

Behavior Analysis- Authorization Process Updates

May 19, 2026 and May 20, 2026

Housekeeping

- ✓ Welcome!
- ✓ All participants are pre-muted upon entry and throughout the duration of this session.
- ✓ Q&A session will occur at the end of this presentation.
- ✓ If you need to ask a question, require clarification or make a comment, please use the Q&A chat feature.
- ✓ This presentation will be shared with all registrants.



Agenda

1. Authorization Request Updates
2. Authorization Request Submission Guidelines
3. Resources and Contact Information
4. Questions



Panelists

Karen Avila, LMHC

Behavioral Health Care Manager

Yvette Covert, M.S.

Provider Relationship Account Manager Sr

Paula Gutierrez, MSW

Director of Network Management

Cathy Izaguirre, M.S., BCBA

Behavioral Health Care Manager Lead

Karen Markus, LMHC, CAP

Manager of Behavioral Health Services





Prior Authorization Request Updates



Primary Care Physician (PCP) Acknowledgement



Provider Network Memo

Simply Healthcare Plans/Carelon Behavioral Health
Florida Medicaid

Upcoming Prior Authorization Requirement Update for Behavior Analysis (BA) Services

Applies to: Eligible Simply Healthcare Plan members enrolled in Florida Medicaid

Implementation timing: Upcoming requirement; effective for May 8, 2026 for Simply Healthcare Plans BA Services

Key change: For prior authorization requests for Florida Medicaid Behavior Analysis Services, providers must attain and include PCP acknowledgement via PCP signature, in addition to the referral and CDE, to support care coordination.

Purpose

This memo provides advance notice of an update to the prior authorization submission requirements for Behavior Analysis Services. The update is intended to strengthen primary care provider involvement, support care coordination, and align submission packets with the expected documentation set before review. *This memo is for provider education and operational readiness.*

Required documentation for submission

Document	Submission expectation	Status
Referral	Continue to include the referral as part of the prior authorization packet.	Required
CDE	Continue to include the CDE as part of the prior authorization packet.	Required
PCP acknowledgement	New requirement. Provider must attain and include PCP acknowledgement via PCP signature with the request submission.	Required



What providers should do now

- Review internal prior authorization workflows for Florida Medicaid Behavior Analysis Services and update any intake or packet-preparation checklists.
- Train staff responsible for collecting and submitting authorization documentation so they understand that the provider must attain and include PCP acknowledgement via PCP signature with the referral and CDE.
- Validate that submission templates, routing instructions, and quality-review steps reflect the full documentation set before requests are sent for review.
- Resubmit or correct incomplete packets promptly if additional documentation is requested.

Operational guidance

Who is affected	Providers requesting prior authorization for Behavior Analysis Services for eligible Simply Healthcare Plan Florida Medicaid members.
What is changing	The prior authorization packet will now require PCP acknowledgement attained and included via PCP signature, in addition to the referral and CDE, to support care coordination.
Submission readiness	Requests should be checked for completeness before submission, including PCP acknowledgement via PCP signature, to support care coordination and avoid administrative delays related to missing documentation.
Review impact	Packets missing any required component, including PCP acknowledgement via PCP signature, may require follow-up, correction, or resubmission before the authorization review can proceed.



Primary Care Physician (PCP) Acknowledgement

Effective date: May 8, 2026-transition effective date May 21, 2026

What has changed?

-New requirement for prior authorization requests. Provider must obtain and include PCP acknowledgement via Primary Care Physician (PCP) signature with the prior authorization request in addition to CDE and BA referral.

Rationale:

This update is intended to strengthen primary care provider involvement in collaboration with PCP groups to support care coordination.

Accepted documentation:

BA Referral signed by PCP, letter of medical necessity for BA services signed by PCP, prescription for BA services signed by PCP.



Primary Care Physician (PCP) Acknowledgement

What if there's already an authorization in place?

-Please submit PCP acknowledgement along with your next authorization request.

Is the PCP acknowledgement required every time a prior authorization is requested?

-PCP acknowledgement should be updated and submitted on a yearly basis.

Will BA services be interrupted if PCP Acknowledgement is not obtained?

-Carelon will work with you to ensure services are not interrupted. If the member is currently receiving BA services authorized by Carelon and the PCP Acknowledgement has not been received, a shortened authorization may be issued based on medical necessity to ensure continuity of care while providers/family work to obtain and submit.



