

(For those living in the following counties: Marin, Mendocino, Napa, Solano, Sonoma, Yolo, Del Norte, Humboldt, Lake, Lassen Modoc Shasta, Siskiyou, Trinity, Merced, Monterey, Santa Cruz, Santa Barbara, San Luis Obispo, Orange, and Ventura Counties.)

Request for Timely Access to Therapy

(Via fax or certified mail, save the receipt/proof of receipt)

Your Address

Address of Health Plan

Date

To Whom It May Concern;

I am writing on behalf of my child, _____ (name), (DOB, Health Plan ID #). _____ is a member of _____ (medical group) and is a patient of Dr _____ (primary care doctor).

(If child has an ASD diagnosis):

_____ (child's name) was diagnosed with an autism spectrum disorder on _____ (date) by Dr _____ (or group/Hospital, or Regional Center). _____ (child's name) needs the following services: (specify) _____, _____, and _____ (example, ABA, speech, social skills group).

(If child is suspected of having autism):

_____ (child's name) was screened for autism by Dr _____ on (date) _____ and it was determined that _____ (child's name) needs an autism assessment.

I have called the health plan and was told _____ (describe). I have called the following providers on your plans list:

DR A _____ not taking new patients.

Dr B _____ has 6 month wait list

Dr C (describe for each)

No providers are available to see my child.

According to the Department of Health Care Services' Timely access to care standards, set forth in the COHS Boilerplate Contract, my health plan must get my child mental health care within 10 business days, and 15 business days for other conditions. The Department of Health Care Services considers getting children with autism into timely treatment an urgent health matter and has included this in previous guidance. Please consider this request for _____ (treatment/assessment) a formal grievance. Please contact me in writing as soon as possible at the address above with names of providers that have autism expertise and availability to see my child. If you do not have anyone in your network that can see my child, please provide me with written permission to see someone out of the network.

Thank you for your cooperation in this urgent matter.

Sincerely,

