

PROVIDER ALERT

Continuity of Care: Initial Assessment

May 17, 2024

Target Audience: Applied Behavior Analysis Providers

As of June 1, 2024, Optum Maryland will no longer be transferring active authorizations from one provider to another. To facilitate a continuous transition of Applied Behavior Analysis (ABA) care, a new/incoming provider must complete an initial assessment (using service codes 97151 and 97152) **while** the participant is still under the care of, and receiving services from, a current provider. The performance of active coordination during the transfer between the current and new provider will reduce the risk of the participant regressing due to a break in services.

To request a continuity of care initial assessment, the new provider must:

1. Submit an assessment request through the Incedo Provider Portal.
 - a. A box will prompt the provider indicating there is a conflicting authorization on file.
 - b. Provider will select "Ok" to proceed.
2. Upload the attached "[Continuity of Care: Initial Assessment Request](#)" form in addition to the comprehensive diagnostic evaluation and referral for ABA services dated within the last 6 months.

Prior to the new provider submitting a request for treatment, the family must follow the standard procedure of notifying Optum Maryland that they are transferring to a new ABA provider and requesting to discharge the active treatment authorization with the original provider.

- The discharge from treatment must be initiated *before* treatment authorization can be approved for the new provider.
- To avoid an overlap in treatment, the date on which the family notifies Optum Maryland of the discharge will be recorded as the last date of service/discharge date with the current provider.
 - E.g., If Optum was notified on June 1, this would be the discharge

date. The new provider could request a treatment authorization to begin on June 2.

For any other ABA-specific questions please contact Optum Maryland at marylandproviderrelations@optum.com or the Maryland Department of Health at mdh.aba@maryland.gov.

Thank you,

Optum Maryland Team

Continuity of Care: Initial Assessment Request

This form should be utilized in cases where the participant’s family would like to continue active services with their current ABA provider until the assessment process with a new ABA provider is completed.

Directions: Fill out the information below and submit this document with your assessment request via the Incedo Provider Portal. Please note, requests submitted with missing information or when the form is not included with the request, will be administratively denied. To ensure coordination of the transition of services by the providers, signatures from both providers are required. The form should be signed by the BCBAs assigned to the case or a member of the administration teams. RBTs/BTs should not sign the form.

Required Information
Participant’s Name and DOB:
Name of current provider:
Name and position of person from current provider who is assisting with coordinating the transition:
Signature of person from current provider who is assisting with coordinating the transition:
Name of new provider:
Name and position of person from new provider who is assisting with coordinating the transition:
Signature of person from new provider who is assisting with coordinating the transition:
Tentative discharge date agreed to: