Blue Cross Blue Shield Blue Care Network of Michigan

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

Letter of intent to become an approved autism evaluation center

For Blue Cross commercial, Medicare Plus Blue℠, Blue Care Network commercial and BCN Advantage℠

October 2024

To Whom It May Concern:

This letter is to inform you that (facility name) _____ is interested in receiving an application to become a Blue Cross/BCN-approved autism evaluation center.

We can attest that we are one of the following (choose one):

- ☐ A fully staffed academic medical center
- ☐ A hospital-based center at a facility contracted with Blue Cross Blue Shield of Michigan or Blue Care Network
- ☐ A fully staffed behavioral health clinic that is affiliated with a hospital or academic center. The clinic must meet the core staff criteria listed below. The name of the academic center or hospital with which the clinic is affiliated is:

  _____

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):

- ☐ Family practice physician
- ☐ Board-certified pediatrician
- ☐ Board-certified developmental pediatrician
- ☐ Board-certified neurologist (pediatric or adult)
- ☐ Fully licensed neuropsychologist (pediatric or adult)
- ☐ Fully licensed psychologist (pediatric or adult)
- ☐ Board-certified psychiatrist (pediatric or adult)
- ☐ 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 analyst.

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.

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

I attest to the veracity of the above information and request that Blue Cross or BCN send an AAEC application form to me at:

Name: _____

Title: _____

Street address: _____

City: _____ State: _____ ZIP code: _____

Email: _____

Phone number: _____

Date _____

To submit this form
Complete this form and email it to AAECBehavioralHealth@bcbsm.com with the subject line "AAEC Letter of Intent."