

# Assessment Report

## Child Communication and Behavior Specialists (CCBS)



Assessment conducted in the following setting:  
**In-Person and Telehealth**  
**Parent-Led ABA**

### CLIENT INFORMATION

<b>Client Full Legal Name:</b>	Kaleb Xiong
<b>Client Chosen Name (if applicable)</b>	N/A
<b>Date of Birth:</b>	3/13/2020
<b>Client Age in Years, Months:</b>	4 years 2 months
<b>Client's Race / Ethnicity</b>	Asian/Pacific Islander
<b>Preferred Language:</b>	English
<b>Language Line Use: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></b>	
<b>Client's Gender</b>	Male
<b>Client's Pronouns</b>	He/His
<b>Caregiver/Legal Guardian Name:</b>	Mary Xiong (Mother) Yang Xiong (Father)
<b>Caregiver/ Legal Guardian Address:</b>	9582 Village Tree Drive Elk Grove CA 95758
<b>Client Resides With:</b>	Mother, Father, and siblings
<b>Client Address if Different than Caregiver /Legal Guardian:</b>	N/A
<b>Out of (Funder) Service Area (OOSA) Yes or No:</b>	No
<b>Phone Number:</b>	(916) 647-7815 (Father) (916) 896-7267 (Mother)
<b>Treatment Team:</b> <b>High Level Supervisor</b>	Esperanza Garnica BCBA 1-23-70380 egarnica@ccbspecialists.com (866) 227-1211

<b>Diagnosis</b> (listed on authorization):	Autism Spectrum Disorder, Language Disorder, Global Developmental Delay, Blind (since birth)
<b>Diagnosing MD or Psychologist Name AND Date of Diagnosis(es)</b>	Morgan Aita, Ph.D. 12/13/2023
<b>Initial BHT Start Date:</b>	5/28/2024
<b>Academic Performance</b> (School)	IEP? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	504? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Educational Program: <b>Day Program</b>
	General Education? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Performance in General Education (if "yes" above): Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>
	Educational Setting: Public

**Documented Reason for Referral:**

**Kaleb is a 3-year-old male who was referred for ABA services due to Communication, Behavioral, Daily Living skills, and Sleep concerns.**

**CCS Recommendations Based on BHT Initial Assessment:**

**Parent-Led ABA**

**RECOMMENDATIONS**

Based on assessment, observation, and the learner profile, it has been determined that behavioral health treatment as indicated below are being recommended. Direct services will be focused on skill acquisition and/or behavior reduction as detailed in the report below. Additionally, natural settings will be incorporated regularly into the intervention services provided as this is critical to generalizing skills for use in real world settings.

**Authorization Request (Hours agreed to by client/family)**

**Client may be clinically recommended for Caregiver Mediated and Paraprofessional Mediated treatment during this authorization period; however, they do not occur at the same time.**

**\*\* Services could occur in one or all settings that are marked below\*\***

Is Caregiver Mediated Treatment Option Clinically Indicated Yes  No

If “no,” please provide a rationale below:

**Caregiver Mediated Treatment Option**

**Parent-Led ABA**

Paraprofessional Level - H2019	Direct	<b>0 Hours/Mont</b>	N/A
<b><i>If Applicable:</i></b> Social Skills Group – H2014	Direct	0 Hours/Month	Clinic/Center <input type="checkbox"/> Telehealth <input type="checkbox"/>
Mid-Level Supervisor – H0032	Direct & Indirect	(10 - 25) Hours/Month	Home <input checked="" type="checkbox"/> Clinic/Center <input checked="" type="checkbox"/> Community <input type="checkbox"/> Telehealth <input checked="" type="checkbox"/> Other Setting <input type="checkbox"/>
High Level Supervisor – H0004	Direct & Indirect	(2 - 4) Hours/Month	Home <input checked="" type="checkbox"/> Clinic/Center <input checked="" type="checkbox"/> Community <input type="checkbox"/> Telehealth <input checked="" type="checkbox"/> Other Setting <input type="checkbox"/>

Were the above hours offered to the client family? Yes  No

**Caregiver Mediated Treatment is Clinically Indicated for Following Reasons Below:**

Based on the caregiver interview, direct observations, and re-assessment, the following treatment plan is recommended to support Kaleb in gaining skills addressing the families desired outcomes within Parent Led ABA (Caregiver Mediated Model).

Parent Led ABA training would benefit Kaleb's caregivers by providing them the skills to support increasing desired behaviors (i.e., communication and daily living skills) and to promote learning across family members (i.e., mom, dad, etc.).

It is recommended that Kaleb be authorized for 10-20 monthly Mid-Level supervision hours and 2-4 monthly high level supervision hours.

Kaleb's caregivers indicated that they is in agreement with the clinical recommendations of Parent Led ABA treatment model and understand that it may be conducted within the home, clinic and/or Telehealth.

### Practitioner Mediated Treatment Option

Choose an item.

Practitioner Level	Service Type	Hours	Location of Services
Paraprofessional Level - H2019	Direct	<b>Range of Hours</b> ( - ) Hours/Month	Home <input type="checkbox"/> Clinic/Center <input type="checkbox"/> Community <input type="checkbox"/> Telehealth <input type="checkbox"/> Other Setting <input type="checkbox"/> Click or tap here to enter text.
Social Skills Group – H2014	Direct	___ Hours/Month	Clinic/Center <input type="checkbox"/> Telehealth <input type="checkbox"/>
Mid-Level Supervisor – H0032	Direct & Indirect	( - ) Hours/Month	Home <input type="checkbox"/> Clinic/Center <input type="checkbox"/> Community <input type="checkbox"/> Telehealth <input type="checkbox"/> Other Setting <input type="checkbox"/> Click or tap here to enter text.
High Level Supervisor – H0004	Direct & Indirect	( - ) Hours/Month	Home <input type="checkbox"/> Clinic/Center <input type="checkbox"/> Community <input type="checkbox"/> Telehealth <input type="checkbox"/> Other Setting <input type="checkbox"/>

			Click or tap here to enter text.
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Were the above hours offered to the client family? Yes  No

**Practitioner Mediated Treatment is Clinically Indicated for Following Reasons Below:**

Practitioner mediated treatment is not clinically recommended at this time.

**Social Skills Group description, if applicable:**

Choose an item. N/A

**If clinic/center-based services are recommended, please provide pick-up/drop-off policy:**

N/A

**BACKGROUND AND METHODOLOGY**

This evaluation determines eligibility and recommendations for an intensive ABA program. For the purposes of this assessment, data from a variety of sources including direct observation in multiple natural settings, direct assessment using appropriate tools, interviews with caregivers, and review of previous records was utilized.

