



**OKLAHOMA**  
Health Care Authority

**Out-of-State ABA Network Exception Provider**  
*QUESTIONNAIRE*

**PROVIDER INFORMATION**

Provider Name:	
Contracting Facility Name:	
Contracting Facility ID:	
BCBA License Number:	
BCBA License Expiration:	

**PROVIDER QUESTIONNAIRE**

1. State of residence? <i>(Please submit verification of residency.)</i>							
2. Date of BCBA/LBA licensure? <i>(Please submit copies.)</i>							
3. Indicate the number of Oklahoma members to who you will provide services for:							
4. Which counties in Oklahoma will you serve?							
5. List all contracted agency/clinic locations for which you will be providing services:							
6. Are you employed by any other clinics/agencies with a physical location in Oklahoma?							
				Yes		No	
If yes, provide provider ID <i>(with alphabet letter)</i> :							
7. Will services be provided fully in-person?				Yes		No	
8. Will services be provided fully via telehealth?				Yes		No	
9. If you provide telehealth services for an agency/clinic with a physical location in Oklahoma, what are the requirements for in-person service delivery?							
10. If providing hybrid services <i>(in-person and telehealth)</i> , describe your requirements for in-person service delivery?							
11. If services are hybrid or provided via telehealth, how will treatment plan goals be coordinated between in-person BCBAs and RBTs to ensure competency, fidelity and support?							
Yes, please explain:							
No, please explain:							
12. Will you supervise RBTs/BCaBAs?				Yes		No	
13. Weekly supervision hours per client:							
14. Weekly supervision hours per RBT/BCaBA:							
15. Please provide any additional comments that could assist in this review:							

OHCA Revised 10/6/2025



**ADDRESS**

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105



**WEBSITES**

oklahoma.gov/OHCA  
mysoonerare.org



**PHONE**

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