



Instructions for Ongoing Treatment Authorization

Applied Behavioral Analysis

This form is to request ongoing ABA treatment. Please attach this form to the Connect submission when you request authorization.

The CareOregon Behavioral Health 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 14 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:	Date of Diagnosis:	Provisional Diagnosis: Yes <input type="checkbox"/> No <input type="checkbox"/>
Diagnosing Clinician:	Clinician's phone:	
	Clinician's e-mail:	
Client's Primary Supporter(s):	Relationship:	
Phone (home/cell):	Phone (work):	
Client's Name:	Primary Language: English <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/> _____	
Client's DOB:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Client's Address:		
_____	_____	_____
<small>Street</small>	<small>Apt #</small>	<small>City</small>
_____	_____	_____
<small>State</small>	<small>ZIP Code</small>	

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		(Circle Appropriate Response)		
		Yes (Y)		No (N)
1	Non-Verbal	Y		N
2	Verbal	Y		N
3	Verbally able to initiate a request to caregiver	Y		N
4	Verbally able to initiate a request to familiar people	Y		N
5	Understands and/or responds appropriately to other's requests	Y		N
6	Can verbally identify number objects	0-20	21-40	41-60
7	Can initiate and maintain conversation	Y		N
8	Can follow a simple age appropriate instruction	Y		N

Service Support Assessment		(Circle Appropriate Response)	
		Yes (Y)	No (N)
1	Tolerates physical contact and/or close proximity with others	Y	N
2	Shows interest in peers and/or familiar people	Y	N
3	Parallel plays with peers	Y	N
4	Demonstrates imitative play and/or play activities	Y	N
5	Interactively plays with same age peers	Y	N
6	Initiates play interaction with different individuals	Y	N
7	Demonstrates ability to empathize and/or relate to others	Y	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
<input type="checkbox"/> Physical Aggression	<input type="checkbox"/> Hitting <input type="checkbox"/> Kicking <input type="checkbox"/> Spitting <input type="checkbox"/> Grabbing/Pinching <input type="checkbox"/> Biting <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="checkbox"/> 1-3 times per week <input type="checkbox"/> 4-6 times per week <input type="checkbox"/> 7-10 times per week <input type="checkbox"/> greater than 10 times per week
<input type="checkbox"/> 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="checkbox"/> 1-3 times per week <input type="checkbox"/> 4-6 times per week <input type="checkbox"/> 7-10 times per week <input type="checkbox"/> greater than 10 times per week
<input type="checkbox"/> Property Destruction	<input type="checkbox"/> Breaks Objects <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> School	<input type="checkbox"/> 1-3 times per week <input type="checkbox"/> 4-6 times per week <input type="checkbox"/> 7-10 times per week <input type="checkbox"/> greater than 10 times per week
<input type="checkbox"/> Behavior Tantrums	<input type="checkbox"/> Screaming/Yelling <input type="checkbox"/> Crying <input type="checkbox"/> Vocalized Aggression <input type="checkbox"/> Other: _____	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> School	<input type="checkbox"/> 1-3 times per week <input type="checkbox"/> 4-6 times per week <input type="checkbox"/> 7-10 times per week <input type="checkbox"/> greater than 10 times per week
<input type="checkbox"/> Stereotypic/Self-Stimulatory Behavior	<input type="checkbox"/> Pacing <input type="checkbox"/> Rocking <input type="checkbox"/> Hand Flapping <input type="checkbox"/> Other: _____	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> School	<input type="checkbox"/> 1-3 times per week <input type="checkbox"/> 4-6 times per week <input type="checkbox"/> 7-10 times per week <input type="checkbox"/> greater than 10 times per week
<input type="checkbox"/> 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="checkbox"/> 1-3 times per week <input type="checkbox"/> 4-6 times per week <input type="checkbox"/> 7-10 times per week <input type="checkbox"/> greater than 10 times per week
<input type="checkbox"/> 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="checkbox"/> 1-3 times per week <input type="checkbox"/> 4-6 times per week <input type="checkbox"/> 7-10 times per week <input type="checkbox"/> greater than 10 times per week
<input type="checkbox"/> 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="checkbox"/> 1-3 times per week <input type="checkbox"/> 4-6 times per week <input type="checkbox"/> 7-10 times per week <input type="checkbox"/> greater than 10 times per week

Signatures

Assessor signature

Assessor name and title

Date

Parent/guardian signature

Parent/guardian name

Date

Provider representative signature

Representative name and title

Date