**REVIEW OF RECORDS**

Information contained in reports by other service providers helps to provide the assessor with a more comprehensive understanding of an individual's history and current skill levels. For the purpose of this assessment, the following documents were reviewed:

- **BHT Initial Assessment**
- **Vineland**
- **ASD Client packet**

**ASSESSMENT APPOINTMENTS**

Date	Times	Location	Assessment Methods/Tools Used	Evaluator(s) Present

5/3/2024	11:00-12:00	Office	Records Review	Esperanza Garnica BCBA#1-23-70380
5/3/2024	3:30-4:30pm	Telehealth	Parent Interview	Esperanza Garnica BCBA#1-23-70380
5/14/2024	1:00-3:00pm	In-person	VB-MAPP, Preference Assessment, Direct Observation	Esperanza Garnica BCBA#1-23-70380
5/15/2024	12:00-12:15pm	Telehealth (phone call)	Provider Collaboration	Esperanza Garnica BCBA#1-23-70380 and Dr. Stephanie Yee-Guardino (Kaiser Permanente)

Caregivers denied offer to review the report via telehealth on 5/20/2024.

**Did care coordination occur during this authorization period? Yes  No**

**If "No," Please provide reason: N/A [Choose an item.](#)**

**Coordination of Care:** BCBA met with the client's pediatrician over the phone on 5/15 to discuss any medical barriers to the client's ABA service and most effective implementation of client's skill acquisition goals. The client's doctor reported that a walking cane is typically introduced around early elementary school and that the client and family are focused on tactical exploration of the client's environment. The doctor reported the client's motor skills were age appropriate and climbing behaviors were of concern due to safety. BCBA and doctor discussed the introduction of the AAC device. The client's doctor reported wanting to minimize screen time if possible and positively responded to the possibility of introducing PECS with brail added to the icons. The doctor reported the client had food aversions and was a 'picky eater' and recommended a food goal to target feeding. The doctor reported no medical barriers to service at this time.

**(Other Behavioral Health Treatment, supplementary services, CCS care teams, or educational entities with which collaboration for treatment recommendations occurred):**

Type of Collaboration/Coordination & Description	Name and/or Role	Date(s) and/or frequency of Collaboration
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Phone Consultation	Dr. Stephanie Yee-Guardino – Pediatrician Kaiser	5/15/2024
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**HISTORY & SUMMARY OF SERVICES**

**FAMILY CONSTELLATION**

Kaleb resides with parents and siblings in Elk Grove, California. The primary language spoken in the home is English. There are no considerations the family would like the clinical team to know at this time.

**SIGNIFICANT BIRTH & MEDICAL HISTORY**

Kaleb was born full term via C-section. Kaleb's mother took Labetalol for high blood pressure during the pregnancy. Kaleb sat independently at 5-6 months, began crawling at 7-8 months, began walking at 11 months, spoke their first word at 12 months. Caregivers are in the process of potty training. Kaleb does not currently take medication and does not currently have any known allergies. Kaleb has been fully blind since birth, and he is in the beginning stages of learning brail.

**EDUCATIONAL SERVICES:**

Total number of hours of education services comprised of the following:

Service	Service Dates	Intensity (Hours Per Week/Month)
Pre-School Foulks Ranch Elementary School	2023- present	Monday-Thursday 8:00-11:00am

**OTHER SERVICES**

Total number of hours of other services comprised of the following (including extracurricular activities):

Service	Service Dates	Intensity (Hours Per Week/Month)
Occupational Therapy	March 2024 – present	Click or tap here to enter text.
Speech Therapy	January 2024- present	1/week Tuesday 5:00
Regional service	December 2023 – present	On going

## CURRENT LEVEL OF FUNCTIONING AND ASSESSMENT RESULTS

### PREFERENCE ASSESSMENT

A preference survey was conducted to identify stimuli that may serve as potential reinforcers for the display of appropriate behavior. Based on direct observation, parent interview, and interactions, the following preferences have been identified:

- **Animal Toys**
- **Pop tube**
- **Cat Piano**
- **Toys that make sounds**
- **Movement Play (jumping, spinning, etc.)**

### BEHAVIORAL ASSESSMENT

Kaleb was observed to engage in mouthing behaviors throughout the in-person assessment. When the assessor handed the client an object and asked 'what is this' the client put the item in their mouth before answering and continued to bite on the item after answering. When the caregivers gave the client a pop tube to redirect the client to a new activity, Kaleb engaged in mouthing behaviors on the end of the tube. Caregivers reported the client will engage in mouthing behaviors throughout the day with a variety of items and textures (hard, soft, bumpy, squishy, etc.). Caregivers report that the objects can be new or known objects. Per caregiver report and observation, a hypothesized function is sensory. Additional data should be collected by the clinical team.

No self-injurious behaviors were observed during the in-person assessment. Caregivers reported concerns with client's self-injurious behavior. Caregivers reported that Kaleb will hit themselves and bang their head on a rocking chair. Caregivers reported antecedent strategies include when they are unable to fulfil Kaleb's requests. Due to Kaleb's limited communication, they will present him with various items until they can find what he requested. Caregivers reported they will attempt to physically intervene, and that Kaleb will continue until they intervene. Caregivers attempt to redirect Kaleb to various items and the client will stop the behavior when caregivers find the correct item he wanted. Based on caregiver report, the hypothesized function is access however additional ABC data is required.

No elopement behavior was observed during the session. Caregivers reported that Kaleb will run out of the front door and search for doors to open. Caregivers reported that Kaleb will not respond to his name or to safety instructions including 'stop' and 'come here'. During the phone consultation with Kaleb's doctor, safety was a priority for treatment. Additional data is required by the clinical team.

No harm to others was observed during the session. Caregivers reported that Kaleb will engage in rubbing his hand on his brother's nose. Kaleb applies pressure that could result in the harm of his brother's nose however caregivers reported that Kaleb does not engage in the behavior to cause harm as it is only an outcome of the behavior. Caregivers report that Kaleb does not engage in the behavior with other individuals. It is recommended that this behavior be monitored by the clinical team.

## ADAPTIVE BEHAVIOR ASSESSMENT

Vineland Adaptive Behavior Scales, Third Edition (Vineland™-3)  
Comprehensive Parent/Caregiver Form Report  
*Sara S. Sparrow, Domenic V. Cicchetti, and Celine A. Saulnier*

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### Examinee Information

ID: C2003-HC-3303  
Name: Kaleb Xiong  
Gender: Male  
Birth Date: 03/13/2020  
Age: 4:0

### Test Information

Test Date: 03/18/2024  
Respondent Name: Yang Xiong  
Relationship: Father  
Examiner Name: Helen Pham  
Administration Language: English

## OVERALL SUMMARY

The Vineland-3 is a standardized measure of adaptive behavior--the things that people do to function in their everyday lives. Whereas ability measures focus on what the examinee can do in a testing situation, the Vineland-3 focuses on what they actually do in daily life. Because it is a norm-based instrument, the examinee's adaptive functioning is compared to that of others their age.

