BHT/ABA Recommendation Form

Line of Business: Medi-Cal

Health Plan of San Joaquin | Mountain Valley Health Plan

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 is required to complete this form.

ALL SECTIONS MUST BE COMPLETED FOR SUBMISSION

Please submit this completed form via email to **BHTReferral@hpsj.com** or by fax to **(209) 762-4760**.

Member Information	
Member ID:	Date of Birth:
First Name, MI:	Last Name:
Address:	City/ZIP:
Phone:	Primary Contact Name and Relationship:
Primary Language:	
Diagnosis(es):	

Reason(s) for Behavioral Health Treatment Recommendation		
☐ Speech Delay	☐ Poor Eye Contact	☐ Low Social Response
☐ Low Peer Interactions	☐ Repetitive Behaviors	☐ Hyperactivity
☐ Preoccupation of Interests	☐ Stereotypic Movement	☐ Echolalia
☐ Self-Injury	☐ Aggression	☐ Elopement
Additional Clinical Information:		

Provider Information	
Name, License:	
Address, City, ZIP:	
Phone:	Fax:

Provider Signature

Date