



PROVIDER ALERT:

ABA Provider Form Changes and Process to Request Addendums to Current Authorization Effective 8/26/20

August 21, 2020

Optum Maryland and the Maryland Department of Health (MDH) would like to alert ABA Providers that there will be changes to the assessment and treatment forms in the Incedo Provider Portal (IPP) and a new process for submitting addendum requests effective August 26, 2020.

1. Upcoming changes to the ABA Treatment and ABA Assessment forms:
 - a. **Initial/Concurrent/Assessment requests:** Providers can enter an extension for the submitter and/or supervising clinician when applicable

Provider Information		
Submitter's name:*	Submitter's contact #:*	Submitter's Extension:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisor name:*	Supervisor contact #:*	Supervisor extension:
<input type="text"/>	<input type="text"/>	<input type="text"/>

- b. **Assessment requests:** Providers will be able to provide clinical justification if requesting more than 32 units for an initial assessment

Is this request for more than 8 hours (32 units)?**
 Yes No

Provide justification for request of more than 8 hours (32 units):*

- c. **Initial/Concurrent requests:** Providers will now see an area on the ABA treatment form in which they are expected to select the severity of deficits of the individual in the areas of communication, social interaction, and behavioral needs.

Please report severity of deficits in the following areas:

Communication:**
 Mild Moderate Severe Not Applicable

Little to no intelligible speech. Unable to make needs/wants known.

Social Interaction:**
 Mild Moderate Severe Not Applicable

Social impairment even with supports, limited initiation of social interaction.

Behavioral Challenges:**
 Mild Moderate Severe Not Applicable

Inflexibility causes interference with functioning in 1 or more contexts, difficulty switching tasks.

d. **Concurrent requests:** If Providers are requesting an increase in intensity of ABA treatment hours, providers must explain the clinical justification for the increase in hours in the area shown below:

Concurrent Review

Are you requesting a change in the number of hours?*

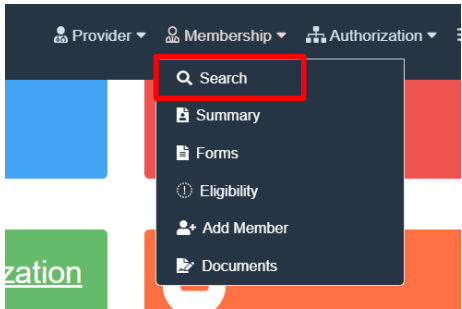
Increase Decrease No Change

Please explain need for increased number of hours?*

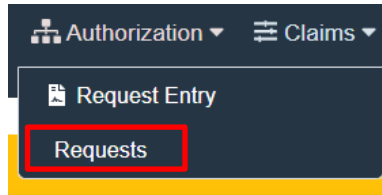
2. Process for submitting Addendum Requests

Effective 8/26/2020, Providers will be required to submit addendum requests via the IPP. Addendum requests will no longer be accepted via email. Providers requesting to increase the intensity of currently authorized ABA services and/or requesting to add service(s) to a current authorization must follow the process described below. Once an addendum request is submitted through the IPP, Optum Maryland has up to 14 calendar days to make a determination on the addendum request.

Step 1: Locate the **participant** in the IPP that the addendum is being requested for by selecting **SEARCH** under the membership menu



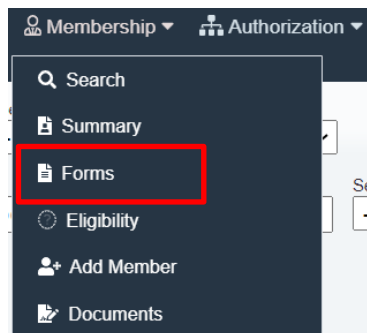
Step 2: Locate the **current authorization** that the addendum is being requested on by selecting **REQUESTS** from the authorization menu



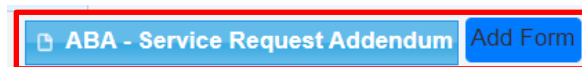
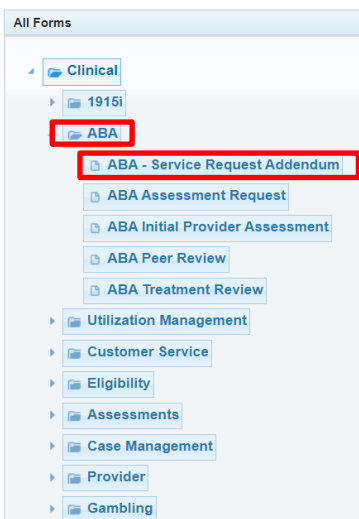
Step 3: Once authorization is located, select **one** of the lines within the authorization (will show highlighted in yellow)