Kaleb Xiong was evaluated using the Vineland-3 Comprehensive Parent/Caregiver Form on 03/18/2024. Yang Xiong, Kaleb's father, completed the form.

Kaleb's overall level of adaptive functioning is described by his score on the Adaptive Behavior Composite (ABC). His ABC score is 49, which is well below the normative mean of 100 (the normative standard deviation is 15). The percentile rank for this overall score is <1.

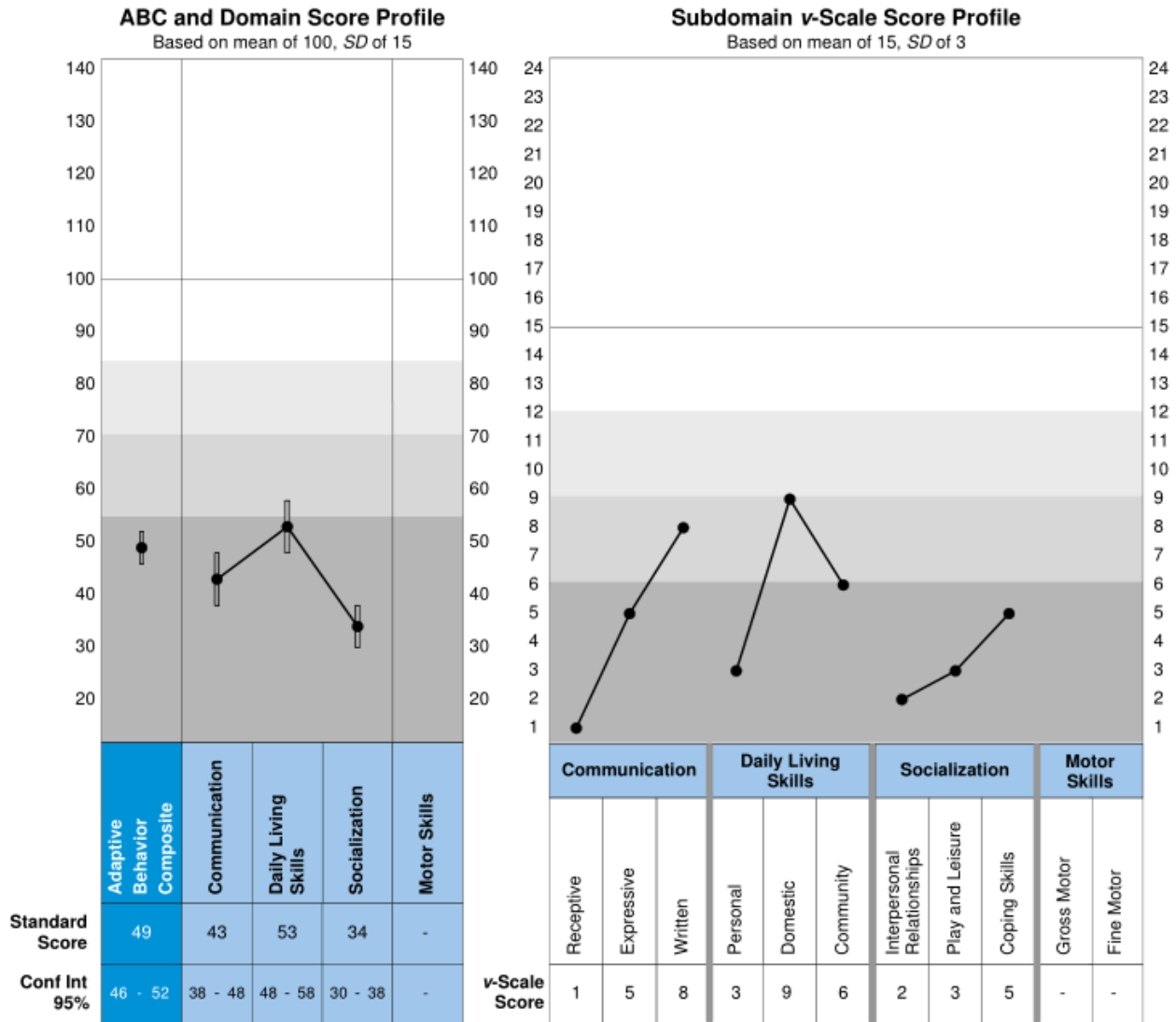
The ABC score is based on scores for three specific adaptive behavior domains: Communication, Daily Living Skills, and Socialization. The domain scores are also expressed as standard scores with a mean of 100 and standard deviation of 15.

The Communication domain measures how well Kaleb listens and understands, expresses himself through speech, and reads and writes. His Communication standard score is 43. This corresponds to a percentile rank of <1.

The Daily Living Skills domain assesses Kaleb's performance of the practical, everyday tasks of living that are appropriate for his age. His standard score for Daily Living Skills is 53, which corresponds to a percentile rank of <1. This domain is a relative strength for Kaleb.

Kaleb's score for the Socialization domain reflects his functioning in social situations. His Socialization standard score is 34. The percentile rank is <1. This domain is a relative weakness for Kaleb.

## SCORE SUMMARY PROFILE



*The optional Motor Skills domain was not administered.*

## SCORE SUMMARY

### ABC and Domain Score Summary

ABC	Standard Score (SS)	95% Confidence Interval	Percentile Rank	SS Minus Mean SS*	Strength or Weakness**	Base Rate
Adaptive Behavior Composite	49	46 - 52	<1			
<b>Domains</b>						
Communication	43	38 - 48	<1	-0.3	-	-
Daily Living Skills	53	48 - 58	<1	9.7	Strength	<=25%
Socialization	34	30 - 38	<1	-9.3	Weakness	<=25%

\*The examinee's Mean Domain Standard Score (Mean SS) = 43.3

\*\*Significance level chosen for strength/weakness analysis is .05

Strength/weakness results and base rates are based on normative data that included administration of the optional Motor Skills domain.

### Subdomain Score Summary

Subdomains	Raw Score	v-Scale Score ( vS)	Age Equivalent	Growth Scale Value	Percent Estimated	vS Minus Mean vS*	Strength or Weakness**	Base Rate
<b>Communication Domain</b>								
Receptive	11	1	0:7	55	6.5	-3.7	Weakness	<=10%
Expressive	22	5	1:2	60	7.0	0.3	-	-
Written	1	8	<3:0	20	0.0	3.3	Strength	<=15%
<b>Daily Living Skills Domain</b>								
Personal	9	3	0:8	50	0.0	-1.7	Weakness	>25%
Domestic	1	9	<3:0	21	10.0	4.3	Strength	<=5%
Community	0	6	<3:0	10	0.0	1.3	Strength	>25%
<b>Socialization Domain</b>								
Interpersonal Relationships	3	2	0:0	33	7.7	-2.7	Weakness	<=15%
Play and Leisure	3	3	0:1	33	0.0	-1.7	Weakness	<=25%
Coping Skills	2	5	<2:0	28	0.0	0.3	-	-

\*The examinee's Mean Subdomain v -Scale Score (Mean vS) = 4.7

\*\*Significance level chosen for strength/weakness analysis is .05

Strength/weakness results and base rates are based on normative data that included administration of the optional Motor Skills domain.

