# Behavior Analysis (BA): Change of Provider Form

This form must accompany any new prior authorization (PA) request form for Behavior Analysis (BA) services when a recipient has a current and active PA under a different provider number. The new provider must first request PA for an initial assessment along with the required clinical documentation and develop their own treatment/behavior plan. Providers cannot use a previous provider's assessment or treatment/behavior plan. Please fill in the information below.

This form is for these Medicaid health plans:

- Sunshine Health Medicaid (MMA)
- Sunshine Health Pathway to Shine Child Welfare Specialty Plan (CWSP)
- Sunshine Health Mindful Pathways Serious Mental Illness Specialty Plan (SMI)
- Sunshine Health Power to Thrive HIV/AIDS Specialty Plan (HIV)

## Recipient Information

Member Name: _____
Medicaid ID: _____
Date of Birth: _____ Current PA Number (if known): _____

## Previous Provider Information

Name: _____
Last Date of Services: _____

## New Provider Information

Name: _____
Provider ID: _____ Start Date of Service: _____
Reason for Provider Change: _____

Provider Signature: _____

## For Young Members

This notice is to inform you that my child _____ (Member's Name) has changed providers effective _____(Date).

Caretaker/Parent/Guardian Signature: _____ Date: _____