



Letter Of Medical Necessity:

Consumer Name	Gender	DOB	Member ID	Contract

Name of Provider Making Referral for ABA Services	Organization / Practice Name	Phone	Fax

Applied Behavior Analysis (ABA) has been shown to be a consistently effective treatment for individuals with developmental, cognitive, and behavioral disabilities. Blue Skies Behavioral Group provides treatment in accordance with all professional and ethical codes outlined by the Behavior Analyst Certification Board (BACB) and in accordance with additional generally accepted professional standards. Services will only be provided at the client's benefit, and not primarily for economic benefit to the provider or out of convenience of the client, caretaker, or provider. Treatment will be delivered in the most appropriate setting(s).

Reason for referral:

Have less intrusive or less intensive behavioral interventions been provided or considered?

Have other therapy services, such as occupational therapy, physical therapy, or speech therapy been provided or considered?



Is it your professional opinion that no equally effective alternative is available for reducing interfering behaviors, increasing prosocial behaviors, or maintaining desired behaviors?

At present time, it is of my professional belief that Pediatric Behavior Therapy, delivered through Applied Behavior Analysis, will be the most effective course of action that will lead to the listed outcomes, and that there is no equally effective alternative available at this time.

Additional Information:

Referring Provider Information:

By signing below, I attest that the information both outlined above and otherwise attached is accurate, and that the provision of Pediatric Behavior Therapy from Blue Skies Behavioral Group is of Medical Necessity.

Signature: _____ Date: _____