Behavioral Health Treatment (BHT) Referral Form

for Health Plan of San Mateo

Healthy is for everyone

This form meets the Department of Health Care Services' (DHCS') requirement for a medical necessity recommendation for Behavioral Health Treatment (BHT). Once this form is received, the Health Plan of San Mateo (HPSM) will match the member with a BHT provider. Please remember to attach any relevant clinical information to this referral and discuss this referral with the member's family prior to submitting. **Please type into PDF form, fill out all fields and fax this form to 650-829-2006.**

For additional developmental and behavioral related referral pathways: **https://bit.ly/HPSMBHReferralGuide**

SERVICE REQUESTED

Select all that apply (members can be referred for both services at once). Please note: An Autism diagnosis is not required to access ABA. A CDE is not required for a member to access ABA services:

To refer to either of the below services, both answers must be YES to proceed: 1) Is the member under 21 years of age? ☐ *Yes* ☐ *No 2) Does the member have primary coverage with HPSM?* ☐ *Yes* ☐ *No*

To refer for ABA Services, both answers must be YES to proceed: 1) Is the member medically stable? ☐ *Yes* ☐ *No 2) Is a licensed physician, surgeon or psychologist recommending these services?* ☐ *Yes* ☐ *No*

Which service are you referring for?

☐ **Comprehensive Diagnostic Evaluation (CDE)** (see page 2 for more information)

☐ **Applied Behavioral Analysis (ABA)** (includes Functional Behavioral Assessment [FBA] which may result in direct one on one services, social skills group, parent/caregiver education training. See page 2 for more information)

MEMBER & REFFERING PROVIDER INFORMATION

*(If member has primary coverage not through HPSM, refer member to primary coverage provider). Fields with an *asterisk* are required.*

Member Name*:_____

Member DOB (MO/DA/YEAR)*: _____

Member ID Number*: _____

Member Preferred Language: _____

Member's PCP: _____

Caregiver Name: _____

Caregiver Preferred Language: _____

Caregiver Phone Number: _____

Caregiver Email: _____

Name of Referring Provider*: _____

License type*: _____

Referring Provider HPSM ID: _____

Provider Clinic/Office/Agency Name*: _____

Provider Email: _____

Provider Phone*: _____

Provider Fax*: _____

Relationship to Member *(e.g. PCP, Psychiatrist)*: _____

SUPPLEMENTAL INFORMATION

Indicate if member is currently receiving or has been referred for the following services:

- ☐ Individual Education Plan (IEP) with diagnostic testing detailed
- ☐ Golden Gate Regional Center (GGRC)
- ☐ California Children's Services (CCS)
- ☐ ST/OT
- ☐ IHSS
- ☐ Care Coordination/case manager: _____
- ☐ Other: _____

SIGNATURES

_____	_____	_____
Printed Name	Signature	Date Signed
_____	_____	_____
Secondary Printed Name (Optional)	Secondary Signature (Optional)	Date Signed (Optional)

Please note: Referrals for BHT services must be made or co-signed by a licensed physician, surgeon or psychologist.

FREQUENTLY ASKED QUESTIONS

What happens after a referral is submitted to HPSM? Once HPSM receives a referral for a BHT service:

1. HPSM will confirm member eligibility and that the provider referral is completed accurately. Referrals with missing information may be returned for resubmission.
2. HPSM will contact the member and link them to an appropriate provider. HPSM contacts members via phone and mail.
    - Members will work directly with providers to schedule and attend appointments.

For Comprehensive Diagnostic Evaluation (CDE): Completion of the CDE may take up to 30 days after the first appointment. Referring providers can expect to receive CDE results once completed.

For Functional Behavioral Assessment (FBA) and Applied Behavioral Analysis (ABA): Completion of the FBA may take up to 30 days after the first appointment. The provider will then submit a prior authorization request for ABA Services to HPSM. Once ABA services are authorized, the provider will begin providing services.

What is a Comprehensive Diagnostic Evaluation (CDE)? A CDE is a thorough review to determine if a child has Autism Spectrum Disorder (ASD) or other similar symptoms. This assessment will help inform treatment planning including identifying if they are a good candidate for Applied Behavioral Analysis. A CDE may include a behavior and development assessment; interviews with the child's parents or caregivers; hearing and vision screenings; and genetic, neurological or other medical testing. If you suspect an HPSM patient has ASD and/or that ABA is an appropriate treatment, refer your patient to HPSM to match to a CDE provider.

What is a Functional Behavioral Assessment (FBA) and an Applied Behavioral Analysis (ABA)? An FBA is the initial evaluation and treatment plan creation that occurs prior to ABA services. FBA includes identifying behaviors of concern, behavioral goals and proposed length of ABA services. ABA direct services are intensive services that typically occur in the home or other setting to provide behavioral intervention and can also include parent training and social skills sessions. Most treatment plans call for active participation from parents and caregivers.

Additional information: For **providers** with questions, contact the BHT Matching Team: **bht_referral_support@hpsm.org**. For **members** with questions, contact the Behavioral Health Matching Line: **650-616-2557 or bht_referral_support@hpsm.org**.

If you identify a member who will benefit from support in navigating their broader health care needs, please consider referring them to our Integrated Care Management team:

- **https://www.hpsm.org/provider/care-coordination**
- **CareCoordinationRequests@hpsm.org**
- **650-616-2060**