

Covers applied behavior analysis providers — clinic-based centers, in-home and community programs, school contracts, and telehealth — staffed by BCBAs, BCaBAs, and Registered Behavior Technicians (RBTs). General counseling uses CWCO-SUP-MENTALHEALTH and residential developmental-disability programs CWCO-SUP-DDSVC. Complete with ACORD 125 and 126. Attach your restraint and elopement policies, a sample treatment plan with session notes, and five years of loss runs.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS
BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE	

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Nonprofit

PRIMARY CONTACT / TITLE	PHONE	EMAIL
CLINICAL DIRECTOR / BACB CERTIFICATION NO.	STATES OF PRACTICE	GROUP NPI

2 OPERATIONS

DESCRIBE YOUR SERVICES, THE CLIENTS YOU SERVE, AND WHERE THERAPY TAKES PLACE

SERVICE SETTING	% OF SERVICE HOURS	ACTIVE CLIENTS

Settings: clinic or center; client's home; school; community outings; daycare or preschool; telehealth parent training; other.

PAYER	% OF REVENUE

Payers: Medicaid or Medicaid managed care; commercial insurance; TRICARE; school district contracts; private pay.

Staff and clients:

☐ BCBAs / BCBA-Ds ☐ BCaBAs ☐ RBTs (employees) ☐ RBTs or techs (1099) ☐ Active clients
☐ Clients age 18+

2-1 Do you serve clients with severe problem behavior such as aggression, self-injury, or property destruction? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Do you serve adult clients? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-3 Do staff drive clients in their own or company vehicles? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-4 Do you provide services in schools under a district or school contract? ☐ Yes ☐ No
IF YES, EXPLAIN

2-5 Do you provide any services other than ABA, such as speech, occupational therapy, or counseling? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — CREDENTIALS, SUPERVISION & TREATMENT PLANS

Most hands-on ABA therapy is delivered by RBTs, who must be supervised by a BCBA for at least 5% of their service hours each month, with at least two contacts and one observed session. Forty states and D.C. also license behavior analysts.

3-1 Does every RBT hold current BACB certification before delivering billed services? ☐ Yes ☐ No
IF NO, EXPLAIN

3-2 Is RBT supervision tracked each month against the BACB minimum of 5% of service hours? ☐ Yes ☐ No
IF NO, EXPLAIN

3-3 Are all behavior analysts licensed in every state where they practice, where the state requires it? ☐ Yes ☐ No
IF NO, EXPLAIN

3-4 Is each client's treatment plan written by a BCBA and updated at least every six months? ☐ Yes ☐ No
IF NO, EXPLAIN

3-5 Do parents or guardians sign consent to each treatment plan, including any restrictive procedures? ☐ Yes ☐ No
IF NO, EXPLAIN

3-6 Is there a written maximum caseload per BCBA? ☐ Yes ☐ No
IF NO, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — RESTRAINT, ABUSE PREVENTION & ELOPEMENT

Many ABA clients cannot report what happens in a session. In a 2024 Texas suit, video showed a therapist slamming a non-verbal 7-year-old into a wall after staff gave the parents other explanations. Wandering preceded about three in four drownings of autistic children studied.

4-1 Is physical restraint limited by written policy to emergencies where a client may harm self or others? ☐ Yes ☐ No
IF NO, EXPLAIN

4-2 Are staff trained in a recognized crisis-intervention program before working with clients? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Is every restraint documented and reported to the parent or guardian the same day? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Are all staff background-checked with fingerprints before working with clients? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 Do all staff complete abuse-prevention and mandated-reporter training at least yearly? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Can every clinic therapy room be observed through cameras or windows? ☐ Yes ☐ No
IF NO, EXPLAIN

4-7 Is clinic camera footage kept for a set period under a written policy? ☐ Yes ☐ No
IF NO, EXPLAIN

4-8 Does each client with a history of wandering have a written elopement plan? ☐ Yes ☐ No
IF NO, EXPLAIN

4-9 Are clinic exits alarmed or secured so a client cannot leave unnoticed? ☐ Yes ☐ No
IF NO, EXPLAIN

4-10 Do any home or community sessions take place near pools or open water? ☐ Yes ☐ No
IF YES, EXPLAIN

4-11 Has any client wandered away from staff or been injured by another client in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

5

EXPOSURE & RISK QUESTIONS — BILLING & DOCUMENTATION

Federal auditors found at least \$56 million in improper Indiana Medicaid ABA payments (2024), nearly all tied to missing or deficient documentation, and \$18.5 million in Wisconsin (2025). Massachusetts indicted a provider in 2025 for fabricated ABA records.

5-1

Is a signed session note completed for every billed session before the claim is submitted?

☐ Yes ☐ No

IF NO, EXPLAIN

5-2

Are claims checked so group sessions are never billed under individual-therapy codes?

☐ Yes ☐ No

IF NO, EXPLAIN

5-3

Is billing audited, internally or by an outside reviewer, at least yearly?

☐ Yes ☐ No

IF NO, EXPLAIN

5-4

Is each session verified electronically or by caregiver signature?

☐ Yes ☐ No

IF NO, EXPLAIN

5-5

Is billing handled by an outside billing company?

☐ Yes ☐ No

IF YES, EXPLAIN

5-6

In the past 5 years, has any payer audited your records, requested repayment, or referred you for investigation?

☐ Yes ☐ No

IF YES, EXPLAIN

6

PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$)

PAYMENTS TO 1099 CLINICIANS (\$)

ANNUAL GROSS REVENUE (\$)

ANNUAL BILLED SERVICE HOURS

NUMBER OF LOCATIONS

STAFF TURNOVER — LAST 12 MONTHS (%)

7

PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL / GL CARRIER / LIMITS

ABUSE & MOLESTATION LIMIT

BILLING ERRORS / REGULATORY LIMIT

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED (\$)	OPEN / CLOSED

7-1

Has anyone ever alleged abuse, neglect, or improper restraint by a staff member?

☐ Yes ☐ No

IF YES, EXPLAIN

7-2

Has any clinician been the subject of a BACB or state licensing board complaint?

☐ Yes ☐ No

IF YES, EXPLAIN

7-3

Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years?

☐ Yes ☐ No

IF YES, EXPLAIN

7-4

Is the applicant aware of any incident or circumstance that could give rise to a claim?

☐ Yes ☐ No

IF YES, EXPLAIN

8SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties. State-specific fraud warnings appear on the insurer's application.

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE
PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE