HealthPlan OF SAN MATEO
Healthy is for everyone

Magellan HEALTHCARE

Applied Behavioral Analysis (ABA) Screening Form

Referral form can be submitted by FAX at **888-656-3847**
or by email at **MagellanSanMateoReferrals@magellanhealth.com**

Patient Name: ____________________

DOB: ____________________ **Language:** ____________________

Name of Referring Provider: ____________________

Email: ____________________ **Phone:** ____________________

Please indicate which types of documentation you have reviewed: (select all that apply)

- Recent treatment plan from patient's ABA provider
- Individual Education Plan (IEP) with diagnostic testing detailed
- Diagnostic report
- Diagnostic report from a licensed professional (PhD, PsyD, MD), created more than 24 months ago
- Diagnostic report from a non-licensed professional, any time period

Please indicate any concerns expressed by the parent during interview: (select all that apply)

- Lack of expressive communication
- Poor eye contact
- Self-stimulatory behaviors (i.e. rocking back and forth, hand flapping, humming, etc.)
- Self-injurious behaviors (i.e. biting self, hitting self, etc.)
- Elopement (running away from home/parent)
- Non-compliance
- Excessive crying/whining/tantrums (outside of age normative levels)

Please include the following documentation with referral form:

- [x] Any comprehensive diagnostic evaluation that took place in the last 2 years

After review of the patient documentation and parent interview the following have been confirmed: (select one)

- **Diagnosis of Autism and a recommendation of ABA (Attach report)**
- **Diagnosis of Autism and no recommendation of ABA**
  Other services that are more appropriate are: ____________________
- **CDE needed to determine if member has Autism**
- **Diagnosis of** __________ **and recommendation for Parent-Caregiver Behavior Training (Short Term)**
- **No diagnosis of Autism; follow up testing to rule out**
  Other mental/behavioral health concerns: ____________________

Name (print) **Signature** **Date Signed**