## PAIRWISE DIFFERENCE COMPARISONS

### Domain Pairwise Difference Comparisons

In the table below the first domain corresponds to Standard Score 1 and the second domain corresponds to Standard Score 2.

Comparison	Standard Score 1	Standard Score 2	Standard Score Difference	Significant Difference*	Base Rate
<b>Domains</b>					
Communication < Daily Living Skills	43	53	10.0	Yes	>25%
Communication > Socialization	43	34	9.0	Yes	>25%
Daily Living Skills > Socialization	53	34	19.0	Yes	<=10%

\*Significance level chosen for pairwise difference comparisons is .05

### Subdomain Pairwise Difference Comparisons

In the table below the first subdomain corresponds to v-Scale Score 1 and the second subdomain corresponds to v-Scale Score 2.

Comparison	v-Scale Score 1	v-Scale Score 2	v-Scale Score Difference	Significant Difference*	Base Rate
<b>Communication Domain</b>					
Receptive < Expressive	1	5	4.0	Yes	<=10%
Receptive < Written	1	8	7.0	Yes	<=10%
Expressive < Written	5	8	3.0	Yes	>25%
<b>Daily Living Skills Domain</b>					
Personal < Domestic	3	9	6.0	Yes	<=5%
Personal < Community	3	6	3.0	Yes	<=25%
Domestic > Community	9	6	3.0	Yes	<=25%
<b>Socialization Domain</b>					
Interpersonal Relationships < Play and Leisure	2	3	1.0	No	-
Interpersonal Relationships < Coping Skills	2	5	3.0	Yes	<=25%
Play and Leisure < Coping Skills	3	5	2.0	No	-

\*Significance level chosen for pairwise difference comparisons is .05

## MALADAPTIVE BEHAVIOR RESULTS

Maladaptive Scale	Raw Score	v-Scale Score
Internalizing	16	21
Externalizing	6	18

v-scale scores have a mean of 15, SD of 3

### Critical Items Scored 2 (Often) or 1 (Sometimes)

1. Gets fixated on objects or parts of objects (**Often**)
2. Hears voices or sees things that others do not (**Sometimes**)
3. Harms himself (**Often**)
4. Uses strange or repetitive speech (**Often**)
5. Loses awareness of what is happening around him (**Often**)
6. Repeats physical movements over and over (**Often**)
16. Wanders or darts away without regard for safety (**Often**)

## VINELAND-3 SCORE INTERPRETATION

### Estimated Responses

The number of estimated responses is low enough so as not to affect the interpretation.

### Adaptive Behavior

The Adaptive Behavior Composite (ABC) provides an overall summary measure of Kaleb's adaptive functioning. His ABC standard score is 49, with a 95% confidence interval of 46 to 52. His percentile rank of <1 means that his score was greater than or equal to <1% of individuals in Kaleb's age group in the Comprehensive Parent/Caregiver Form normative sample.

### Communication Domain

The Communication domain measures how well Kaleb exchanges information with others. His Communication standard score is 43, with a 95% confidence interval of 38 to 48. This corresponds to a percentile rank of <1.

Kaleb's Communication domain standard score is based on his scores on three subdomains: Receptive, Expressive, and Written. The Receptive subdomain assesses attending, understanding, and responding appropriately to information from others. Kaleb's Expressive score reflects his use of words and sentences to express himself verbally. The Written subdomain score conveys an individual's use of reading and writing skills.

Kaleb's  $\nu$ -scale scores are 1 for Receptive, 5 for Expressive, and 8 for Written. Pairwise difference comparisons among these scores show that the Receptive score is significantly lower than the Expressive score, the Receptive score is significantly lower than the Written score, and the Expressive score is significantly lower than the Written score.

### Daily Living Skills Domain

The Daily Living Skills domain assesses Kaleb's performance of the practical, everyday tasks of living that are appropriate for his age. His standard score for Daily Living Skills is 53, with a 95% confidence interval of 48 to 58 and a percentile rank of <1.

Kaleb's Daily Living Skills domain standard score is derived from his scores on three subdomains: Personal, Domestic, and Community. His Personal subdomain score expresses his level of self-sufficiency in such areas as eating, dressing, washing, hygiene, and health care. His Domestic score reflects the extent to which Kaleb performs household tasks such as cleaning up after himself, chores, and food preparation. The Community subdomain measures an individual's functioning in the world outside the home, including safety, using money, travel, and rights and responsibilities.

Kaleb received  $\nu$ -scale scores of 3 for Personal, 9 for Domestic, and 6 for Community. Pairwise difference comparisons among these scores show that the Personal score is significantly lower than the Domestic score, the Personal score is significantly lower than the Community score, and the Domestic score is significantly higher than the Community score.

### Socialization Domain

Kaleb's score for the Socialization domain reflects his functioning in social situations. His Socialization standard score is 34, with a 95% confidence interval of 30 to 38. The percentile rank is <1.

Kaleb's Socialization domain standard score is based on his scores on three subdomains: Interpersonal Relationships, Play and Leisure, and Coping Skills. Interpersonal Relationships assesses how an individual responds and relates to others, including friendships, caring, social appropriateness, and conversation. Kaleb's Play and Leisure score reflects how he engages in play and fun activities with others. His Coping Skills score

conveys how well he demonstrates behavioral and emotional control in different situations involving others.

Kaleb's *v*-scale scores are 2 for Interpersonal Relationships, 3 for Play and Leisure, and 5 for Coping Skills. Pairwise difference comparisons among these scores show that the Interpersonal Relationships score is significantly lower than the Coping Skills score.

### **Domain-Level Strengths/Weaknesses and Pairwise Difference Comparisons**

Kaleb's mean domain standard score of 43.3 was compared to his three domain standard scores to determine possible areas of strength and weakness. The results show that Daily Living Skills is a relative strength for Kaleb, and that Socialization is a relative weakness.

In addition, pairwise difference comparisons were performed between all pairs of domain standard scores. The findings are that the Communication score is significantly lower than the Daily Living Skills score, the Communication score is significantly higher than the Socialization score, and the Daily Living Skills score is significantly higher than the Socialization score.

### **Subdomain-Level Strengths/Weaknesses and Additional Pairwise Difference Comparisons**

A subdomain level strengths/weaknesses analysis was performed by comparing Kaleb's 9 subdomain *v*-scale scores to his mean subdomain score of 4.7. The results show the Written, Domestic, and Community subdomains to be relative strengths, whereas the Receptive, Personal, Interpersonal Relationships, and Play and Leisure subdomains are relative weaknesses.

The results of pairwise difference comparisons among the subdomains within each domain are described above. The user also has the option to select comparisons between subdomains from *different* domains. No across-domain comparisons were selected for this report.

