

Intensive Behavioral Health Services (IBHS) Initial Service Capacity Acknowledgement For Individual IBHS and ABA IBHS

Date: _____

Member's Name: _____ MAID#: _____

Member County:

Cumberland Dauphin Franklin Fulton Lancaster Lebanon Perry

Provider of Choice: _____

Individual/ABA IBH Services Pending

- Assistant Behavior Consultation-ABA Behavior Analytic Behavior Consultation
- Behavior Consultation-ABA Behavioral Health Technician Mobile Therapy
- Behavioral Health Technician-ABA

At this time, I am choosing to wait until services are available with IBHS Provider: _____, however, I understand that I can request a transfer from the provider at any time. Should I want to transfer later in the event services have still not started, I will contact _____ and they will forward my/my child's IBHS Written Order to PerformCare who will assist with finding an IBHS Provider with capacity based on my choice.

My signature below reflect agreement with above and transfer process.

Member (14+)/Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

PerformCare Contact numbers:

Capital Members: 1-888-722-8646 Franklin/Fulton Members: 1-866-773-7917