

# Applied Behavioral Analysis (ABA) Day Program Capacity Attestation

The ABA Capacity Attestation must be completed by an agency in collaboration with HCA upon the initiation and any expansion of ABA within their area. To send completed form or to ask any questions, email [aba@hca.wa.gov](mailto:aba@hca.wa.gov)

## 1 Provider agency information

Provider agency name Provider agency domain number

Provider agency contact name Provider agency email

Provider agency address(s)

Startup/Expansion County/Counties serving

## 2 ABA key elements

	Yes	No	Comments
1. Provider agency is enrolled with Apple Health (Medicaid).			
2. Provider agency has credentialed staff to provide services according to the model guidelines; please include staffing list.			
3. Therapy assistants at 1:1 ratio for 3 hours a day per client.			
4. Lead Behavior Therapist providing direct supervision of each client's program for 5% of the time the child is in the program and must remain on site during all program hours.			
5. Speech therapy for the initial assessment, planning and data programming as well as direct, individualized treatment with an SLP weekly at a minimum.			
6. Caregiver/family training will consist of direct individualized training with an LBAT weekly at minimum			
7. Functional activities for daily living at a rate of 4 sessions per week per client			
8. Coordination of Care activities at a rate of 1 session per week per client as needed during the program based on individual client needs			
9. Discharge/Transition services must be provided			

Anticipated Medicaid Capacity number Anticipated schedule (sessions/day, days/week, hours, enrollment limitations)

## 3 Signature

I have received and reviewed the day program guidelines, understand them and agree to comply with said guidelines.

Provider agency signature Provider agency name Date

HCA approval signature HCA approval name Date