### **Maladaptive Behavior**

The Maladaptive Behavior domain provides a brief assessment of problem behaviors. The additional information it provides can prove helpful in diagnosis or intervention planning. It may also be used as a screener to determine if a more in-depth assessment of problematic behavior is warranted.

The domain includes brief scales measuring Internalizing (i.e., emotional) and Externalizing (i.e., acting-out) problems. These scales are reported using *v*-scale scores, which are scaled to a mean of 15 and standard deviation of 3. Higher Internalizing and Externalizing *v*-scale scores indicate more problem behavior. If qualitative descriptors are desired, scores of 1 to 17 may be considered Average, 18 to 20 Elevated, and 21 to 24 Clinically Significant.

Kaleb received *v*-scale scores of 21 for Internalizing and 18 for Externalizing.

The Maladaptive Behavior domain also includes a set of Critical Items covering more severe maladaptive behaviors. Because the Critical Items do not form a unified construct, they are not scored as a scale, but instead are reported at the item level. The Critical Items for which Kaleb received a score of 2 (Often) or 1 (Sometimes) are listed earlier in this report.

## **FUNCTIONAL SKILLS ASSESSMENT**

### **VB-MAPP – Verbal Behavior Milestone Assessment and Placement Program**

The VB-MAPP is a language and social skills assessment tool that was utilized to identify areas of strength as well as areas that need to be addressed. In the scoring sheet below, the areas shaded in yellow are the milestones that Kaleb demonstrated when directly assessed on 5/14. The three levels correspond to developmental ages: Level 1: 0-18

months, Level 2: 18-30 months, and Level 3: 30-48 months. Typically developing children, who are the same age as Kaleb at the time of testing, would demonstrate all milestones in levels one and two. The domains for "social" and "group" have not been directly tested or observed by the clinical team because sessions do not frequently occur with peers or group settings.



Kaleb's score falls within Level 1. Kaleb displayed strengths in the Vocal, Tact, and Play domains. Kaleb is engaged in exploratory, and cause-and-effect play during the observation. Kaleb tacted a variety of objects about by touching the time to explore its parts. Kaleb imitated the assessors' words and phrases during the observation independently and when prompted. Kaleb's skill acquisition goals will target splinter skills and underdeveloped domains.

SLEEP CHECKLIST	
Is sleep/bedtime a significant problem?	<b>YES</b> If <b>Yes</b> , answer questions below

Goals for Sleep/Bedtime	
Caregiver training goals addressing sleep/bedtime	<b>YES</b> If <b>No</b> , provide a clinical rationale:
Sleep goals addressed	<input checked="" type="checkbox"/> Difficulty falling asleep <input checked="" type="checkbox"/> Frequent waking & stays awake <input type="checkbox"/> Problem behaviors associated with bedtime <input checked="" type="checkbox"/> Excessive daytime sleepiness <i>(not associated with a medical condition)</i> <input checked="" type="checkbox"/> Inadequate Nighttime Sleep Duration

**Desired Outcomes of Behavioral Health Treatment for Client / Family:**

- Improve the client's receptive and expressive communication.
- Decrease challenging behaviors.
- Improve safety awareness and following safety instructions.

**PROPOSED GOALS**

**RECEPTIVE COMMUNICATION**

Skills in this domain target a client's responses to communication from others across settings, communication partners, and language functions.

**Strengths:**

- Kaleb followed the instruction 'push the button' within the context of play.
- Kaleb receptively identified 5 body parts.

**1. Target Treatment Goal: (Short- term within six-months)**

0 Baseline	Kaleb followed one-step instructions for 30% of opportunities during the observation.
1 Progress but not at target	Kaleb will follow 2 one-step instructions for 60% of opportunities across 3 consecutive sessions.
2	Kaleb will follow 3 one-step instructions for 60% of opportunities across 3 consecutive sessions.

<b>Target Treatment Goal</b>	
3 More than expected	Kaleb will follow 4 one-step instructions for 60% of opportunities across 3 consecutive sessions.
4 Much more than expected	Kaleb will follow 5 one-step instructions for 60% of opportunities across 3 consecutive sessions.

**Assessment Tool Source: VB-MAPP Listener**

**Baseline Date: 3/14/2024**

**Generalization Criteria: (Intermediate/Long Term Goal)** All of the above

**2. Target Treatment Goal: (Short- term within six-months)**

0 Baseline	Per parent report, Kaleb does not respond to safety instructions including 'come here' and 'stop'.
1 Progress but not at target	Kaleb will follow 1 safety instruction (i.e., 'come here', 'stop', 'hold my hand', etc.) instructions for 60% of opportunities across 3 consecutive sessions.
<b>2 Target Treatment Goal</b>	Kaleb will follow 2 safety instructions (i.e., 'come here', 'stop', 'hold my hand', etc.) instructions for 60% of opportunities across 3 consecutive sessions.
3 More than expected	Kaleb will follow 3 safety instructions (i.e., 'come here', 'stop', 'hold my hand', etc.) instructions for 60% of opportunities across 3 consecutive sessions.
4 Much more than expected	Kaleb will follow 4 safety instructions (i.e., 'come here', 'stop', 'hold my hand', etc.) instructions for 60% of opportunities across 3 consecutive sessions.

**Assessment Tool Source: VB-MAPP Listener**

**Baseline Date: 3/14/2024**

**Generalization Criteria: (Intermediate/Long Term Goal) All of the above**

### EXPRESSIVE COMMUNICATION

Skills in this domain target a client's functional use of expressive language across settings, communication partners, and language functions.

**Strengths:**

- Kaleb imitated 2-word phrases from the assessor independently and when prompted.
- Kaleb tacted various items by feeling the items and exploring the parts.
- Kaleb narrated his actions.

**3. Target Treatment Goal: (Short- term within six-months)**

0 Baseline	Kaleb manded for items and activities for 10% of opportunities during the observation.
1 Progress but not at target	Kaleb will mand using at least 3-word phrases for items, activities, and/or food items for 50% of opportunities across 3 consecutive sessions.
2 <b>Target Treatment Goal</b>	Kaleb will mand using at least 3-word phrases for items, activities, and/or food items for 60% of opportunities across 3 consecutive sessions
3 More than expected	Kaleb will mand using at least 3-word phrases for items, activities, and/or food items for 70% of opportunities across 3 consecutive sessions
4	Kaleb will mand using at least 3-word phrases for items, activities, and/or food items for 80% of opportunities across 3 consecutive sessions

Much more than expected	
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**Assessment Tool Source: VB-MAPP Mand**

**Baseline Date: 3/14/2024**

**Generalization Criteria: (Intermediate/Long Term Goal)** All of the above

**4. Target Treatment Goal: (Short- term within six-months)**

0 Baseline	Per parent report, Kaleb will indicate 'yes' when asked a desired based question then push the item away or put the item back.
1 Progress but not at target	Kaleb will vocally respond 'yes' and 'no' to desired based questions for 50% of opportunities across 3 consecutive sessions.
2 <b>Target Treatment Goal</b>	Kaleb will vocally respond 'yes' and 'no' to desired based questions for 60% of opportunities across 3 consecutive sessions.
3 More than expected	Kaleb will vocally respond 'yes' and 'no' to desired based questions for 70% of opportunities across 3 consecutive sessions.
4 Much more than expected	Kaleb will vocally respond 'yes' and 'no' to desired based questions for 80% of opportunities across 3 consecutive sessions.