Updated Prior Authorization Request Form

Simply FL BA Authorization Request Form
Please fax COMPLETED form and supporting documents to:
1-800-370-1116

RECIPIENT INFORMATION		
Recipient Name:	Recipient ID:	DOB:
Recipient Address:		
Parent/Caregiver Name:	Phone Number:	
PROVIDER INFORMATION		
Provider Group/Agency:	Lead Analyst:	Agency Contact/Name:
Group NPI:	Phone #:	Clinical Contact Email
Group TIN:	Fax #:	Network Capacity: <input type="checkbox"/> In Network <input type="checkbox"/> Out of Network
Provider Group Address:		
DIAGNOSTIC INFORMATION		
Primary Diagnosis:	Secondary Diagnosis:	Other Diagnosis:
Diagnosing Provider with Credentials:	Date of Diagnosis:	



Updated Prior Authorization Request Form

BEHAVIORAL HEALTH AND OTHER SERVICES			
Date recipient began receiving BA services: _____			
What other services/history? (please check all that apply)			
<input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Residential Treatment <input type="checkbox"/> Intensive Outpatient Treatment <input type="checkbox"/> Medication Management <input type="checkbox"/> Inpatient MH <input type="checkbox"/> NICU/PICU <input type="checkbox"/> DCF Involvement <input type="checkbox"/> Siblings in BA	<input type="checkbox"/> School Based Services <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> PPEC <input type="checkbox"/> Early Intervention Services <input type="checkbox"/> Other _____	<input type="checkbox"/> In utero drug/ alcohol exposure <input type="checkbox"/> Seizures <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Premature Birth <input type="checkbox"/> Birth Trauma <input type="checkbox"/> Genetic testing <input type="checkbox"/> Surgeries <input type="checkbox"/> Feeding tube <input type="checkbox"/> Failure to thrive	Age milestone met: Raise head _____ Crawl _____ Walk _____ Talk _____ Eat solid food _____
MEDICATION			
Medication Name	Dosage	Prescriber	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	



Updated Prior Authorization Request Form

SERVICES REQUESTED	
Requested Start Date:	Requested End Date:
<input type="text"/>	<input type="text"/>
Type of Request:	
<input type="checkbox"/> Initial Assessment (Must include CDE, BA referral, PCP Acknowledgement)	
<input type="checkbox"/> Initial Treatment (Must include Behavior Assessment and Behavior plan. Please include <u>annual</u> BASC and Vineland, PCP Acknowledgement, CDE, BA Referral, <u>if not previously submitted</u>).	
<input type="checkbox"/> Concurrent (Must include updated Behavior Assessment and updated Behavior Plan. Please include <u>annual</u> BASC and Vineland, CDE, BA Referral, PCP Acknowledgement <u>if not previously submitted</u>).	
Location of Services: (Select all that apply)	
<input type="checkbox"/> Home <input type="checkbox"/> School (requires IEP/504) <input type="checkbox"/> Center/Clinic <input type="checkbox"/> PPEC <input type="checkbox"/> Other <input type="text"/>	



Updated Prior Authorization Request Form

Code	Service Description	Hours/Week	Total # Units	Code	Service Description	Hours/Week	Total # units
97151	Behavior Identification-assessment (Max 24 units)			97151 TS	Behavior reassessment (Max 18 units)		
97152	Behavior Identification-supporting assessment (Max 8 units) <i>* Clinical Rationale Required</i>			0362T	2:1 assessment with Lead Analyst <i>* Clinical Rationale Required</i>		
97153	Behavior treatment by protocol by RBT, BcaBA, or Lead Analyst			0373T	2:1 treatment with Lead Analyst <i>* Clinical Rationale Required</i>		
97155	Behavior treatment with protocol modification by a Lead Analyst <i>* 10-20% of direct care by RBT</i>			97155 HN	Behavior treatment with protocol modification by BcaBA		
97156	Family training by Lead Analyst			97156 HN	Family training by BcaBA		
97156 GT	Family training by telemedicine (max 2 hours/week)			97154	Group skills training, max. 6 clients		
97158	Group skills training, max. 6 clients by Lead Analyst or BcaBA						



Updated Prior Authorization Request Form

Simply FL BA Authorization Request Form
 Please fax COMPLETED form and supporting documents to:
 1-800-370-1116

SCHEDULE OF SERVICES							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
97153 Time/ Location							
97155/HN Time/ Location							
97156/HN Time/ Location							
CLINICAL INFORMATION							
PARENT/CAREGIVER INVOLVEMENT				SCHOOL INFORMATION			
Did the primary caregiver participate in all the scheduled parent training sessions? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, a telephonic review will be scheduled to discuss plan to address prior to next review.)				Does the recipient attend school? <input type="checkbox"/> Full time <input type="checkbox"/> Half day <input type="checkbox"/> PreK <input type="checkbox"/> Homeschool Does the recipient have an IEP/504 plan? (If yes, please submit.) <input type="checkbox"/> Yes <input type="checkbox"/> No			



