

Intensive Behavioral Health Services (IBHS) Fee-for-Service (FFS) to PerformCare Transition Form

**** Note: This form should only be used when submitting IBHS transition requests for Members whose Medicaid eligibility changes from Fee-for-Service (FFS) to PerformCare. A valid IBHS request should accompany this form along with any FFS approval documentation for BHT/BHT-ABA.**

Today's Date: _____

Member's Name: _____ MAID#: _____ DOB: _____

Member County: Cumberland Dauphin Franklin Fulton Lancaster Lebanon Perry

Person completing this form: _____ Contact #: _____

IBHS Provider to whom authorization should be generated: _____

Intensive Behavioral Health Service Type	Specific Level of Care	Hours per month currently approved	Currently approved authorization period
<input type="checkbox"/> IBHS Individual Services	<input type="checkbox"/> Behavior Consultation (BC)	_____ hours per month	_____
	<input type="checkbox"/> Behavioral Health Technician (BHT)	_____ hours per month	
	<input type="checkbox"/> Mobile Therapist (MT)	_____ hours per month	
<input type="checkbox"/> IBHS ABA Services	<input type="checkbox"/> Behavior Analytic	_____ hours per month	_____
	<input type="checkbox"/> Behavior Consultation-ABA (BC-ABA)	_____ hours per month	
	<input type="checkbox"/> Assistant Behavior Consultation-ABA (Assistant BC-ABA)	_____ hours per month	
	<input type="checkbox"/> Behavioral Health Technician (BHT-ABA)	_____ hours per month	