



5803 W. Craig Road, Suite 105, Las Vegas, NV 89130  
Phone: 702-901-5200 Fax: 702-901-5201

**CONTRACT FOR CBC APPLIED BEHAVIOR ANALYSIS (ABA) SERVICES**

Name of Client: \_\_\_\_\_

Date: \_\_\_\_\_

**Authorized Supervision:**

Authorized Representative (AR) (Parent/Guardian/Care-Provider): Please list the names and contact information for all those who will be taking part in the ongoing implementation of the ABA program, including anyone approved to supervise services (18 years or older) in home, allowed to pick up the client from the center or drive the client in the community:

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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
AR Initials

**Attendance Policy:**

I/We understand that ABA services provided by CBC are a medical service recommended by a qualified healthcare professional, and maintenance of prescribed treatment hours is imperative to treatment effectiveness. I/We understand if, due to our own cancelations of scheduled sessions, my/our attendance falls below 80% of scheduled hours over any quarter during the calendar year (i.e., quarterly scheduled hours were 385 hours, however due to frequent client cancelations, only 270 hours were fulfilled by the client [70%]), CBC may notify my/our insurance company and ABA services may be cancelled due to a lack of participation.

\_\_\_\_\_  
AR Initials

**Guardian Supervision Policy:**

I/We understand that ABA services provided by CBC must be supervised at all times by an individual 18 years of age or older while in the home or the community. This individual must be included in the list of those authorized to supervise in the section above. ABA therapy is a medical service conducted by CBC, that is authorized in 15-minute increments from my/our insurance. All units of time, in the home or in the community, requires the presence of an Authorized Representative (AR). If proper guardian supervision is not provided, CBC may notify my/our insurance company and ABA services may be cancelled due to a lack of proper guardian supervision during home-based and community-based services.

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AR Initials

**Late Policy:**

I/We understand that ABA services provided by CBC are a medical service that is authorized in 15-minute increments from my/our insurance. All units of time must be fulfilled accurately for legal and ethical billing practices. I/We understand that we must be on time for our services, both for home-based and center-based ABA therapy. I/We also understand that this policy includes punctual pick-up times from center-based services. CBC staff are informed that they should not wait for a family's arrival for longer than 15 minutes. CBC understands that punctuality is not guaranteed due to unforeseen circumstances. For these reasons, CBC expects that at least 80% of sessions begin on time as scheduled. If tardiness occurs during more than 20% of scheduled sessions, CBC may notify my/our insurance company and ABA services may be cancelled due to a lack of adherence to this policy.

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AR Initials

**Parent Participation Policy:**

I/We understand that ABA services provided by CBC are a medical service recommended by a qualified healthcare professional, and adherence to all elements of the treatment plan is imperative to treatment effectiveness. I/We understand that all elements of ABA therapy require parent/guardian participation in order for therapy to be effective. I/We understand that our staff and supervisors may require parent participation during some or all ABA hours and may create parent goals which are reported to our insurance company. If significant client progress is not being made due to parent/guardian inability/unwillingness to participate in ABA therapy, CBC may notify my/our insurance company and ABA services may be cancelled due to a lack of participation.

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AR Initials

**Prescribed Hours Policy:**

I/We understand that ABA services provided by CBC are a medical service recommended by a qualified healthcare professional, and acceptance of prescribed treatment hours is imperative to treatment

effectiveness. I/We understand that the hours recommended are in line with the most recent behavior analytic research regarding effective ABA treatment, and if I/we do not agree to the treatment dosage, CBC may refer us to seek services from other providers. I/We understand if we do not accept the prescribed hours from the initial ABA assessment, CBC may make the ethical decision to forgo offering ABA services to me/us.

\_\_\_\_\_  
AR Initials

**Acknowledgement of Supervision and Training Requirements:**

I/We understand that ABA services provided by CBC require a minimum amount of training and supervision to ensure ethical and effective ABA treatment. CBC provides staff training during supervisory visits (i.e. supervision by a BCBA, BCaBA, or BCBA trainee) for a minimum of 5% of all staff hours, however, CBC strives to supervise 10%-20% of all service delivery hours. Supervisors will give feedback during supervision to ensure all facets of ABA therapy are delivered as designed in the treatment plan. CBC also provides incoming staff with preliminary training in the field. CBC does not conduct in-office training or supervision to their staff, so all feedback must be given during live delivery of services in order to ensure accurate and effective treatment is delivered. Families can expect that, occasionally, additional staff members may be present during sessions to initially learn how to accurately and appropriately deliver ABA services, as well as to occasionally hone their behavior analytic skills and/or receive specific training. I/We understand if we do not accept the presence of trainees and supervisors during ABA sessions, CBC may notify my/our insurance company and ABA services may be cancelled due to a lack of participation.

\_\_\_\_\_  
AR Initials

I/We, the Authorized Representative (AR) for the above-mentioned client, have read all of the policies within regarding this contract for ABA services, and agree to all the terms outlined:

\_\_\_\_\_  
AR Printed Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
AR Signature

\_\_\_\_\_  
Date