**Assessment Tool Source: VB-MAPP Level 1**

**Baseline Date: 3/14/2024**

**Generalization Criteria: (Intermediate/Long Term Goal)** All of the above

**PRAGMATIC COMMUNICATION**

Skills in this domain target a client's functional use of communication, imitation, and joint attention in social environments

**Strengths:**

- Kaleb engaged in cause and effect play with 3 different toys.
- Kaleb engaged in independent play for extended periods of time.

**5. Target Treatment Goal: (Short- term within six-months)**

0 Baseline	Kaleb engaged in interactive play for 0% of opportunities during the observation.
1 Progress but not at target	Kaleb will engage in an interactive activity and/or interactive play with a partner for 1 minute for 50% of opportunities across 3 consecutive sessions.
2 <b>Target Treatment Goal</b>	Kaleb will engage in an interactive activity and/or interactive play with a partner for 1 minute for 60% of opportunities across 3 consecutive sessions.
3 More than expected	Kaleb will engage in an interactive activity and/or interactive play with a partner for 1 minute for 70% of opportunities across 3 consecutive sessions.
4 Much more than expected	Kaleb will engage in an interactive activity and/or interactive play with a partner for 1 minute for 80% of opportunities across 3 consecutive sessions.

**Assessment Tool Source: VB-MAPP Social**

**Baseline Date: 3/14/2024**

**Generalization Criteria: (Intermediate/Long Term Goal) All of the above**

**SELF HELP / DAILY LIVING SKILLS**

Skills in this domain focus on activities of daily living including developmentally appropriate personal independence (eating, dressing, hygiene, household responsibilities), safety, play and leisure (independent and with adult and peer partners), and community skills.

**Strengths:**

- Kaleb was observed to self-feed with his hands.

**6. Target Treatment Goal: (Short- term within six-months)**

0 Baseline	Kaleb was observed to self-feed with his hands for finger food (chips, dry cereal, etc.) during the observation. Caregivers reported that Kaleb is unable to self-feed with a utensil.
1 Progress but not at target	Kaleb will self-feed with a utensil with minimal spillage for 50% of opportunities for 3 consecutive sessions.
2 <b>Target Treatment Goal</b>	Kaleb will self-feed with a utensil with minimal spillage for 50% of opportunities for 3 consecutive sessions.
3 More than expected	Kaleb will self-feed with a utensil with minimal spillage for 50% of opportunities for 3 consecutive sessions.
4 Much more than expected	Kaleb will self-feed with a utensil with minimal spillage for 50% of opportunities for 3 consecutive sessions.

**Assessment Tool Source: VB-MAPP Self Care**

**Baseline Date: 5/14/2024**

**Generalization Criteria: (Intermediate/Long Term Goal)** Generalization to Parents/Caregivers

**BEHAVIOR**

This domain focuses on behavioral excesses and skill deficits which pose a risk to the client or others or present a clinically significant need for intervention.

**Currently Exhibits:**

- Kaleb was observed covering his ears when non-preferred sounds were made.
- Caregivers report Kaleb will elope out their front door.
- Caregivers reported Kaleb will engage in self-injurious behaviors (SIB).

**7. Target Treatment Goal: (Short- term within six-months)**

0 Baseline	Caregivers report that Kaleb will run out the front door and search for doors to open. Kaleb's doctor also reported elopement/safety was an array of concern.
1 Progress but not at target	Kaleb will decrease frequency of elopement to 3 instances per week across 4 weeks per parent report and clinical team collected data.
2 <b>Target Treatment Goal</b>	Kaleb will decrease frequency of elopement to 2 instances per week across 4 weeks per parent report and clinical team collected data.
3 More than expected	Kaleb will decrease frequency of elopement to 1 instance per week across 4 weeks per parent report and clinical team collected data.
4 Much more than expected	Kaleb will decrease frequency of elopement to 0 instances per week across 4 weeks per parent report and clinical team collected data.

**Assessment Tool Source: VB-MAPP Barriers**

**Baseline Date: 5/14/2024**

**Generalization Criteria: (Intermediate/Long Term Goal)** All of the above

**8. Target Treatment Goal: (Short- term within six-months)**

0 Baseline	Caregivers report that Kaleb will engage in self-injurious behavior (SIB) when caregivers are unable to understand the client's wants and needs 2-3 times per day.
1 Progress but not at target	Kaleb will decrease frequency of self-injurious behavior to 2.5 instances per day across 2 weeks per parent report and clinical team collected data.
2 <b>Target Treatment Goal</b>	Kaleb will decrease frequency of self-injurious behavior to 2 instances per day across 2 weeks per parent report and clinical team collected data.
3 More than expected	Kaleb will decrease frequency of self-injurious behavior to 1.5 instances per day across 2 weeks per parent report and clinical team collected data.
4 Much more than expected	Kaleb will decrease frequency of self-injurious behavior to 1 instance per day across 2 weeks per parent report and clinical team collected data.

**Assessment Tool Source: VB-MAPP Barriers**

**Baseline Date: 5/14/2024**

**Generalization Criteria: (Intermediate/Long Term Goal)** All of the above

**9. Target Treatment Goal: (Short- term within six-months)**

0 Baseline	Kaleb was observed to engage in 11 instances of mouthing behavior during the 2-hour observation.
1 Progress but not at target	Kaleb will decrease frequency of mouthing behavior to 6 instances per hour across 5 consecutive sessions.
2	Kaleb will decrease frequency of mouthing behavior to 5 instances per hour across 5 consecutive sessions.

Target Treatment Goal	
3 More than expected	Kaleb will decrease frequency of mouthing behavior to 3 instances per hour across 5 consecutive sessions.
4 Much more than expected	Kaleb will decrease frequency of mouthing behavior to 2 instances per hour across 5 consecutive sessions.

**Assessment Tool Source: VB-MAPP Barriers**

**Baseline Date: 5/14/2024**

**Generalization Criteria: (Intermediate/Long Term Goal)** All of the above

**10. Target Treatment Goal: (Short- term within six-months)**

0 Baseline	Kaleb will mand for cessation of an activity/action for 0% of opportunities.
1 Progress but not at target	Kaleb mand for cessation of an activity/action for 50% of opportunities across 3 consecutive sessions.
Target Treatment Goal	Kaleb mand for cessation of an activity/action for 60% of opportunities across 3 consecutive sessions.
3 More than expected	Kaleb mand for cessation of an activity/action for 70% of opportunities across 3 consecutive sessions.
4 Much more than expected	Kaleb mand for cessation of an activity/action for 80% of opportunities across 3 consecutive sessions.

