



**APPLIED BEHAVIOR ANALYSIS (ABA)
EXTENDED SERVICE REQUEST FORM**

**BEHAVIORAL HEALTH DEPARTMENT
PHONE: (413) 787-4000, EXT. 5028 FAX: (413) 233-2800**

Fax completed form with Attached Treatment Plan Metrics to the Minuteman Health, Inc. (MHI) Behavioral Health Department

- 1. Client's Name: _____ Client's Date of Birth: _____
- 2. MHI ID #: _____
- 3. Requested Start Date: _____ End Date: _____
- 4. ABA Provider: _____ Degree/License: _____ MHI Provider ID #: _____
- 5. Telephone #: _____ Fax #: _____
- 6. Business Office Contact _____ Telephone #: _____

IF PROVIDER IS A FACILITY OR GROUP LIST ANY CHANGES IN THE TREATMENT TEAM MEMBERS

- 1. Name: _____ Degree/License: _____ Other Certification: _____
Name: _____ Degree/License: _____ Other Certification: _____
- 2. BACB Certified Supervisor: _____ Telephone: _____
- 3. Hours of Supervision provided: On-site: _____ In office: _____

CHANGES OF OTHER PROVIDERS AND SERVICES, IF ANY

- 1. School: _____ SPED Contact: _____
- 2. Psychotherapist: _____
- 3. Psychiatrist: _____
- 4. Occupational Therapist: _____
- 5. Speech Therapist: _____
- 6. Early Intervention Provider: _____

DIAGNOSIS UPDATE (INCLUDING CHEMICAL SENSITIVITIES AND ENVIRONMENTAL OR FOOD ALLERGIES AND ANY CHANGES IN FAMILY, SOCIAL AND EDUCATIONAL STRESSORS)

- 1. Axis I: Primary _____ Secondary _____
Axis II: Primary _____ Secondary _____
Axis III: _____
Axis IV: _____
Axis V: _____
- 2. Biopsychosocial Summary Update including household members, relevant environmental factors and medical issues, current educational situation and services and changes related to ABA Interventions.

TREATMENT PLAN UPDATE (ATTACH BASELINE LEVEL AND CURRENT DATA FOR EACH AREA OF CONCERN)**AREA OF CONCERN #1:**

1. Progress toward Goals: None Limited Moderate Good (Include any changes in goals and methods)
2. Behavior/Deficit to Decrease: _____
3. Behavior/Skill to Increase: _____
4. Method[s]: _____

5. Parent Skills[s]: _____

6. Summary of Gains and Challenges: _____

7. Objective Criteria for Attainment of Goal: _____
8. Target Date for Attainment of Goal: _____

AREA OF CONCERN #2:

1. Progress toward Goals: None Limited Moderate Good
2. Behavior/Deficit to Decrease: _____
3. Behavior/Skill to Increase: _____
4. Method[s]: _____

5. Parent Skills[s]: _____

6. Summary of Gains and Challenges: _____

7. Objective Criteria for Attainment of Goal: _____

8. Target Date for Attainment of Goal: _____

AREA OF CONCERN #3:

1. Progress toward Goals: None Limited Moderate Good
2. Behavior/Deficit to Decrease: _____
3. Behavior/Skill to Increase: _____



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- 4. Method[s]: _____

- 5. Parent Skills[s]: _____

- 6. Summary of Gains and Challenges: _____

- 7. Objective Criteria for Attainment of Goal: _____
- 8. Target Date for Attainment of Goal: _____

TRANSITION PLANS: (INCLUDE: SKILLS AND INTERVENTIONS BEING TAUGHT / IMPLEMENTED TO PREPARE THE CHILD AND PARENTS FOR A LESS INTENSIVE LEVEL OF CARE, THE AFTERCARE SERVICES AND, IF APPLICABLE, AN UPDATED CRISIS PLAN)

- 1. Criteria for Discharge:

HCP Code	Services Requested	Hours per Month
H0031	Code for treatment and planning; 1 hour	
H0032	Code for supervision; 1 hour	
H2012	Direct Service, 1 hour increment, BCBA	
H2019	Direct Service; 15 minute increment, paraprofessional	

 Provider's Signature Degree/License Date