# Molina Applied Behavior Analysis Services

Molina Healthcare has its own Applied Behavior Analysis (ABA) department that assists with coordinating Comprehensive Diagnostic Evaluations (CDE)/Psychological Evaluations, Functional Behavior Assessments (FBA), and ABA/BHT. If you have a patient who is in need of one of these services, please reach out to the Molina ABA department through one of the following methods:

- E-mail: PedsCA@molinahealthcare.com
- Fax: (855) 297-3010

Please include the patient's name, date of birth, and Medi-Cal ID number, along with supporting documentation. A case manager will be assigned to assist the family with coordinating services.

If the patient is in need of a CDE, please fill out the Molina Medi-Cal BHT Psychological Evaluation Referral Form on page 2 and fax/e-mail to the ABA team along with the most recent clinical (within 1 year). A Molina Case Manager will contact the family to discuss testing options and connect them with the most appropriate provider. The case manager will work with the CDE provider to get authorization in place.

If the patient needs an FBA or ABA, please fill out the Molina Medi-Cal Applied Behavior Analysis Referral Form on page 3 and fax/e-mail to the ABA team along with the most recent clinicals (within 1 year). A Molina Case Manager will contact the family to discuss FBA/ABA options and connect them with the most appropriate provider. The case manager will work with the ABA provider to get authorization in place.

If you are unsure which service the patient needs, please complete both referral forms and e-mail/fax to the ABA team along with the most recent clinicals, and a case manager will be assigned to assist.

# Molina Medi-Cal BHT Psychological Evaluation Referral Form

**Psychological testing REQUIRES prior authorization. Please fax this form along with any additional supporting clinical documentation, and the BHT Prior Authorization Form to (855) 297-3010 ****
**This completed recommendation form is required before psychological testing will be authorized.**

(This form must be completed by an M.D. or Licensed Clinical Psychologist who has seen the member within the last 12 months)

| | | |
|---|---|---|
| Referring M.D./Licensed Clinical Psychologist: | Contact Phone #: | |
| Member Name: | | |
| Medi-Cal ID #: | DOB: | Member Phone #: |
| Preliminary/Suspected Diagnosis: | | Date of Most Recent Visit: |
| Parent/Caregiver Name: | Relationship to Member: | Phone #: |
| Signature of M.D. or Licensed Clinical Psychologist: | Date: | License Type and ID #: |

## Psychological Testing Referral Reason

Referring M.D. or Licensed Clinical Psychologist must complete comment section to indicate why member is being referred for psychological testing.

**Notes/Comments: (Referral reason(s) must be clearly detailed below)**

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# Molina Medi-Cal Applied Behavior Analysis Referral Form

***ABA services REQUIRE prior authorization***
**This completed recommendation form is required before ABA services will be authorized.**

(This form must be completed by an M.D. or Licensed Clinical Psychologist who has seen the member within the last 12 months)

| | | |
|---|---|---|
| Referring M.D./Licensed Clinical Psychologist: | Contact Phone #: | |
| Member Name: | Member has previous history of ABA services?<br>☐YES ☐NO | |
| Medi-Cal ID #: | DOB: | Member Phone #: |
| Primary Diagnosis: | | Date of Most Recent Visit: |
| Parent/Caregiver Name: | Relationship to Member: | Phone #: |
| Is ABA Recommended?<br>☐YES ☐No | Additional Treatment Recommendation: | |
| Signature of M.D. or Licensed Clinical Psychologist: | Date: | License Type and ID #: |

## ABA Referral Reason

Referring M.D. or Licensed Clinical Psychologist must select as applicable below and complete comment section to indicate why member is being referred for ABA services.

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|---|---|---|
| ☐ Tantrum Behavior<br>☐ Aggression<br>☐ Self-Injurious Behavior<br>☐ Self-Stimulatory Behavior<br>☐ Elopement<br>☐ (Extreme) Oppositional/Defiant Behavior<br>☐ Extremely Impulsive Behavior | ☐ Deficits in Safety Awareness<br>☐ Deficits in Self-Help Skills<br>☐ Delay in Skills Acquisition<br>☐ Property Destruction<br>☐ Poor Executive Functioning<br>☐ Fire Setting<br>☐ Communication Deficits | ☐ Deficits in Social Interaction<br>☐ Restrictive, Repetitive Patterns of Behavior<br>☐ Persistent Anti-Social Behavior (e.g. stealing, lying)<br>☐ Other (please describe): |

***Notes/Comments: (Referral reason(s) must be clearly detailed below)**

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