Beaton Care Services
ABA therapy at home & school · Miami-Dade

REFERRAL PARTNER OVERVIEW
For pediatricians, developmental specialists & ESE staff
Tel 786-612-1151 · Fax 786-661-4829

A referral that doesn't bounce back.

Since February 2025, Florida Medicaid ABA requires a comprehensive diagnostic evaluation with the physician order, Vineland-3 and BASC-3 assessments, and authorization every six months. We take the referral from your office through authorization to first session, and we tell you what happened.

AT A GLANCE

Ages	18 months to 21 years
Settings	Home, school (with IEP/504 coordination), community, office
Services	Assessment (97151), treatment by protocol (97153), protocol modification (97155), caregiver training (97156)
Languages	English and Spanish (bilingual BCBAs and RBTs)
Response	Referral acknowledged within 1 business day; family contacted within 1 business day; written status to your office within 7 days
Waitlist	No waitlist for assessment; treatment typically begins within 2–4 weeks of authorization

PLANS WE ACCEPT

Molina: CMS Plan, MMA, MMA + Long Term Care, Marketplace, Specialty Plan · Sunshine Health · Florida Medicaid · Aetna Better Health · Carelon · Magellan · Florida Blue · Community Care Plan · Cigna Evernorth · Humana / Tricare

WHAT WE NEED FROM YOUR OFFICE

- Referral form (page 2) or your own referral / order for ABA
- Comprehensive diagnostic evaluation (or tell us who to request it from)
- Demographics and insurance face sheet
- Anything else is optional: we obtain the Vineland-3, BASC-3 and IEP/504 ourselves

How a referral moves

Day 0
You fax or e-refer. We confirm receipt to your office.

Day 1
We call the family in their language and schedule the assessment.

Week 1–2
BCBA completes assessments; we submit the treatment plan to the plan.

On approval
Therapy starts at home or school. You receive a start-of-services note.

Every 6 months
We manage reauthorization and send you a progress summary on request.

Who we are

Beaton Care Services is a Miami-based ABA practice led by BCBAs, based in Kendall (14335 SW 120th St) with in-home and in-school teams across Miami-Dade. Our clinical documentation is built around Florida Medicaid Rule 59G-4.125 and BACB standards, which is why our authorizations get approved and our families keep their hours.

Refer by fax 786-661-4829 · by phone 786-612-1151 · online at beatoncareservices.com/refer
Questions about the Molina CMS transition on Oct 1, 2026? molina-cms.com · Spanish resources: terapiacomportamiento.com

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ABA THERAPY REFERRAL FORM
Fax this page or use the secure e-referral link
Tel 786-612-1151 · Fax 786-661-4829

Referral for Applied Behavior Analysis (ABA) services

Please attach the demographics/insurance face sheet and the comprehensive diagnostic evaluation if available. Include only the clinical detail needed for the referral.

CHILD

Child's full name

Date of birth

Family's preferred language

Parent / guardian name

Parent phone

Home ZIP / school name (for setting)

Health plan (e.g., Molina CMS, Sunshine, Aetna Better Health)

Member ID (or attach face sheet)

DIAGNOSIS & REFERRAL

Diagnosis and ICD-10 (e.g., F84.0 Autism spectrum disorder)

Date of diagnostic evaluation

Comprehensive diagnostic evaluation (required by Florida Medicaid for ABA authorization)

☐ Attached ☐ Please request from evaluator listed below ☐ Not yet completed — please help family obtain one

Evaluating clinician / facility and contact (if different from referring provider)

Requested setting(s)

☐ Home ☐ School (IEP/504 in place) ☐ Community ☐ Office ☐ Caregiver training only

Primary concerns / reason for referral (brief)

REFERRING PROVIDER

Provider name and credentials

NPI

Practice / school

Office phone

Office fax (for status updates)

Email (optional)

Provider signature (or e-signature)

Date

Fax to 786-661-4829 · Questions 786-612-1151 · Secure e-referral: beatoncareservices.com/refer

We confirm receipt within one business day and send your office a written status update within seven days.