**Important Steps, Inc. – EI Department Special Education -ABA Division-1/1/ 2019**

**THERAPY MONTHLY LOG Month/Year: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**

**Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EI No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IFSP Freq\_\_\_Dur. \_\_\_**

**IFSP Therapy Type: SI\_\_\_\_TSHH/TSLD\_\_\_\_ Location: Home \_\_\_Daycare\_\_\_ Facility\_\_\_**

**Provider’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title/Credentials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ABA Supervisor’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_Date of Supervision:\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | **Direct Services**  **Start**  **Time** | **Direct Services**  **End**  **Time** | **Session Type:**  **R= regular**  **M =makeup**  **(*indicate date of Missed Session within 2 weeks*)** | **Indirect Services**  **Start Time**  *(immediately following the session)* | **Indirect Services**  **End Time**  *(immediately following the session)* |
| **1** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **2** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **3** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **4** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **5** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **6** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **7** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **8** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **9** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **10** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **11** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **12** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **13** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **14** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **15** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **16** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **17** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **18** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **19** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **20** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **21** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **22** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **23** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **24** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **25** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **26** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **27** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **28** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **29** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **30** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |
| **31**  **Monthly Multidisciplinary Meeting Date:\_\_\_/\_\_\_/\_\_\_**  **Participants: Name/Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(In narrative form, please describe what was discussed, any issues that have arisen, troubleshooting and problem solving.)**  **Team Recommendations:**  **QA:  ABA Book Maintained Daily  Add. Programs Needed  Anecdotal Data Recorded  QA/Parent Verified\_\_\_\_** | **\_\_\_\_:\_\_\_\_am/pm** | **\_\_\_\_:\_\_\_\_am/pm** | **R / M \_\_\_\_/\_\_\_\_/\_\_\_\_** | **\_\_\_:\_\_\_am/pm** | **\_\_\_:\_\_\_am/pm** |

**Service Provider’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_ Total Billable Sessions:\_\_\_\_\_\_\_**

**\*\*\*\*Session Notes (Originals) Must be Attached and correspond to this Monthly Log-Page 1**

**Page 2-Instructions for Completing Monthly Log-SI-TSHH/TSSLD, ABA, and FT.**

* Complete ***ALL*** demographic information at the top of the page, including child’s name and ID #, frequency and duration, type of service, and provider’s name and credentials.
* Next to the corresponding date of ***Direct*** service, enter **start** and **end time** of the provided session and record whether it is a regular or make-up session (if it is a make-up session, you must provide the date of the missed session and have a corresponding blank session note for it).
* You must now also include any ***Indirect time*** spent on the case. For example, enter the time that you spent writing the session note (which must be after the completion of the session and at least 5 minutes in length). This excludes the travel time. Any time that you have spent on the case for that day **EXCLUDING** your time spent with the child/parent is considered **INDIRECT** time. Please note: basic sessions are 30-59 minutes; extended sessions are 60 minutes plus.
* Sign, date, and indicate the number of billable sessions.

**Instructions for Completing CPT/ICD-10 Codes on Session Notes\_Attached**

* Use the chart below to indicate the child’s type of delay (**ICD-10 codes**) and the type of therapy you have provided (HCPCS **codes –**as **CPT** codes are only to be used by licensed clinicians)- *Please do not place them next to CPT codes on Session Notes)*).

|  |  |  |  |
| --- | --- | --- | --- |
| **CPT**  ***Effective 1/1/19*** | **Description** | **ICD-10 –Codes** | **CPT Code-Unit Definition** |
|  |  | **F82-** Specific developmental disorder of motor function  **F81.9-** Dev. disorder of scholastic skills, unspecified  **F84.0-** Autistic disorder  **84.8**- Other pervasive developmental disorders |  |
| **97155**  *Suggested for* ***ABA / SI*** | Adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes. | See above codes | 15 minutes |
| **97156**  ***FT:*** *Suggested for* ***ABA, SI, ST, OT, PT, TSHH, TSSLD*** | Family adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes. | See above codes | 15 minutes |
|  |

In the event you require more codes please refer to:

<http://www.icd10data.com/Convert>