



**COMMUNITY HEALTH PLAN**  
of Washington™  
The power of community

FAX to: 206-613-8873

**ABA Therapy Initial Request Form Service Call:**  
Apple Health (Medicaid) 1-800-440-1561  
Cascade Select 1-866-907-1906

**Member Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **ID #** \_\_\_\_\_ **Group #** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Requesting Provider** \_\_\_\_\_

**Provider NPI #** \_\_\_\_\_

**Service Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Treating Provider** \_\_\_\_\_

**Provider NPI #** \_\_\_\_\_

**Service Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**DSM/ICD-Diagnosis numeric + description** \_\_\_\_\_

**Axis I** \_\_\_\_\_

**Axis II** \_\_\_\_\_

**Axis III** \_\_\_\_\_

Member Name \_\_\_\_\_ ID # \_\_\_\_\_

### Please Note\*

Implementation of multi-disciplinary treatment plan is provided by the Lead Behavioral Analyst Therapist or a therapy assistant in conjunction with other team members for a six-month period. Providers involved in ABA therapy authorization plan are limited to:

- State-approved ABA Center of Excellence teams and/or
- CHPW-credentialed ABA providers

### Required Documents for Initial Authorization:

- Autism Center of Excellence evaluation with diagnosis of autism spectrum disorder
- Autism Center of Excellence recommendation for ABA therapy
- ABA provider functional assessment
- ABA provider skill assessment, Functional Behavioral Analysis
- ABA provider treatment plan

### Required Documents for Re-Certification Authorization:

\*Submitted **at least 3 weeks** prior to expiration of current authorization

- Documentation must contain the following:
  - Re-evaluation and revision of the initial or prior ABA therapy treatment plan
  - Documentation of client's progress and measurable changes in the frequency, intensity and duration of targeted behaviors/symptoms addressed in the previous therapy treatment plan
  - Projected eventual outcome
- Assessment instruments used
- Developmental markers of readiness
- Evidence of coordination with providers
- Evidence of compliance with the treatment plan
- Recertification requests based on improvements in the client's status must be:
  - Confirmed with data MM154\_CCC\_Applied\_Behavioral\_Analysis 4 of 6 DATA CONTAINED IN THIS DOCUMENT IS CONSIDERED CONFIDENTIAL AND PROPRIETARY INFORMATION AND ITS DUPLICATION USE OR DISCLOSURE IS PROHIBITED WITHOUT PRIOR APPROVAL OF COMMUNITY HEALTH PLAN OF WASHINGTON.
- Documented in charts or graphs
- Durable over time beyond the end of the actual treatment session and
- Generalized outside of the treatment setting