

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:

A YES response is required to proceed. If you select NO, please contact the Behavioral Health Provider Line at 805-562-1600 before sending this form.

Is member medically stable? YES NO

A NO response is required to proceed. If you select YES, please contact the Behavioral Health Provider Line at 805-562-1600 before sending this form.

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 Behavioral Health 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.