

MHN Medi-Cal Applied Behavior Analysis Referral Form

Once **PART A** is completed by a referring M.D. or Licensed Clinical Psychologist, it is submitted to the member's in-network ABA provider of choice to complete **PART B**. For a list of MHN in-network ABA providers, contact MHN at **888-935-5966**.

*** ABA services require prior authorization***

This completed referral form is required before ABA services are authorized.

PART A (Completed by M.D. or Licensed Clinical Psychologist within the last 12 months)

Referring M.D./Clinical Psychologist:		Contact Phone #:
Member Name:		Member has previous history of ABA services? YES or NO
Subscriber #:	DOB:	Member Phone #:
Primary Diagnosis:		
Parent/Caregiver Name:	Relationship to member:	Phone#:
Signature of MD or Clinical Psychologist:		Date:
		License Type and ID#:

Referring M.D. or Clinical Psychologist must check the boxes below that apply as well as fill out the comment section to include why member is being referred for ABA services.

ABA Referral Reason

<input type="checkbox"/> Tantrum <input type="checkbox"/> Aggression <input type="checkbox"/> Self-Injurious Behaviors <input type="checkbox"/> Stereotype	<input type="checkbox"/> Safety Awareness <input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Self-Help Skills <input type="checkbox"/> Skill Acquisition	<input type="checkbox"/> Poor Executive Functioning <input type="checkbox"/> Communication Deficits <input type="checkbox"/> Social Interaction Deficits <input type="checkbox"/> Restricted Repetitive Behaviors
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***Notes/Comments:** *(Referral reason must be clearly indicated below)*

PART B (Completed by MHN ABA Provider)

Name of ABA Provider:	Provider Contact:
Telephone Number:	Email:
PLEASE CHECK ONE:	
<input type="checkbox"/> Member is <u>NOT</u> currently receiving ABA services with MHN provider and is requesting an 8hr initial assessment authorization. <input type="checkbox"/> Member is currently receiving ABA services with a MHN provider. <u>MHN Case Manager will outreach</u> member for treatment request coordination. <input type="checkbox"/> Member is currently receiving ABA services with an <u>out-of-network</u> provider & may be eligible for a 12 month Single Case Agreement. <u>MHN Case Manager will outreach</u> member for treatment request coordination.	

ABA Provider Will Return Completed Form to MHN Autism Center at:

mhn.autism@healthnet.com

FAX REQUESTS: 855-427-4798