

Equine Therapy 90-Day (Quarterly) Report

CIIBS WAIVER PARTICIPANT'S NAME		PROVIDER'S NAME
CASE MANAGER'S NAME		DATE INITIAL PLAN WAS WRITTEN OR REVISED
Describe the goals and objectives as recommended by the client's behavior support or ABA provider, using SMART goals, as they appear in Policy 4.06. No more than three per plan. Describe how each goal is intended to complement the primary behavior support plan.		
Goal 1		
Goal 2		
Goal 3		
If any new treatment goals are identified, the Equine Therapy Initial Plan must be revised.		
Describe the treatment strategies utilized for each goal above:		
Goal 1		
Goal 2		
Goal 3		
Summarize progress towards SMART goal achievement in objective and measurable terms, including barriers to progress. Include alternate strategies planned to address barriers.		
Goal 1		Goal completion, using a scale from 1 – 10 (10 being goal is met) Goal 1: Goal 2: Goal 3:
Goal 2		
Goal 3		
List referral recommendations made if the waiver participant presents with potential underlying medical, mental health, or educational support needs:		

Dates / times of service in the past 90 days:

Date: Number of Units (15 minutes):

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Date: Number of Units (15 minutes):

Date: Number of Units (15 minutes):

Date: Number of Units (15 minutes):

Date of CFT meetings attended, behavioral specialist consultation, or other care coordination activities:

Date: Number of Units (15 minutes):
(maximum of two hours per quarter)

Describe any consultation or care coordination outcomes, if any.

Include additional visits on a separate page and attach to this report.

Total Units (15 minutes of service provided in previous 90 days:

Signatures

PROVIDER'S SIGNATURE

DATE

LEGAL REPRESENTATIVE'S SIGNATURE

DATE

WAIVER PARTICIPANT'S SIGNATURE

DATE

DDA CASE / RESOURCE MANAGER'S SIGNATURE DATE