

Behavioral Analysis Authorization

Submit completed form online at **Availity Essentials™**—our preferred method—or by fax to **813-321-7220**. For authorization inquiries or status updates, call 866-856-8974 Monday – Friday, 8 a.m. – 5 p.m., Eastern time.

| | |
|---|-------------|
| Today's date: | |
| Contact at provider's office: | Secure fax: |
| Requesting provider: | Phone: |
| Note: Please provide appropriate contact information, including best working phone number, to contact you if we need clarification or additional information to complete your request. | |

| Member information | | |
|---|--------------|----------------|
| Last name: | | First name: |
| Humana ID: | Medicaid ID: | Date of birth: |
| Parent/guardian name: | | Phone: |
| Member's living arrangements: At home with guardian Group home Foster home | | |

| Requesting provider/facility | | |
|------------------------------|------------------|------|
| Provider name: | TIN: | NPI: |
| Address: | City, state ZIP: | |
| Contact name: | Phone: | Fax: |

| Treating/servicing provider and/or lead analyst | | |
|---|------------------|------|
| Provider name: | TIN: | NPI: |
| Address: | City, state ZIP: | |
| Contact name: | Phone: | Fax: |

| Diagnosis code(s) and dates of service (DOS) | | | |
|--|-----------------|----------------------|--------------------|
| ICD-10*: | ICD-10*: | ICD-10*: | ICD-10*: |
| Start date of service: | | End date of service: | |
| Type of request: | Initial request | Treatment request | Concurrent request |

*ICD-10 codes are from the International Classification of Diseases, Tenth Edition.

Humana Healthy Horizons® in Florida

Humana Healthy Horizons in Florida is a Medicaid product of Humana Medical Plan, Inc.
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Service code(s)

| | | | |
|-------|--------------|-----------------|------------|
| Code: | Total units: | Hours per week: | Frequency: |
| Code: | Total units: | Hours per week: | Frequency: |
| Code: | Total units: | Hours per week: | Frequency: |
| Code: | Total units: | Hours per week: | Frequency: |
| Code: | Total units: | Hours per week: | Frequency: |
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Initial assessment required clinical documentation

Please attach the following documents:

Referral for behavioral analysis (BA) services

Comprehensive Diagnostic Evaluation (CDE) from a qualified practitioner

Treatment services required clinical documentation

Please attach the following documents:

Behavior plan signed by lead analyst and parent/caregiver that includes treatment goals, parent/caregiver goals, transition plan, crisis management plan and discharge plan

Clinical documentation regarding member's medical/developmental history, family history and care coordination

Vineland-3 Comprehensive Parent Interview Form for all recipients, plus the Maladaptive Behavior domain for recipients ages 3 years and older (initial assessment and every 12 months)

Behavior Assessment System for Children, Third Edition, Parenting Relationship Questionnaire (BASC-3 PRQ), for all recipients ages 2 years through 18 years (initial assessment and every 12 months)

Clinical documentation of recommendation for services, outlining rationale for quantity in hours per week/day

Individualized Education Plan (IEP) including BA services/504 plan if services are provided in school

For continuing service requests:

Data table and graph reflecting progress of all behaviors targeted for treatment

Discussion of progress or explanation for why progress was not made

Statement of justification for continuation of care

Treatment and care coordination (Check all that apply.)

Copy of BA service authorization approval letter is attached if member has transitioned from another Managed Care Organization (MCO) (if applicable)

Treatment interventions are consistent with BA techniques.

Treatment plan and requested services currently occurring are based upon the functional assessment/reassessment care coordination involving appropriate entities.

Licensed psychologist or board-certified behavior analyst (BCBA) is responsible for all aspects of clinical direction, supervision and case management, including evaluation of discharge requirements.

BA services may not be duplicative of services under an individualized family service plan (IFSP), 504 plan or IEP.

Recipient's IFSP, 504 plan or IEP has been reviewed, and the proposed treatment and current treatment plan are different.

Yes

No

N/A

An implementation plan must include the following demographic information: member's name, address, date of birth and Medicaid state identification number; behavioral health intervention services; provider's name; and date the plan was developed and/or revised.

The plan must include the diagnosis and treatment order from the licensed provider including scope, amount and duration of services.

Coverage of BA services

By signing below, the provider ensures: Treatment interventions are consistent with BA techniques; care coordination involving appropriate entities is occurring; the licensed psychologist or BCBA is responsible for all aspects of clinical direction, supervision and case management; and the treatment plan and requested services are based on the functional assessment.

Signature:

Date:

This authorization request is not a guarantee of payment. Payment is contingent upon eligibility, benefits available at the time the service is rendered, contractual terms, limitations, exclusions, coordination of benefits, and other terms and conditions set forth by the benefit program. The information contained in this form, including attachments, is privileged and confidential and is only for the use of the individual

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