**Assessment Tool Source: VB-MAPP Mand**

**Baseline Date: 5/14/2024**

**Generalization Criteria: (Intermediate/Long Term Goal) All of the above**

## FUNCTIONAL BEHAVIOR ASSESSMENT AND BEHAVIOR PLAN (IF APPLICABLE)

Is physical intervention clinically indicated? Yes  No

If physical intervention is clinically indicated, has the intervention in this treatment plan been reviewed and approved by CCS? Yes  No

Has the intervention been reviewed with caregiver/client and are they in agreement with described intervention? Yes  No

If Dangerous Behaviors are Present, list assessment tool source(s) used

### Direct Observation and Parent Report

#### Behavior Support Plan (if indicated):

Additional ABC data is required for all behaviors listed in this report and the QABF assessment at the onset of service.

#### BEHAVIORAL CRISIS PLAN:

A crisis statement is included in the highly unlikely event that behavior escalates. There is no strong indication that a crisis statement is needed at this time, however, we include it as a safety precaution in the event that Kaleb's behavior initially gets worse when reinforcement for his behavior is altered or removed.

If Kaleb engages in behavior that poses an immediate and continuing risk to himself or the people around him, the crisis will be managed using the least intrusive and safest strategies to curtail the behavior. These may include using a calming and reassuring voice, removing all materials in the immediate environment that may cause harm, removing Kaleb to a safer place, and blocking any aggression if it occurs. If, during one of these episodes Kaleb becomes injured, the caregiver should seek appropriate medical attention or call 911. Any crises will be reported immediately to Kaleb caregiver and behavior analyst.

In the event of an unexpected crisis during sessions, treatment staff will follow general guidelines outlined below.

- Responsible Adult is considered to be in charge of client safety
- Treatment staff will ensure safety of self

- If the responsible adult is unavailable or unable to help, treatment staff will assist by calling 911 if appropriate and possible.
- Immediate notification to the CCS and submission of a reportable event form to CareServices@Catalight.org within 1 business day of report to treatment staff.

### CAREGIVER TRAINING

This domain is focused on education for caregivers. Goals are developed in collaboration with the caregivers and reflect their identified needs and priorities.

#### Caregiver Participation

Compliance with treatment recommendations and active caregiver participation is essential to optimal client progress in programs. Treatment aims at empowering caregiver(s) to independently carry over strategies to their daily lives thus enabling independence and fulfillment for the client and their family.

#### Strengths:

- Caregivers are eager to start ABA services.
- Caregivers are open to learning ABA strategies.

#### 11. Target Treatment Goal: (Short- term within six-months)

0 Baseline	Caregivers have not received formal training.
1 Progress but not at target	Caregivers will collect ABC data on Kaleb's self-injurious behavior across 2 days and turn the data into the clinical team with 60% fidelity.
2 <b>Target Treatment Goal</b>	Caregivers will collect ABC data on Kaleb's self-injurious behavior across 3 days and turn the data into the clinical team with 60% fidelity.
3 More than expected	Caregivers will collect ABC data on Kaleb's self-injurious behavior across 4 days and turn the data into the clinical team with 60% fidelity.

4  Much more than expected	Caregivers will collect ABC data on Kaleb's self-injurious behavior across 5 days and turn the data into the clinical team with 60% fidelity.
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**Assessment Tool Source:** Provider Evaluation

**Baseline Date:** 3/14/2024

**Generalization Criteria: (Intermediate/Long Term Goal)** Generalization to Parents/Caregivers

**12. Target Treatment Goal: (Short- term within six-months)**

0  Baseline	Caregivers have not received formal training.
1  Progress but not at target	Caregivers will work with the clinical team to create a sleep schedule, collect data, and turn the data into the clinical team across a week for 1 week.
2  <b>Target Treatment Goal</b>	Caregivers will work with the clinical team to create a sleep schedule, collect data, and turn the data into the clinical team across a week across 2 weeks.
3  More than expected	Caregivers will work with the clinical team to create a sleep schedule, collect data, and turn the data into the clinical team across a week across 3 weeks.
4  Much more than expected	Caregivers will work with the clinical team to create a sleep schedule, collect data, and turn the data into the clinical team across a week across 4 weeks.

**Assessment Tool Source:** Provider Evaluation

**Baseline Date:** 3/14/2024

**Generalization Criteria: (Intermediate/Long Term Goal)** Generalization to Parents/Caregivers

**13. Target Treatment Goal: (Short- term within six-months)**

0	Caregivers have not received formal training.
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Baseline	
1 Progress but not at target	Caregivers will implement functional communication training with Kaleb for 60% of opportunities across 3 consecutive sessions.
2 <b>Target Treatment Goal</b>	Caregivers will implement functional communication training with Kaleb for 70% of opportunities across 3 consecutive sessions.
3 More than expected	Caregivers will implement functional communication training with Kaleb for 80% of opportunities across 3 consecutive sessions.
4 Much more than expected	Caregivers will implement functional communication training with Kaleb for 90% of opportunities across 3 consecutive sessions.

**Assessment Tool Source:** Provider Evaluation

**Baseline Date:** 3/14/2024

**Generalization Criteria: (Intermediate/Long Term Goal)** Generalization to Parents/Caregivers

## SUMMARY OF ASSESSMENT RESULTS

### Summary of Strengths:

Kaleb is a friendly 4-year-old male. Kaleb displayed verbal imitation of single and 2-word phrases. Kaleb engaged in cause-and-effect play with various toys and items. Kaleb used his sense of touch to identify and tact objects independently and when asked 'what do you have?'. Kaleb was observed to drink from an open cup and use his hand to self-feed during snack time. Kaleb narrated his actions when interacting with his brail machine and began to sing the Alphabet when touching the piece of paper that contained brail.

**Summary of Behavioral and Adaptive Concerns:**

Kaleb displayed deficits manding, and receptive communication. When Kaleb engaged in manding, he used one word to mand and would place the assessor's and caregivers' hand in the area/on the object he needed help with. If caregivers were unable to fulfil request Kaleb was observed to cover ears, repeat the one word with increasing volume, and lay down on the floor. When Kaleb was asked to 'come here', 'give me \_\_\_' and 'let's go get dad', the client did not respond. Caregivers reported Kaleb engages in SIB, elopement, and mouthing behaviors. Kaleb was observed to engage in mouthing behavior during the assessment when engaged in play, when handed an item and asked to label the item, and when on break.

