

# Letter of intent to request an application to become an approved autism evaluation center

For Blue Cross' PPO (commercial) and BCN HMO<sup>SM</sup> (commercial) providers  
Updated January 2020

To Whom It May Concern:

This letter is to inform you that (facility name) \_\_\_\_\_ is interested in receiving a request for proposal to apply to become a Blue Cross and BCN-approved autism evaluation center.

We can attest that we are:

- A fully staffed academic medical center
- Hospital-based center at a facility contracted with Blue Cross or BCN
- A fully staffed behavioral health clinic that meets the core staff criteria below and has a substantial history and affiliation with one of the two entities above. Name of the facility:  
  
\_\_\_\_\_

Our core staff of clinicians include the following professionals, who have **significant** experience in the assessment, workup, evaluation and diagnosis of autism spectrum disorders (check all that apply):

- Board-certified pediatrician
- Board-certified developmental pediatrician
- Board-certified pediatric neurologist
- Fully licensed pediatric neuropsychologist
- Fully licensed child psychologist
- Board-certified child psychiatrist
- Speech and language pathologist

In addition, we can attest that we are able to identify and easily obtain input from other professionals, such as occupational therapists, nutritionists, geneticists, physician therapists and licensed behavior analysts.\*

We are either able to provide onsite or can easily refer patients to (check all that apply):

- Formal cognitive assessment
- Audiology evaluation
- Lead screening
- Genetic testing
- Metabolic tests
- EEG

We can attest that our evaluation includes standardized testing to assess members across the domains of behavior, communication and social interaction.



**Blue Cross  
Blue Shield  
Blue Care Network**  
of Michigan

Nonprofit corporations and independent licensees  
of the Blue Cross and Blue Shield Association

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We will be able to provide a written comprehensive evaluation that includes diagnosis and treatment recommendations. We are also able to assist the patient and his or her family in obtaining appropriate treatment.

By signing this letter of intent, I attest to the veracity of the above information and request that Blue Cross or BCN send an AAEC application form to me at:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Instructions:** Email the completed letter of intent to [AAECBehavioralHealth@bcbsm.com](mailto:AAECBehavioralHealth@bcbsm.com) with "AAEC Letter of Intent" in the subject line.

\*Effective Jan. 7, 2020, behavior analysts must be licensed by the state of Michigan to be reimbursed by Blue Cross or BCN.