**OHA attestation form for Applied Behavior Analysis (ABA) services**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby attests that all ABA services that have been

 (Name of CCO)

managed by our coordinated care organization, whether these services have been approved or denied, have followed the conditions described in OAR 410-172-0650 (4)(h).

Members that have received ABA services through our CCO:

|  |  |
| --- | --- |
| **Member ID** | **Date services began** (for time period 1/1/2019 to 12/31/2019) |
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