

Simply Florida BA Authorization Request Form
Fax to : 1-800-370-1116

RECIPIENT INFORMATION				
Recipient ID:	Recipient Name:	DOB and Age:	Phone Number:	
Recipient Address:				
Type of Request (<i>only select one</i>):				
<input type="checkbox"/> Initial Assessment (prior to starting services)		<input type="checkbox"/> Review due to retroactive availability		
<input type="checkbox"/> Assessment/Initial Treatment		<input type="checkbox"/> Reassessment/Concurrent		
<input type="checkbox"/> Modification to existing authorization		Requested Start Date:		
PROVIDER INFORMATION				
Provider Group/Agency:	Provider/Supervisor:	Agency Contact:		
Group NPI:	NPI:	Clinical Contact Email:		
Group TIN:	Phone Number:	Network Capacity: <input type="checkbox"/> In Network <input type="checkbox"/> Out of Network		
SERVICES REQUESTED * See Rule 59 and Fee Schedule for comprehensive code descriptions				
Location of Services: (Select all that apply.)			Level of Care:	
<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Other _____			<input type="checkbox"/> Focused	
<input type="checkbox"/> Center/Clinic <input type="checkbox"/> Community			<input type="checkbox"/> Comprehensive	
Provider attests to the minimum and maximum levels of supervision <input type="checkbox"/> Yes				
Code	Service Description	Modifier	# of Hrs/Wk	# of Ttl Units
97151	Behavior Identification-assessment (max. 24 units for initial assessment) (max. 18 units for reassessment)			
97152	Behavior identification-supporting assessment (maximum 18 units) * Clinical Rationale Required			
0362T	2:1 assessment with Lead Analyst * Clinical Rationale Required			
97155	Behavior treatment with protocol modification by a Lead Analyst * 10-20% of direct care by RBT			
97153	Behavior treatment by protocol by RBT, BCaBA, or Lead Analyst			
0373T	2:1 treatment with Lead Analyst * Clinical Rationale Required			
97156	Family training by Lead Analyst			
97154	Group skills training, max. 6 clients			
97158	Group skills training, max. 6 clients by Lead Analyst or BCaBA			

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DIAGNOSTIC INFORMATION DSM-V DIAGNOSIS					
1.	2.	3.			
Diagnosing provider:			Date of Dx:		
Have medical evaluations or tx been implemented to rule out or address possible organic etiologies for the behavior(s) of concern? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A *if yes please attach documentation					
SCHOOL INFORMATION					
Does recipient attend school? <input type="checkbox"/> Full time <input type="checkbox"/> Half day <input type="checkbox"/> Other _____					
Does the member have IEP/504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes please attach documents					
BEHAVIORAL HEALTH AND OTHER SERVICES					
Date recipient began receiving BA services:					
What other services does the recipient currently receive or has received in the past 12 months?					
Service	Current	Previous	Service	Current	Previous
Crisis Intervention	<input type="checkbox"/>	<input type="checkbox"/>	School Based Services	<input type="checkbox"/>	<input type="checkbox"/>
Residential Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Intensive Outpatient Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Medication Management	<input type="checkbox"/>	<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
CLINICAL INFORMATION * Please ensure to include full report in submission					
Answer the following questions for Initial Treatment or Concurrent (yearly) review types:					
Vineland-3 score: Date:			BASC-3 PRQ score: Date:		
Answer the following questions for Concurrent or Modification review types:					
Select all applicable maladaptive behavior(s): <input type="checkbox"/> High risk to self <input type="checkbox"/> Aggression to others <input type="checkbox"/> Property destruction or disruption			Percentage of goals met: Ex. 15/20 goals met = 75%		
Was medical care required as a result of the bx? <input type="checkbox"/> Yes <input type="checkbox"/> No			% of <u>acquisition</u> goals met:		
Was law enforcement required as a result of the bx? <input type="checkbox"/> Yes <input type="checkbox"/> No			% of <u>reduction</u> goals met:		
			% of <u>caregiver</u> goals met:		
CAREGIVER INVOLVEMENT					
Did the primary caregiver participate in at least 50% of the scheduled training sessions? <input type="checkbox"/> Yes <input type="checkbox"/> No			If no, is there a plan to address barriers and promote generalization? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PROVIDER SIGNATURE					
Provider Signature		Printed name and credentials		Date	