<p><b>BARRIERS TO SERVICE</b></p>	<p><b>Environmental or family concerns that are likely to have significantly impacted service delivery in the last treatment period.</b></p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>
<p><b>DOES CLIENT EXHIBIT DANGEROUS BEHAVIORS (inclusive of any dangerous behaviors observed during or outside of treatment)?</b></p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>Behavior Support Plan (BSP) to be implemented (see BSP above)?</b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p> <p><b>If "No," Rationale:</b></p> <p><b>Additional data is required to develop BSP</b></p>	<p><b>If "Yes," please select all that apply:</b></p> <p><input checked="" type="checkbox"/> <b>Self-injurious behavior</b> that could result in the need for first aid or medical attention</p> <ul style="list-style-type: none"> <li>• Age or date of onset (estimated) 1</li> <li>• Frequency: Increasing</li> <li>• Intensity: Increasing</li> </ul> <p><input checked="" type="checkbox"/> <b>Physical harm to others</b> that could result in the need for first aid or medical attention</p> <ul style="list-style-type: none"> <li>• Age or date of onset (estimated) 1</li> <li>• Frequency: No Change</li> <li>• Intensity: No Change</li> </ul> <p><input checked="" type="checkbox"/> <b>Dangerous elopement</b> that is not age-appropriate and could result in injury</p> <ul style="list-style-type: none"> <li>• Age or date of onset (estimated): 6 months.</li> <li>• Frequency: No Change</li> <li>• Intensity: No Change</li> </ul> <p><input type="checkbox"/> <b>Sexually inappropriate behavior</b> that could result in physical harm, serious complaint from others or law enforcement involvement</p> <ul style="list-style-type: none"> <li>• Age or date of onset (estimated) Choose an item. Click or tap to enter a date.</li> </ul>

	<ul style="list-style-type: none"> <li>• Frequency: Choose an item.</li> <li>• Intensity: Choose an item.</li> </ul> <p><input type="checkbox"/> <b>Property destruction</b> that could result in law enforcement involvement</p> <ul style="list-style-type: none"> <li>• Age or date of onset (estimated) Choose an item. Click or tap to enter a date.</li> <li>• Frequency: Choose an item.</li> <li>• Intensity: Choose an item.</li> </ul> <p><input checked="" type="checkbox"/> <b>Eating food or non-food items</b> that is not age-appropriate and could result in medical attention</p> <ul style="list-style-type: none"> <li>• Age or date of onset (estimated): 6 months Choose an item.</li> <li>• Frequency: No Change</li> <li>• Intensity: No Change</li> </ul> <p><input type="checkbox"/> <b>Behaviors connected to elimination</b> that could result in physical harm or are severely socially inappropriate</p> <ul style="list-style-type: none"> <li>• Age or date of onset (estimated) Choose an item. Click or tap to enter a date.</li> <li>• Frequency: Choose an item.</li> <li>• Intensity: Choose an item.</li> </ul> <p><input type="checkbox"/> <b>Other</b> behaviors that might lead to physical harm or lead to law enforcement involvement &lt; insert description &gt;</p> <ul style="list-style-type: none"> <li>• Age or date of onset (estimated) Choose an item. Click or tap to enter a date.</li> <li>• Frequency: Choose an item.</li> <li>• Intensity: Choose an item.</li> </ul>
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### EMERGENCY / CRISIS PLAN

In the event of an unexpected crisis during sessions, treatment staff will follow the general guidelines outlined below:

- Responsible adult oversees client safety
- Treatment staff will ensure safety of self
- If the Responsible adult is unavailable or unable to help, treatment staff will assist by calling 911 if appropriate and possible
- Treatment staff will inform supervisor of the incident as soon as possible
- Immediate notification to CCS and submission of a Reportable Event Form within 1 business day of the incident

**Discharge/Exit Plan**

*Appropriate discharge was discussed at the onset of behavioral health treatment services. Treatment plans are aligned with the desired outcomes of the client and family and medical necessity is evaluated when discussing appropriate discharge.*

Check box if client continues to meet the needs for medical necessity for treatment

**ANTICIPATED DISCHARGE DATE: 6/17/2026**

**FADE PLAN:** The goals above will continue until mastery. Upon mastery of these goals, functional skills reassessments will be completed to determine socially significant and medically necessary skills. Any new skills will be probed to determine baseline data. The clinical team will determine the cadence of continued services upon continued reassessments. At any time, if the clinical team determines that it is appropriate to fade to caregiver mediated treatment or social skills treatments this fade plan will be updated to reflect such.

<b>Treatment Plan Review Date with Family:</b>	
(Provider met with client/family to provide update and obtain their input on treatment) <i>NOTE: Ensure client/family is provided a copy of this report following its authorized.</i>	
<b>Report &amp; clinical recommendation have been reviewed and agreed upon with Client/Family?</b>	<b>Yes</b> <input type="checkbox"/> Click or tap to enter a date.
	<b>No</b> <input checked="" type="checkbox"/> Reason: Reached out for meeting on 5/20 and caregivers declined. BCBA reached out with appointment for 5/28 <sup>th</sup> , waiting for response. <i>Click or tap here to enter text.</i>

**PROGRAM DESCRIPTION**


Behavioral health services are designed to treat deficits associated with autism spectrum disorder and other developmental disorders. Behavioral health services help increase a person's functional skills and address behavior concerns that pose a threat to safety or independence. As much as possible treatment should occur in natural settings.

Treatment recommendations are made in partnership with clients and caregivers. Clients and caregivers should be able to review the assessment findings and the treatment goals in this report. A client's progress in treatment is measured by progress toward goals and the client's ability to function in their natural settings.

Discharge will be recommended based on the Guidelines for Discharge. Referral to other services may be suggested by the client's Clinical Case Manager.

Please contact your treatment team or **CCS Clinical Case Manager** at 855-843-2476 directly with any additional questions or comments related to this report.

Respectfully Submitted,

	Esperanza Garnica, BCBA	BCBA#1-23-70380	5/24/2024
Signature	Print Name and Title	License/Cert.#	Date


**Confirmation of Full Clinical Recommended Hours**

I **Esperanza Garnica** have confirmed that our company Child Communication and Behavior Specialists is able to provide a full offer for the recommended hours in this treatment plan. I understand that a full offer is defined by the hours I have recommended, and the caregiver/client has accepted.

If I have recommended flexible treatment with the range of hours, a full offer is at least the minimum of hours recommended. If at any time during the authorization we cannot make a full offer, or the caregiver/client cannot accept the full offer, the reasons for this will be documented.

If we are not able to make a full offer at any time during the authorized period or if the caregiver/client cannot accept the full offer for more than 2 weeks, we will contact Catalight Care Services (CCS) within 48 business hours of determining that a full offer cannot be made or accepted. If changes in the treatment plan are necessary, we will coordinate these changes with CCS and the family and submit an addendum if one is needed.

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	Esperanza Garnica, BCBA	BCBA#1-23-70380	5/24/2024
	Print Name and Title	License/Cert.#	Date