

PROVIDER ALERT

Updated Clinical Confirmation Form

June 7, 2024

Target Audience: Applied Behavior Analysis Providers

Optum Maryland has made updates to the [Clinical Confirmation Form](#) (CCF), which can be found on the "[Provider Manual and Forms](#)" page of the "ABA Providers" section on the Optum Maryland website. The updated form no longer requires the Qualified Healthcare Professional (QHCP) completing the form to write in their observations.

The CCF is now broken down into three sections (outlined below) which require the QHCP to check off the boxes that apply to the participant and the QHCP's observations of the participant.

- Section one remains the same as previous forms. All boxes should be checked for statements 1- 4.

Section 1		Check one:		
Please complete the following: (a response for each section is required)		Yes	No	N/A
1. I am one of the following with the training and experience to diagnose ASD (circle one):				
Pediatician or Developmental Pediatician	Pediatric Neurologist			
Child Psychiatrist	Clinical Psychologist			
Nurse Practitioner	Neuropsychologist			
2. I have attached a copy of my most recent face-to-face evaluation completed with this participant and his/her parent or caregiver within the past 6 months.				
3. If this participant has been receiving Applied Behavior Analysis (ABA) services, I have reviewed his/her progress and response to intervention.				
4. Based on my history, direct observation of the participant, and review of any relevant records, he/she continues to meet criteria for a diagnosis of ASD.				

- In section two, the QHCP must check all three boxes related to statement "1" to meet the criteria for autism spectrum disorder (ASD).

Section 2	Check one:		
1. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (<i>must have all 3</i>):	Yes	No	N/A
a) Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.			
b) Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.			
c) Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.			

- In section three, the QHCP must check *at least two* boxes from statement “1” to meet criteria for ASD and check the appropriate boxes for statements “2” and “3”.

Section 3	Check one:		
1. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by the following, currently or by history (<i>must have at least 2</i>):	Yes	No	N/A
a) Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).			
b) Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).			
c) Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).			
d) Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).			
2. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.			
3. I recommend that this participant receive ABA services.			

Please note: ABA providers are not listed as QHCPs on this form and **cannot** pre-fill the information on the form for the QHCP. All boxes must be checked with an appropriate response by the QHCP only.

Important reminders:

- The QHCPs listed on the form are the only healthcare professionals who can fill out and sign the form. No exceptions will be granted for non-QHCPs.
- The visit summary provided by the QHCP must:
 - be dated within six months of the date the form was signed, and;
 - be completed by the same QHCP who signs the CCF form.

- Before submitting the CCF, please ensure that the form meets the following criteria:
 - all sections are completed correctly.
 - the visit summary meets the criteria above, and;
 - the QHCP prints their full name, signs and dates the form.

Please see the instructions at the top of the form or in this provider alert: [Introducing Updated Initial & Ongoing Requirements for Applied Behavior Analysis \(ABA\) services](#), for details on when the CCF is required.

For any other ABA-specific questions please contact Optum Maryland at marylandproviderrelations@optum.com or ombhaba@optum.com.

Thank you,

Optum Maryland Team