

Ongoing Treatment Authorization Request Applied Behavioral Analysis (ABA)



This form is to request ongoing ABA treatment. Please submit this completed request by fax to 503-416-3713 or toll-free 888-272-9315.

The CareOregon Utilization Management Department is available by phone at 503-416-3404.

Additional items needed for authorization:

- Completed ABA assessment
- Clear treatment goals
- Clear frequency
- Clear duration
- Anticipated prognosis with behavioral interventions
- Professional and family/schools involved with implementation of goals

Authorization determinations will be made within 10 business days of receipt of request.

Service Support Assessment for Applied Behavioral Analysis Services

Assessing agency name: _____ Assessment date: _____

Client's name: _____ Client's Oregon Medicaid ID: _____ Age: _____

Clinical Information

Diagnosis: _____ Start date: _____

Date of diagnosis _____ Provisional diagnosis: Yes No

Diagnosing clinician: _____

Clinician's phone: _____ Clinician's fax number: _____

Client's primary supporter(s): _____

Phone (home/cell): _____ Phone (work): _____

Client's name: _____ Client's DOB: _____

Primary language: English Spanish Other _____ Gender: _____

Client's address: _____

Street / Apt #

City

State

History of previous treatments (mark all that apply):

- Currently receiving services
- May require additional and/or more intensive services
- Services previously attempted and/or family did not participate
- Services attempted but goals and objectives not met

Home placement status change due to symptoms (mark all that apply):

- Currently in the home with no previous history of out-of-home placement
- Currently at risk of out-of-home placement
- Currently placed outside of primary caregiver's home
- Urgent request, danger of injury to self/others/property and/or threat to current placement**

School placement status (mark all that apply):

- If school age, currently receiving services
- If school age, receiving services with risk of out-of-school placement
- Not attending school
- Attending day program; if so, which program: _____
- Attending school and/or state preschool program
- Current Individualized Education Program (IEP)
School district of attendance: _____ School name: _____
Date of annual IEP: _____ IEP attached: Yes No

Current access to other services/supports (mark all that apply):

- Oregon Developmental Disabilities Services (ODDS) supports service coordinator's name, if known: _____
- Other medical/psychological services being provided (i.e., speech therapy, occupational therapy, etc.)
I understand that caregiver participation is an essential component of _____
_____’s program. I and/or an approved substitute will attend all
treatment sessions and will actively participate and assist in providing treatment including but
not limited to collecting data, attending staff meetings and attending training sessions. Failure to
participate can lead to the discontinuation of services for _____ .
Caregiver signature: _____ Date: _____

Service Support Assessment — Domain 1: Communication	Yes (Y)	No (N)		
1. Non-verbal	<input type="radio"/> Y	<input type="radio"/> N		
2. Verbal	<input type="radio"/> Y	<input type="radio"/> N		
3. Verbally able to initiate a request to caregiver	<input type="radio"/> Y	<input type="radio"/> N		
4. Verbally able to initiate a request to familiar people	<input type="radio"/> Y	<input type="radio"/> N		
5. Understands and/or responds appropriately to others' requests	<input type="radio"/> Y	<input type="radio"/> N		
6. Can verbally identify number objects	<input type="radio"/> Y	<input type="radio"/> N		
7. Can initiate and maintain conversation	<input type="radio"/> 0-20	<input type="radio"/> 21-40	<input type="radio"/> 41-60	<input type="radio"/> N
8. Can follow a simple age appropriate instruction	<input type="radio"/> Y	<input type="radio"/> N		

Service Support Assessment — Domain 2: Social	Yes (Y)	No (N)
1. Tolerates physical contact and/or close proximity with others	<input type="radio"/> Y	<input type="radio"/> N
2. Shows interest in peers and/or familiar people	<input type="radio"/> Y	<input type="radio"/> N
3. Parallel plays with peers	<input type="radio"/> Y	<input type="radio"/> N
4. Demonstrates imitative play and/or play activities	<input type="radio"/> Y	<input type="radio"/> N
5. Interactively plays with same age peers	<input type="radio"/> Y	<input type="radio"/> N
6. Initiates play interaction with different individuals	<input type="radio"/> Y	<input type="radio"/> N
7. Demonstrates ability to empathize and/or relate to others	<input type="radio"/> Y	<input type="radio"/> N

Domain 3: Behaviors of Concern <i>(check category and all behaviors that apply)</i>	Behaviors have occurred in locations <i>(mark all that apply)</i>	Approximate rates of behavior
Physical aggression <input type="checkbox"/> Hitting <input type="checkbox"/> Kicking <input type="checkbox"/> Spitting <input type="checkbox"/> Biting <input type="checkbox"/> Grabbing/pinching <input type="checkbox"/> Throwing objects <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> School	<input type="radio"/> 1-3 times per week <input type="radio"/> 4-6 times per week <input type="radio"/> 7-10 times per week <input type="radio"/> More than 10 times per week
Self-injury <input type="checkbox"/> Head banging <input type="checkbox"/> Hits self <input type="checkbox"/> Bites self <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> School	<input type="radio"/> 1-3 times per week <input type="radio"/> 4-6 times per week <input type="radio"/> 7-10 times per week <input type="radio"/> More than 10 times per week
Property destruction <input type="checkbox"/> Breaks objects <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> School	<input type="radio"/> 1-3 times per week <input type="radio"/> 4-6 times per week <input type="radio"/> 7-10 times per week <input type="radio"/> More than 10 times per week
Behavior tantrums <input type="checkbox"/> Screaming/yelling <input type="checkbox"/> Vocalized aggression <input type="checkbox"/> Crying <input type="checkbox"/> Other: _____	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> School	<input type="radio"/> 1-3 times per week <input type="radio"/> 4-6 times per week <input type="radio"/> 7-10 times per week <input type="radio"/> More than 10 times per week
Stereotypic/self-stimulatory behavior <input type="checkbox"/> Pacing <input type="checkbox"/> Hand flapping <input type="checkbox"/> Rocking <input type="checkbox"/> Other: _____	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> School	<input type="radio"/> 1-3 times per week <input type="radio"/> 4-6 times per week <input type="radio"/> 7-10 times per week <input type="radio"/> More than 10 times per week
Community safety/awareness <input type="checkbox"/> Elopement <input type="checkbox"/> Inappropriate social exchanges <input type="checkbox"/> Impulsivity <input type="checkbox"/> Other: _____	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> School	<input type="radio"/> 1-3 times per week <input type="radio"/> 4-6 times per week <input type="radio"/> 7-10 times per week <input type="radio"/> More than 10 times per week
Self-care <input type="checkbox"/> Toileting <input type="checkbox"/> Hygiene <input type="checkbox"/> Feeding <input type="checkbox"/> Dressing <input type="checkbox"/> Other: _____	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> School	<input type="radio"/> 1-3 times per week <input type="radio"/> 4-6 times per week <input type="radio"/> 7-10 times per week <input type="radio"/> More than 10 times per week
Inappropriate sexual behavior <input type="checkbox"/> Inappropriate touching of self and/or others <input type="checkbox"/> Public masturbation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> School	<input type="radio"/> 1-3 times per week <input type="radio"/> 4-6 times per week <input type="radio"/> 7-10 times per week <input type="radio"/> More than 10 times per week

Signatures	
Assessor signature _____	_____
Assessor name and title _____	Date _____
Parent/guardian signature _____	_____
Parent/guardian name _____	Date _____
Provider representative signature _____	_____
Provider representative name and title _____	Date _____