



ABA THERAPY PATHWAYS

NO OFFICIAL DIAGNOSIS NECESSARY

REFERRAL MUST COME FROM AN MD OR LICENSED PSYCHOLOGIST

IDENTIFY PATIENT'S INSURANCE

IF PATIENT DOES NOT HAVE LA CARE OR HEALTH NET

LA CARE

STEP 1:
Send an email to LA Care (asdbenefit@lacare.org) with the following information:
Request for ABA therapy, Patient name, DOB, Phone number, Home language, Best time to call (optional), Diagnosis or reason for referral and Ordering provider's name and medical license number.

STEP 2:
Provide a copy of the letter and LA Care's contact number (888-347-2264 ext 5631) to the family for their records. Enter note of ABA referral in patient's ORCHID chart.

STEP 3:
LA Care will contact the family for intake and if approved will provide list of ABA providers.

STEP 4:
Family should contact chosen ABA provider to set up intake. Families may need to call several listed providers to find one that is accepting patients.

HEALTH NET

STEP 1:
Medical provider completes Portion A of Health Net ABA MHN Referral Form ([clink link for form](#)). Give a copy of the completed form to family. Scan a copy of the completed form into ORCHID.

STEP 2:
Have family call 800-675-6110 or 888-935-5966 to request a list of ABA providers. List will be mailed or emailed to the family. Family will then choose an ABA provider from the list.

STEP 3:
Family should contact chosen ABA provider to set up intake. Families may need to call several listed providers to find one that is accepting patients.

STEP 4:
If case is accepted, ABA provider completes Portion B of the referral form and sends request to Health Net via email (mhn.autism@healthnet.com) or fax (855-427-4798).

REGIONAL CENTER

Children with fee-for-service Medi-Cal (MediCal 504) have to receive ABA Therapy through their Regional Center.

For more information about Regional Centers, including directory and listing by county, please visit the Department of Development Services' regional center directory. ([clink link for directory](#)).



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LA CARE SAMPLE DOCUMENTATION

SAMPLE LETTER FOR PROVIDERS

To whom it may concern,

I am writing to request ABA therapy services for my patient below.

Patient name:

Patient DOB:

Indication: patient has [example: suspected autism diagnosis and behavioral problems - anger outbursts and tantrums (pending evaluation with Regional Center) OR confirmed autism with behavioral problems]

Services requested: ABA therapy and developmental assessment for autism

Contact phone #:

Preferred time:

Preferred language:

If you are having any difficulty reaching family or need additional information, please let us know so our team can assist. Our clinic number is: (xxx) xxx-xxxx

Thank you

Provider Name

Clinic Name

SAMPLE LETTER FOR SUPPORT STAFF

Hi team,

I wrote a letter to get patient ABA services. Please find it under "documentation" and

- (1) attach a copy of my letter to an email to asdbenefit@lacare.org and
- (2) print and mail a copy to parent's home address

Thank you,
Provider Name

DOT PHRASE FOR PROVIDERS

Your child would benefit from ABA (applied behavioral analysis)- this is a special type of therapy that focuses on decreasing disruptive behaviors. I will send a referral to your child's health insurance plan, LA Care, to request services for your child.

If you have not heard from someone from LA Care to initiate services within 4 weeks, please call the following number to request behavioral health services (therapy) through your LA Care Health Plan:

1 877 344 2858

OR

1800 735 2929

You can inform them that your doctor recommends ABA therapy and if requested you can give them a copy of the letter I provided to you today.



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HEALTH NET SAMPLE DOCUMENTATION

DOT PHRASE FOR PROVIDERS

Your child would benefit from ABA (applied behavioral analysis)- this is a special type of therapy that focuses on decreasing disruptive behaviors.

Call the following number to request behavioral health services (therapy) through your Health Net Medi-Cal plan: 1 888 935 5966. Tell them you spoke with your child's pediatrician, and they recommended that your child receive ABA (applied behavioral analysis).

You will be provided with a list of agencies in your area that offer ABA. Once you find one that is a good fit for your family and confirm they are accepting new cases, provide your preferred agency a copy of the completed form I gave to you today, which they will fill out and send back to Health Net. Once HealthNet receives the completed form, they will process the referral and start services if approved.