

ABA Recommendation Form



This form is designed to meet the Department of Health Care Services (DHCS) requirement for a medical necessity recommendation for behavioral health treatment (BHT) or applied behavioral analysis (ABA) services. A physician or licensed psychologist should complete this form. This is not a referral for authorization.

Please submit this completed form via secure link at <https://gateway.cencalhealth.org/form/bh> or by fax at (805) 681-3070.

ALL SECTIONS MUST BE COMPLETE FOR SUBMISSION AND TO BE ACCEPTED

MEMBER INFORMATION

Full Name:
D.O.B: Age: Phone Number:
Member ID: Preferred Language:
Diagnosis or Provisional Diagnosis:

EVALUATING PROVIDER INFORMATION **Only a Physician, Surgeon or Clinical Psychologist May Refer a Member for ABA*

Provider Name:
License Type: Primary Care Physician Psychiatrist Psychologist Other (M.D./D.O.)
Street Address:
City: State: Zip:
Office Phone Number: Office Fax Number:

Must Answer YES in order to proceed. If you've answered **NO** to any of the questions, please contact BH Provider Line at (805) 562-1600 before sending.

- 1) Is Member under 21 years of age? YES NO
- 2) Is Member medically stable? YES NO

Must Answer NO in order to proceed. If you've answered **YES** to any of the questions, please contact BH Provider Line at (805) 562-1600 before sending.

Does Member have a need for 24 hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities? YES NO

Is ABA treatment assessment recommended? YES NO

Has family/caregiver chosen a BHT/ABA Agency? YES NO Provider Name:

If no, refer to BH Call Center at (877) 814-1861 or cencalhealth.org to identify a preferred provider before sending.

Provider Signature: Date:

This recommendation is good for 6 months from the date of signature.

For providers with questions, contact the Behavioral Health Provider Line at (805) 562-1600

For members with questions, contact the Behavioral Health Call Center at (877) 814-1861