

Process for Completion of an IBHS Written Order

Background: Eligible prescribers wishing to prescribe Individual, ABA, and/or Group IBHS for a PerformCare Member should follow the below process.

Individually Medicaid-enrolled prescriber (Licensed Physician, Licensed Psychologist, CRNP, Physician Assistant, LPC, LCSW, or LMFT **ONLY**) completes attached [Written Order](#) following face-to-face meeting with the Member. *Note: Prescriber may use their own format so long as all elements of the Written Order are present:*

- [Written Order Requirements for ABA IBHS \(Assistant BC-ABA, BA, BC-ABA, BHT-ABA\)](#)
- [Written Order Requirements for Individual and Group IBHS \(BC, BHT-ABA, MT\)](#)

Review Intensive Behavioral Health Services (IBHS) Provider Listing [associated with the Member's Medicaid county of eligibility] with the Member/Parent/Guardian at the time the prescriber meets with the Member:

- [Cumberland, Dauphin, or Perry County \(Spanish version\)](#)
- [Franklin or Fulton County \(Spanish version\)](#)
- [Lancaster or Lebanon County \(Spanish version\)](#)

Member (14+ signature required) or Parent/Guardian completes/signs the [IBHS Individual/ABA Provider Choice Acknowledgment Form \(Spanish version\)](#) once a provider is selected.

Prescriber faxes a copy of the completed Written Order and [IBHS Individual/ABA Provider Choice Acknowledgment Form \(Spanish version\)](#) to that provider of choice. *Note: Alternatively, a completed copy of the Written Order may be given to the Member/Parent/Guardian in the event they are not prepared to select an IBHS provider of choice at the time the Written Order is completed.*