



Client Name: Click or tap here to enter text.  
MRN: Click or tap here to enter text.  
Date of Report: Click or tap to enter a date.

## Addendum Report

### Select Service Line

<b>Provider Name:</b>	Click or tap here to enter text.
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### CLIENT INFORMATION

<b>Client Full Legal Name:</b>	Click or tap here to enter text.
<b>Date of Birth:</b>	Click or tap to enter a date.

### SELECT REASON FOR ADDENDUM

- ☐ New Treatment Goals (include all new or revised goals below)
- ☐ Request for Change in Treatment Hours
- ☐ Request for Change in Service Line
- ☐ Request for Change in Treatment Location
- ☐ Other: (explain below)

Click or tap here to enter text.

### RECOMMENDATIONS

Based on assessment, observation and the learner profile, it has been determined that intensive services as indicted below are being recommended. Direct services will be focused on skill acquisition and 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.



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

**Client may be clinically recommended for Caregiver Mediated and Practitioner 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\*\**

**Caregiver Mediated Treatment Option**

Choose an item.

Direct Level Practitioner – H2019	Direct	<b>0 Hours/Week</b>	N/A
<b>If Applicable:</b> Social Skills Group – H2014	Direct	___ Hours/Week	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.

**Practitioner Mediated Treatment Option**



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Choose an item.

Practitioner Level	Service Type	Hours	Location of Services
Direct Level Practitioner – H2019	Direct	<b>Range of Hours</b> ( - ) Hours/Week	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/Week	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.

**Recommendation Rationale:**  
 Click or tap here to enter text.

**Are In-Person Services Recommended?** ☐ Yes ☐ No

**If “yes,” please provide risk/benefit rationale below:**  
 Click or tap here to enter text.



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**Was an in-person service delivery attestation completed since last report submission?**

☐ Yes ☐ No

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

Click or tap here to enter text.

**TREATMENT PLAN UPDATE (include all new and revised goals below)**

#### **RECEPTIVE COMMUNICATION**

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

**1. Treatment Goal: (within six-months)** Click or tap here to enter text.

**Goal Status:** Choose an item.

**Assessment Tool Source:**

**Baseline Date and Brief Description:** Click or tap to enter a date. Click or tap here to enter text.

**Generalization Criteria:** Choose an item.

**Goal Attainment Scale Score:** Choose an item.

**Progress:** Click or tap here to enter text.

**Graphic Display:**

#### **EXPRESSIVE COMMUNICATION**

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

**2. Treatment Goal: (within six-months)** Click or tap here to enter text.

**Goal Status:** Choose an item.

**Assessment Tool Source:**

**Baseline Date and Brief Description:** Click or tap to enter a date. Click or tap here to enter text.

**Generalization Criteria:** Choose an item.

**Goal Attainment Scale Score:** Choose an item.

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**Graphic Display:**



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### PRAGMATIC COMMUNICATION

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

3. **Treatment Goal: (within six-months)** Click or tap here to enter text.  
**Goal Status:** Choose an item.  
**Assessment Tool Source:**  
**Baseline Date and Brief Description:** Click or tap to enter a date. Click or tap here to enter text.  
**Generalization Criteria:** Choose an item.  
**Goal Attainment Scale Score:** Choose an item.  
**Progress:** Click or tap here to enter text.  
**Graphic Display:**

### 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.

4. **Treatment Goal: (within six-months)** Click or tap here to enter text.  
**Goal Status:** Choose an item.  
**Assessment Tool Source:**  
**Baseline Date and Brief Description:** Click or tap to enter a date. Click or tap here to enter text.  
**Generalization Criteria:** Choose an item.  
**Goal Attainment Scale Score:** Choose an item.  
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**Graphic Display:**

### 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.

5. **Treatment Goal: (within six-months)** Click or tap here to enter text.  
**Goal Status:** Choose an item.  
**Assessment Tool Source:**



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**Baseline Date and Brief Description:** Click or tap to enter a date. Click or tap here to enter text.

**Generalization Criteria:** Choose an item.

**Goal Attainment Scale Score:** Choose an item.

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

**Is physical intervention clinically indicated?** ☐ Yes ☐ No

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Choose an item.

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

Click or tap here to enter text.

**BEHAVIORAL CRISIS PLAN:**

Click or tap here to enter text.

### **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**



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

**6. Treatment Goal: (within six-months)** Click or tap here to enter text.

**Goal Status:** Choose an item.

**Assessment Tool Source:**

**Baseline Date and Brief Description:** Click or tap to enter a date. Click or tap here to enter text.

**Generalization Criteria:** Choose an item.

**Goal Attainment Scale Score:** Choose an item.

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## SUMMARY

### SUMMARY OF PROGRESS

Click or tap here to enter text.

<b>BARRIERS TO SERVICE</b>	<b>Environmental or family concerns that are likely to have significantly impacted service delivery in the last treatment period.</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No
<b>DOES CLIENT EXHIBIT DANGEROUS BEHAVIORS? (inclusive of any dangerous behaviors observed during or outside of treatment)?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If "Yes," please select all that apply:</b>  <input type="checkbox"/> <b>Self-injurious behavior</b> that could result in the need for first aid or medical attention <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> <input type="checkbox"/> <b>Physical harm to others</b> that could result in the need for first aid or medical attention <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>

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**Behavior Support Plan  
(BSP) to be implemented  
(see BSP above)?**

☐ Yes ☐ No

**If "No," Rationale:**

Click or tap here to enter text.

- Frequency: Choose an item.
- Intensity: Choose an item.

☐ **Dangerous elopement** that is not age-appropriate and could result in injury

- Age or date of onset (estimated) Choose an item.  
Click or tap to enter a date.
- Frequency: Choose an item.
- Intensity: Choose an item.

☐ **Sexually inappropriate behavior** that could result in physical harm, serious complaint from others or law enforcement involvement

- Age or date of onset (estimated) Choose an item.  
Click or tap to enter a date.
- Frequency: Choose an item.
- Intensity: Choose an item.

☐ **Property destruction** that could result in law enforcement involvement

- Age or date of onset (estimated) Choose an item.  
Click or tap to enter a date.
- Frequency: Choose an item.
- Intensity: Choose an item.

☐ **Eating food or non-food items** that is not age-appropriate and could result in medical attention

- Age or date of onset (estimated) Choose an item.  
Click or tap to enter a date.
- Frequency: Choose an item.
- Intensity: Choose an item.

☐ **Behaviors connected to elimination** that could result in physical harm or are severely socially inappropriate

- Age or date of onset (estimated) Choose an item.  
Click or tap to enter a date.
- Frequency: Choose an item.
- Intensity: Choose an item.

☐ **Other** behaviors that might lead to physical harm or lead to law enforcement involvement

< insert description >





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	<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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**ANTICIPATED DISCHARGE DATE:** Click or tap to enter a date.

**FADE PLAN** (*required if anticipated discharge date is within 6 months*):

Click or tap here to enter text.

**ANTICIPATED DISCHARGE DATE CHANGED SINCE LAST REPORT?** Yes ☐ No ☐

**REASON FOR CHANGE:** Click or tap here to enter text.

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

Respectfully Submitted,

	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.
Signature	Print Name and Title	License/Cert.#	Date
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.
Signature	Print Name and Title	License/Cert.#	Date