

Applied Behavioral Analysis (ABA) Recommendation and Referral Form

This form is intended to fulfill the requirement set forth by the Department of Health Care Services (DHCS) that applied behavioral analysis (ABA) services require a medical necessity recommendation from a physician or licensed psychologist. This form must be completed by a physician or licensed psychologist.

Upon completion, give the original form to the parent/caregiver or their chosen in-network ABA provider. As the referring physician or licensed psychologist you may also submit this completed form directly to the Health Net* Behavioral Health Autism Center via email at ABA@healthnet.com or fax at 855-427-4798.

Member name: _____ **DOB:** _____ **Medi-Cal ID:** _____

Parent/caregiver Name: _____ **Relationship to member:** _____ **Phone number:** _____

Primary diagnosis: _____

Referring physician or licensed psychologist: _____ **Contact phone number:** _____

Referral reason(s): _____

ABA recommended: Yes No

Additional treatment recommendation(s): _____

Has the parent/caregiver chosen an in-network ABA provider? Yes No

If no, as the referring physician or licensed psychologist, submit this completed form to the Behavioral Health Autism Center and an Autism Center utilization review clinician will contact the parent/caregiver to connect them to an in-network ABA provider. Please advise the parent/caregiver to contact Behavioral Health at 888-935-5966 to obtain a list of in-network ABA providers.

Signature of physician or licensed psychologist: _____ **License type and ID number:** _____

Date: _____

Submit the completed form to the Health Net Behavioral Health Autism Center via email at ABA@healthnet.com or fax at 855-427-4798.