

IBHS Written Order/Best Practice Evaluation (BPE) Receipt Notification Form

NOTE: This form must be submitted in the event an Individual/ABA IBHS provider is unable to start the assessment at the time a Written Order or BPE is received. (Required for provision of Behavioral Consultant, Behavioral Consultant-ABA, Assistant Behavior Consultation-ABA, Mobile Therapy, Behavior Analytic Services, Behavioral Health Technician, and/or Behavioral Health Technician-ABA services ONLY)

Member: _____

DOB: _____

Member MAID# (10 digits): _____

Member County:

Cumberland Dauphin Franklin Fulton Lancaster Lebanon Perry

Provider name: _____ Person completing form: _____

Provider address: _____

Provider phone: _____

Date of Written Order/Best Practice Evaluation: _____

Date Written Order/Best Practice Evaluation Received: _____

Diagnoses: _____

IBHS Services Recommended:

Asst BC-ABA _____ hrs/mo BA _____ hrs/mo BC-ABA _____ hrs/mo BC _____ hrs/mo

BHT-ABA _____ hrs/mo BHT _____ hrs/mo MT _____ hrs/mo

Member/Family/Guardian Contact Person: _____

Member/Family/Guardian Contact Phone #: _____

Note: This information will be utilized by PerformCare for IBHS Monitoring