number:</b>	3 →	Patient Insured Id
<b>Date of Birth:</b>	4 →	Client Birth Date
<b>Client Age in Years, Months:</b> (e.g., 02 years, 08 months)		02 years, 08 months ✎
<b>Date of Report:</b>		Date 📅
<b>Parent/Guardian Name:</b>	5 →	Contact Full Name
<b>Parent/ Guardian Address:</b>	6 →	Client Address
<b>Out of Service Area (OOSA)</b> Yes or No: <input type="checkbox"/> : (If Yes, provide area)		Text box ✎
<b>Phone Number:</b>	7 →	Client Home Phone
<b>KP Case Manager Name:</b>		Text box ✎
<b>BHPN Clinical Case Manager Name (if known):</b>		Text box ✎
<b>Treatment Team (include contact email and phone for supervisor):</b>		Text area ✎
<b>Diagnosis (listed on authorization)</b>		
Client Claims Diagnosis	← 8	

Provider Full Name 1. Pulls from the [Basics section](#) of the employee's profile. ↓

**Navigate to employee's account > Profile > Basics**

First Name	First
MI	Middle Initial
Last Name	Last

Client Full Name 2. Pulls from the [Basics section](#) of the client's profile. ↓

**Navigate to client's account > Profile > Basics**

First Name	First
MI	Middle Initial
Last Name	Last

Patient Insured Id 3. Patient insured ID listed under client's [payor profile](#). ↓

**Navigate to client's account > Profile > Payors > Add or edit payor > Patient**

Insured ID	Insured ID	↻
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Client Birth Date 4. Pulls from the [Basics section](#) of the client's profile. ↓

**Navigate to client's account > Profile > Basics**

DOB	mm	dd	yyyy
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Contact Full Name 5. Pulls from the [Basics section](#) of the client's profile. ↓

**Navigate to client's account > Profile > Basics**

Parent/Guardian First Name	Parent/Guardian First Name
Parent/Guardian Last Name	Parent/Guardian Last Name

**Client Address** 6. Pulls from the [Basics section](#) of the client's profile. ↴

**Navigate to client's account > Profile > Basics > Address**

Address	<input type="text" value="Address"/>
Address #2	<input type="text" value="Address #2"/>
City	<input type="text" value="City"/>
State	<input type="text" value="State"/> <input type="checkbox"/> Outside of the US?
Zip/Postal Code	<input type="text" value="Zip/Postal Code"/>

**Client Home Phone** 7. Pulls from the [Basics section](#) of the client's profile. ↴

**Navigate to client's account > Profile > Basics > Address**

Home	<input type="text" value="000"/>	<input type="text" value="000"/>	<input type="text" value="0000"/>	<input type="text" value="Opt description"/>
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**Client Claims Diagnosis** 8. Diagnosis code listed [within client's authorization](#). ↴

Diagnosis Codes 	<input type="text" value="Search for ICD-9 and ICD-10 diagnosis codes"/>
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# ≡ BACKGROUND AND METHODOLOGY -----

## BACKGROUND AND METHODOLOGY

Provider Full Name evaluations determine eligibility and recommendations for an intensive ABA program. For the purposes of this assessment, Provider Full Name gathers data from a variety of sources including direct observation in natural settings, direct assessment using appropriate developmental assessment tools, interviews with caregivers, and review of previous records.

### Educational Services:

Client First currently receives Text box total hours of education services comprised of the following:

Service	Service Dates	Intensity (Hours Per Week/Month)
Text box	Text box	Text box
Text box	Text box	Text box
Text box	Text box	Text box
Text box	Text box	Text box

### OTHER SERVICES

Client First currently receives Text box total hours of service comprised of the following:

Provider Full Name 1. Pulls from the [Basics section](#) of the employee's profile. ↴

**Navigate to employee's account > Profile > Basics**

First Name	First
MI	Middle Initial
Last Name	Last

Client First 2. Pulls from the [Basics section](#) of the client's profile. ↴

**Navigate to client's account > Profile > Basics**

First Name	First
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# ≡ TREATMENT PLAN -----

## Strengths:

Rich text area 

- **Treatment Goal:**

**Generalization Criterion:**

**Assessment Tool Source:**



**Baseline:**

1. Pulls from the name of the learning tree branch. ↴

**Navigate to client's learning tree > Select Branch > Edit > Branch Title**

Branch Name

Click here to add labels...

2. Pulls from the branch details within a learning tree. ↴

**Navigate to client's learning tree > Select Branch > Edit > Generalization Criteria**



3. Pulls from the branch details within a learning tree. ↴

**Navigate to client's learning tree > Select Branch > Edit > Baseline Information**



## RECOMMENDATION OF SERVICES

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### RECOMMENDATIONS

The following recommendations are being made:

Based on the information collected during assessment and **Client First** learner profile, **Provider First** has determined that intensive ABA services are/ are not appropriate at this time. Direct services should be composed of home and clinic-based services focused on skill remediation as detailed in the report above. Additionally, natural settings in **Client First**'s community should also be incorporated regularly into the intervention services provided. Providing intervention in community-based settings is critical to **Client First** generalizing his/her skills for use in real world settings. The following recommendations are being made regarding these services.

It is recommended that **Client First**  receive / not receive  ongoing intensive behavioral therapy.

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**Client First** 1. Pulls from the [Basics section](#) of the client's profile. ↴

**Navigate to client's account > Profile > Basics**

First Name	First
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**Provider First** 2. Pulls from the [Basics section](#) of the client's profile. ↴

**Navigate to client's account > Profile > Basics**

First Name	First
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Respectfully Submitted,

Provider Signature

Provider Full Name, Provider Credentials, Provider Occupation, License/Cert.#

The image shows a signature block with a grey background. At the top, it says "Respectfully Submitted,". Below that is a large grey box for the "Provider Signature". Underneath the signature box are four smaller grey boxes: "Provider Full Name", "Provider Credentials", "Provider Occupation", and "License/Cert.#". Three red arrows with numbers 3, 4, and 5 in red circles point from the "Provider Full Name", "Provider Credentials", and "Provider Occupation" boxes respectively to the "Provider Signature" box.

Provider Full Name 3. Pulls from the [Basics section](#) of the employee's profile. ↴

**Navigate to employee's account > Profile > Basics**

First Name First

MI Middle Initial

Last Name Last

The image shows a form with three input fields. The first field is labeled "First Name" and contains the text "First". The second field is labeled "MI" and contains the text "Middle Initial". The third field is labeled "Last Name" and contains the text "Last". The entire form is enclosed in a red dashed border.

Provider Credentials 4. Pulls from the [Basics section](#) of the employee's profile. ↴

**Navigate to employee's account > Profile > Basics**

Credentials BCBA MA etc

(e.g. PhD, MA, etc.)

The image shows a form with a label "Credentials" and a sub-label "(e.g. PhD, MA, etc.)". Below the label are four input fields. The first field contains "BCBA", the second contains "MA", the third contains "etc", and the fourth is empty. The entire form is enclosed in a red dashed border.

Provider Occupation 5. Pulls from the [Basics section](#) of the employee's profile. ↴

**Navigate to employee's account > Profile > Basics**

Occupation Occupation

The image shows a form with a label "Occupation" and an input field containing the text "Occupation". The entire form is enclosed in a red dashed border.