ID	SR ID	SR Auth #	Auth Approval #	Auth Status	P	Procedure	Start Date	End Date	Units
2126	928	A2020261404	202000300262	Approved	B 44	90791 - MH-OP-A-90791-Psychiatric Diagnostic Interview	7/30/2020	1/25/2021	75
1961	841	A2020261393	202000300145	Approved	B 44	90837 - MH-OP-A-90837-Individual Psychotherapy (60 Minutes)	7/6/2020	1/1/2021	3

Step 4: Select **FORMS** from the membership menu



Step 5: Select **ABA** and then **ADD Form ABA – Service Request Addendum** this will allow you to complete the addendum request form for the specific member on the current open authorization



Step 6: Complete all required fields with requested clinical information directly within the ABA Service Request Addendum Form

- A Provider can request an increased intensity in one or more currently authorized service(s)
AND/OR
- A Provider can request to add one or more services which are not currently authorized

Step 7: Click **SAVE**

Below is an example of the addendum request form when asking for increased intensity in a currently authorized service:

ABA - Service Request Addendum Details

ABA - Service Request Addendum

Provider Information

Submitter's Name:* Test Provider	Submitter's Contact #:* 000-000-0000	Submitter's Extension: 123	Submitter's E-mail Address:* provider@provider.com	
Supervisor Name:* Holly Jolly	Supervisor Contact #:* 999-999-9999	Supervisor Extension: 	Supervisor E-mail Address:* holly@provider.com	Supervisor License Level:* BCBA
Provider Group Name:* Provider Group	Provider Tax ID:* 123456789	Provider NPI:* 123456789	Provider Address: 	

Service Request Addendum Information

Requested Start Date of New/Updated Services:*
08/10/2020

Requested End Date of New/Updated Services:*
10/10/2020

Type of Addendum Requested:
(check all that apply)

Increased intensity of one or more currently authorized services.

Add one or more services which are not currently authorized.

Increased Intensity Request (select all codes that apply)

Please be advised, providers are strongly encouraged to utilize 100% of the authorized intensity for the service(s), before requesting an increase in intensity for any service.

97151-Behavior Assessment
 97152-Supporting Behavior Assessment
 0362T-Severe Behavior Assessment
 97153-Direct ABA Treatment

Current Hours Authorized:* 15	Current Hours Authorized per:** <input checked="" type="radio"/> Week <input type="radio"/> Month <input type="radio"/> Total	Average Hours Utilized:* 15	Average Hours per:** <input checked="" type="radio"/> Week <input type="radio"/> Month <input type="radio"/> Total	Additional Hours Requested:* 20	Additional Hours per:** <input checked="" type="radio"/> Week <input type="radio"/> Month <input type="radio"/> Total
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Clinical Information

Across the current authorization period, which areas of need have changed to warrant this request at this time?*
(check all that apply)

Communication Skills

Please provide an explanation of the participants current strengths/weaknesses in this area:*

Please list how progress on current objectives has been impacted by the area of need:*

Please explain what current barriers have impacted the ability to address this area of need within the currently authorized services:*

Behavior Challenges

Please provide an explanation of the participants current strengths/weaknesses in this area:*

Please list how progress on current objectives has been impacted by the area of need:*

Please explain what current barriers have impacted the ability to address this area of need within the currently authorized services:*

Please report what specific behavioral challenges are currently impacting overall functioning?*
(check all that apply)

Aggression

Self-Injury

Property Destruction

Elopement posing a safety risk

Other behavioral challenges

No behavioral challenges currently impacting functioning

How will the request support the participant's progress toward discharge?*

How are the additional hours going to be utilized to address the change in clinical presentation (i.e., treatment objectives (modified/new), schedule of services, updated behavior intervention plan, etc.)?*

I hereby attest that all of the information above is true and accurate to the best of my knowledge.*

If you have questions regarding the information in this alert, please contact Optum Provider Relations at marylandproviderrelations@optum.com.

Thank you,

Optum Maryland Team