



Initial Authorization for ABA/Behavioral Services

Patient Name: _____
Member ID#: _____ Date of Birth: _____

Provider Name: _____
Phone Number: _____ NPI #: _____
Address: _____

Assessment: (Complete all)
Clinical Disorders/Syndromes: _____
Personality Disorders/Intellectual Disabilities: _____
Relevant Medical Issues/Physical Problems: _____
Psychosocial Stressors: Please indicate level of current psychosocial Stressors: ☐ None ☐ Mild
☐ Moderate ☐ Severity
GAF: Current _____ Highest Past Year: _____
Initial Evaluation: _____
Number of hours of ABA requested per week: _____
Number of hours of Parent/Caregiver training: _____

***All evidence-based screening and scaling results used in determining the diagnosis must be submitted with this request form.**

Behaviors and Interventions

Date Functional Behavioral Assessment was completed: _____

Is there a specific behavior that has been targeted for intervention: ☐ No ☐ Yes

If yes, please briefly describe each behavior and its impact on functioning.

- 1) _____
- 2) _____
- 3) _____

Individualized Service Plan

* Plan must be child-centered, strength-based, family focused, community-based, multisystem, & culturally-competent. Parental training must be involved so they can provide additional hours of intervention.

- Goal 1) _____
Objective: _____
As evidenced by: _____
Objective: _____
As evidenced by: _____
Objective: _____
As evidenced by: _____



Goal 2) _____
Objective: _____
As evidenced by: _____
Objective: _____
As evidenced by: _____
Objective: _____
As evidenced by: _____

Goal 3) _____
Objective: _____
As evidenced by: _____
Objective: _____
As evidenced by: _____
Objective: _____
As evidenced by: _____

Risk Assessment*:

Past Attempts to Harm Self or Others: ☐ None ☐ Self ☐ Others
Comments: _____

Current Risk of Harm to Self: ☐ None ☐ Low ☐ Moderate ☐ High
Comments: _____

Current Risk of Harm to Others: ☐ None ☐ Low ☐ Moderate ☐ High
Comments: _____

Functional Impairment (only indicate the impairments that are present)
Social Interaction

* If potentially harmful behaviors exist, please submit full risk assessment and crisis plan.

Targeted Interventions aimed at specific behaviors

Intervention 1: a.) description of intervention: _____
b.) risk analysis: _____
c.) possible impact on human rights: _____

Intervention 2: a.) description of intervention: _____
b.) risk analysis: _____
c.) possible impact on human rights: _____

Intervention 3: a.) description of intervention: _____
b.) risk analysis: _____
c.) possible impact on human rights: _____



Intervention 4: a.) description of intervention: _____
b.) risk analysis: _____
c.) possible impact on human rights: _____

Additional Interventions:

Signature: _____ Date: _____