

**INTENSIVE BEHAVIORAL HEALTH SERVICES (IBHS) ATTESTATION FORM**

*(To be completed by providers approved to provide Behavioral Health Rehabilitation Services (BHRS) who provide IBHS prior to obtaining an IBHS license)*

Providers that are seeking payment for providing IBHS prior to obtaining an IBHS license must attest to the following:

Choose at least one:

I attest that **[name of provider]** provides individual services or group service and has a clinical director and an administrative director who meet the qualification requirements in 55 Pa. Code § 5240.12(a) and(b)

I attest that **[name of provider]** provides applied behavioral analysis (ABA) services and has a clinical director and an administrative director who meet the qualification requirements in 55 Pa. Code § 5240.81(a) and (b).

Choose at least one:

I attest that the staff who are providing individual services for which **[name of provider]** will be requesting payment through the Medical Assistance (MA) program meet the qualification, training, and supervision requirements for providing individual services in 55 Pa. Code §§ 5240.71, 5240.72, and 5240.73.

I attest that the staff who are providing ABA services for which **[name of provider]** will be requesting payment through the MA program meet the qualification, training, and supervision requirements for providing ABA services in 55 Pa. Code §§ 5240.81, 5240.82, and 5240.83.

I attest that the staff who are providing group services for which **[name of provider]** will be requesting payment through the MA program meet the qualification, training, and supervision requirements for providing group services in 55 Pa. Code §§ 5240.91, 5240.92, and 5240.93.

---

Name of Provider

---

Signature of Administrative Director

---

Date