Updated Prior Authorization Request Form

ASSESSMENTS													
Vineland-3 Comprehensive Parent Interview Form (include Maladaptive Behavior for recipients ages 3+) Date of most recent ABC score: <input type="text"/> Most recent ABC score: <input type="text"/> Date of previous ABC score: <input type="text"/> Previous ABC score: <input type="text"/>	BASC-3 PRQ (for all recipients ages 2-18) Date of most recent BASC-3 score: <input type="text"/> Attachment: <input type="text"/> Communication: <input type="text"/> Discipline Practices: <input type="text"/> Involvement: <input type="text"/> Parenting Confidence: <input type="text"/> Satisfaction with School: <input type="text"/> Relational Frustration: <input type="text"/>												
MALADAPTIVE BEHAVIOR	SUMMARY OF PROGRESS												
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 Was medical care required as a result of the behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No Was law enforcement required as a result of the behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1"> <thead> <tr> <th>Behavior Reduction</th> <th>Parent Training</th> </tr> </thead> <tbody> <tr> <td># of goals targeted: <input type="text"/></td> <td># of goals targeted: <input type="text"/></td> </tr> <tr> <td># of goals met: <input type="text"/></td> <td># of goals met: <input type="text"/></td> </tr> <tr> <td>Skill Acquisition</td> <td></td> </tr> <tr> <td># of goals targeted: <input type="text"/></td> <td></td> </tr> <tr> <td># of goals met: <input type="text"/></td> <td></td> </tr> </tbody> </table>	Behavior Reduction	Parent Training	# of goals targeted: <input type="text"/>	# of goals targeted: <input type="text"/>	# of goals met: <input type="text"/>	# of goals met: <input type="text"/>	Skill Acquisition		# of goals targeted: <input type="text"/>		# of goals met: <input type="text"/>	
Behavior Reduction	Parent Training												
# of goals targeted: <input type="text"/>	# of goals targeted: <input type="text"/>												
# of goals met: <input type="text"/>	# of goals met: <input type="text"/>												
Skill Acquisition													
# of goals targeted: <input type="text"/>													
# of goals met: <input type="text"/>													
PROVIDER ATTESTATION													
I attest that the information provided above is complete and accurate.													
Lead Analyst Signature <input type="text"/>	Date: <input type="text"/>												





Authorization Submission Guidelines



AHCA Authorization Requirements Policy

[FL Medicaid Authorization Requirements Policy](#)

2.4 Submission Requirements

Providers must submit authorization requests to the QIO's Web-based system or in paper format, as applicable, and include the following information at a minimum:

- Recipient information, including Florida Medicaid identification number
- Requesting provider information, including the provider's National Provider Identifier (NPI)
- Rendering provider information, including the provider's NPI (if different from the requesting provider)
- Ordering provider information, including the practitioner's NPI
- Procedure code(s) (with modifier(s) when applicable)
- Full description of the service(s) requested (including amount, duration, and frequency)
- Summary of the recipient's current health status, including diagnosis(es) pertinent to the recipient's need for the service being requested
- Service delivery address
- Unit(s) of service requested
- Dates of service
- A copy of the physician's order, if applicable
- A copy of the recipient's current plan of care (if applicable), signed by the physician
- Any additional submission requirements included in the service-specific coverage policy
- Any additional documentation requested by the QIO



Completed Request Form

- Please ensure the request form is completed in its entirety.
- This ensures that Carelon receives all the necessary information for processing requests and authorizations (i.e., NPI, service location, member information, provider contact information, etc.).
- This also ensures that Carelon can contact providers and clinicians if additional information is needed.
- Please ensure all BA prior authorization requests are submitted via fax to 1-800-370-1116.
- As a result of after hour and weekend submissions, we have built up our UM staff to support these requests to meet turnaround time.



Only Submit Necessary Information/Documentation

In order to ensure faxed requests are received and reviewed as efficiently as possible, please only submit the documentation that pertains to the current request for review in the order below:

- **Initial assessment requests**

- Completed request form
- CDE
- BA Referral
- PCP Acknowledgement

- **Initial treatment requests**

- Completed request form
- Behavior assessment/behavior plan
- Vineland
- BASC
- PCP Acknowledgement (**only** if not previously submitted)

- **Concurrent treatment requests**

- Completed request form
- PCP Acknowledgement (**only** if yearly update or not previously submitted)
- Updated behavior assessment/behavior plan
- Vineland (**only** if yearly update)
- BASC (**only** if yearly update)



Only Submit Necessary Information/Documentation

In order to ensure faxed requests are received and reviewed as efficiently as possible, please only submit the documentation that pertains to the current request for review.

- Larger files may cause transmission errors or delays. Only submitting the necessary information/documentation will ensure timely receipt, review, and processing.
- Only submit documents that pertain to current review.
 - ✓ Only submit BA referral, CDE, PCP Acknowledgement if not previously submitted.
 - ✓ Only submit annual BASC or Vineland assessment if yearly update due.



Provider Communications

- Carelon complies with a 4-calendar day turnaround for all prior authorization requests.
- Ensuring that the request is complete reduces any delays in processing.
- Please ensure to include the best phone number to contact the lead analyst and/or provider group contact if additional information is needed.
- Please ensure to include the best email contact.





Resources and Contact Information



Resources

- [Forms and Guides | Carelon Behavioral Health](#)
- [FL Medicaid Authorization Requirements Policy](#)
- [FL Medicaid Behavior Analysis Coverage Policy](#)



Contact Information

Questions? We're here to help.

Please contact Carelon's National Provider Services at provider.relations.fl@carelon.com.



Q & A



Thank you!

