

# CMHCM ABA Authorization Request

Consumer: \_\_\_\_\_ Case #: Enter case number

Date: Click here to enter a date.

Email request to [ABATeam@cmhcm.org](mailto:ABATeam@cmhcm.org) and case holder **at least 2 weeks prior to start date.**  
(At least 3 weeks are needed when changing for start or end of summer.)

## Do not submit request without a start date and parent signature.

Provider: \_\_\_\_\_ Start Date for new schedule: \_\_\_\_\_

I agree with the schedule and date for ABA services to begin. I understand that CMHCM staff will make every effort to complete the changes to these authorizations by the requested start date, but this could be delayed if family is unavailable to meet by phone with the case holder to complete the addendum.

While waiting for the tech to begin, the provider can begin Family Guidance.

Parent name: \_\_\_\_\_ Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Reason for Addendum:

- ABA Service Change**
  - New services
    - Intervention w behavior tech starting
  - Change in BCBA supervision Name: \_\_\_\_\_
  - Change in service hours per week
    - Per family request
    - Other: \_\_\_\_\_
- New PCP**
- Change in ABA Goals/Objectives**

Requested Services	
Applied Behavior Analysis Therapy:	<input type="text"/> hours per week
Supervision:	<input type="text"/> hours per week
Family Training:	<input type="text"/> hours per month

### ABA Weekly Schedule:

Mon: \_\_\_\_\_  
Tues: \_\_\_\_\_  
Wed: \_\_\_\_\_  
Thurs: \_\_\_\_\_  
Fri: \_\_\_\_\_  
Sat: \_\_\_\_\_  
Sat: \_\_\_\_\_

### \*School Weekly Schedule:

Mon: \_\_\_\_\_  
Tues: \_\_\_\_\_  
Wed: \_\_\_\_\_  
Thurs: \_\_\_\_\_  
Fri: \_\_\_\_\_

**\*School schedule is required if: over 6 yrs old, with more than 16 hours of ABA per week.**