



How To Get Autism Assessment and Treatments through Medi-Cal

If you have FFS Medi-Cal (not in a managed care plan) and want to stay with that, contact your local regional center. They are obliged to provide ABA services to those with FFS medi-cal if your child meets regional center eligibility.

1) If you are in a Medi-Cal Managed Care Plan, follow the steps below:

How do I get an autism assessment or autism services (speech, OT, and ABA) for my child?

a) What do I do if I think my child may have autism?

If you think your child may have autism, see your pediatrician, explain why you think your child may have autism, and request that your doctor screen for autism. If the doctor agrees that your child may have autism, ask the doctor if your child can see an autism expert for an assessment.

b) How do I get services if my child already has an autism diagnosis?

If your child already has an autism diagnosis (most local plans will accept Regional Center diagnoses), share the report with your child's pediatrician and ask him or her to request assessments for the services that were recommended in the report (usually speech, occupational and ABA therapies).

c) What do I do if my doctor does not know how or where to refer my child, either for assessment or treatment?

If the doctor does not know how or where to refer your child, either for the assessment or for autism treatment (ABA, Speech and OT), call the health plan (the number is on your card) and ask how to proceed. Some plans allow you to call their experts directly and will give you the numbers, and some plans will require you to go through your doctor. Increasingly, lists are available online. Write down the date and time of the call, the name of whom you spoke with, and request a tracking number. Write down names of providers, call them, verify that they take your insurance, and set up an appointment.

2) What do I do if there are no providers in the network that can see my child, or my child gets put on a long wait list?

a) The plans are supposed to get you in within 10 business days for mental health, and 15 business days for other conditions. If they do not have an adequate network, write a letter to the health plan and document what you have done to try to secure treatment. Send it by priority mail and save the receipt. Make a copy of the letter.

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b) What if they don't respond or I still can't get treatment or an assessment?

After 30 days since submitting your complaint, gather all the documents and write a complaint to the Department of Managed Health Care (for most counties). Autism Health Insurance Project and your local family resource center can provide advice along the way. You can submit this online (www.dmhca.ca.gov). You can also e-mail a copy to abainfo@dhcs.ca.gov.

c) Will I get in to treatment faster if I buy a plan on or off the Covered CA exchange?

You may get seen faster with a private pay plan. This is because some private plans pay their providers more money (some do not), so there may be more providers available. Child only plans range from ~\$150-300 per month. You will also have to pay co-pays or co-insurance. We recommend a Platinum level plan because the out of pocket annual costs are less. Only buy a private plan if you can afford it. With a treatment like ABA, you will likely hit the out of pocket maximum in a few months. The exchange (coveredca.com) opens November 1 for plans that start January 1. You can also work with an insurance broker.

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