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Please Indicate all Expectations That are in Your Treatment Plan	
Assessment Sections	Content Expectations
Biopsychosocial information	<input type="checkbox"/> Family composition <input type="checkbox"/> Medical and mental health history including medication (name, dosage, etc.) <input type="checkbox"/> Current and prior services (BA, speech, OT, PT, social groups, etc) <input type="checkbox"/> History of BA treatment <input type="checkbox"/> School services
Assessment / Reassessment Observations	<input type="checkbox"/> QHP has directly observed the patient in two environments for the IA. <input type="checkbox"/> Description of observations (date, duration, location, people, activities, etc.) <input type="checkbox"/> Data on maladaptive behaviors observed (if applicable)
Skills assessment completed	<input type="checkbox"/> Vineland-3 (including maladaptive behavior domain) complete scoring report. <input type="checkbox"/> BASC-3 PRQ complete scoring report for recipients ages 2 and less than 19. <input type="checkbox"/> Recipient's score provided and possible score provided
Functional Behavior Assessment	<input type="checkbox"/> FBA Results, Hypothesized functions, and Operational definition of target bx <input type="checkbox"/> Behavior Intervention Plan with antecedent and consequence strategies <input type="checkbox"/> Behavior intervention plan utilizes reinforcement not punitive methods <input type="checkbox"/> A behavior reduction goal is provided for each excess behavior targeted <input type="checkbox"/> Excess behavior data is in a dimension of bx (Rate, Duration, latency, etc.). <input type="checkbox"/> Data measurement should match the goals mastery criteria <input type="checkbox"/> FERB goals are provided for all maintaining functions of excess behavior.
Goals	<input type="checkbox"/> Goals address core deficits and are medically necessary <input type="checkbox"/> Goals are clearly defined and measurable <input type="checkbox"/> Goals are age appropriate and achievable <input type="checkbox"/> Goals are individualized beyond assessment milestones <input type="checkbox"/> Quantifiable baseline and current data that matches the mastery criteria <input type="checkbox"/> The recommended number of goals supports the recommended LOC requested
Caregiver Training goals	<input type="checkbox"/> Goals have quantifiable baseline data that matches the goals mastery criteria <input type="checkbox"/> Goals and data reflect the Caregiver's performance, NOT the recipient's <input type="checkbox"/> Caregiver goals focus on training the recipient's primary guardians
Transition/discharge criteria	<input type="checkbox"/> Transition/discharge criteria are individualized and measurable <input type="checkbox"/> Transition criteria are age appropriate and achievable <input type="checkbox"/> Provider indicates recipient's progress toward transition/discharge
BA schedule / Treatment location	<input type="checkbox"/> BA schedule is included and shows when supervision of the RBT/BCaBA <input type="checkbox"/> Treatment location is included. <input type="checkbox"/> A thorough AND comprehensive plan for generalization included with outcomes <input type="checkbox"/> If generalization is not occurring a plan to address the barrier(s) is provided
Recommendations	<input type="checkbox"/> LOC is medically necessary AND no less restrictive LOC would be effective <input type="checkbox"/> Recommends a MINIMUM of 10% supervision and MAXIMUM of 20% supervision. <input type="checkbox"/> Recommends caregiver training (required) <input type="checkbox"/> CLINICAL RATIONALE provided for 97152, 0362T, 0373T
Administrative	<input type="checkbox"/> Report is signed by the LA and the primary caregiver. <input type="checkbox"/> Report is current (written within 30 days of submission)