

WRITTEN ORDER FOR Intensive Behavioral Health Services

Child's Name:

DOB:

DOS:

Age:

MA ID #:

Parent/Guardian's Name (s):

Address:

Phone:

CURRENT BEHAVIORAL HEALTH DIAGNOSIS

1. Autism Spectrum Disorder F 84.0
2. Disruptive Behaviors F 91.1

MEDICAL DIAGNOSES

1. Global Developmental Delay F 88
- 2.

SUMMARY OF FINDINGS

Refer to the above report dated _____
which provides clinical information to support the medical necessity of the services ordered.

MEASURABLE GOALS AND OBJECTIVES TO BE MET WITH INTENSIVE BEHAVIORAL HEALTH SERVICES (IBHS)

Refer to the above report.

The main goals of IBHS would be to improve _'s social skills, play skills communication skills, coping skills, and emotion regulation skills. Ultimately, the treatment plan is up to the BC and other members of the interdisciplinary team (including _'s parents); however, the following should be given consideration:

- Principles of applied behavior analysis (ABA) are recommended in all interventions. ABA is a method of teaching that is the basis for most (if not all) effective treatments for ASD.
- It is recommended that _ receive age-appropriate training in social skills. This may include working on nonverbal communication (e.g., eye contact, personal space) and social problem-solving strategies such as sharing, cooperation, and turn-taking.
- Training in purposeful, functional communication is recommended. At its most basic, this includes teaching _ to use words, gesture, or other strategies to share wants, needs, and interests. It is recommended that IBHS therapists and speech language pathologists collaborate to meet this goal.
- Parents and family members needs to be included in all aspects of treatment from choosing treatment goals to learning ways to support _'s new skills at home and in the community. This will help to make sure new skills generalize to everyday routines across different settings and with different people.
- Consistent with ABA principles, collection of progress data is necessary in order to track and adjust the effectiveness of teaching practices.

ADDITIONAL RECOMMENDATIONS

In addition to IBHS, it is recommended that _ receive an evaluation through the [Intermediate Uni (IU) or Early Intervention], and the

following should be given consideration:

- Peer interactions are a critical part of treatment programs for children with ASD. Research shows that children with ASD benefit from regular contact with typically developing peers. _ should be provided regular opportunities to socialize with other children of the same age as part of a structured educational program. Early on, therapists and teachers may need to provide a high level of support and coaching and teaching of new skills. Over time, they should gradually reduce their support to make sure that _ can use his skills in as natural a manner as possible.
- It is recommended that _ receive as much speech-language therapy as possible to support further language development and other types of purposeful communication. Attention also should be paid to _'s ability to understand language. Effort should be made to include visual prompts and cues to ensure that _ understands instructions and new tasks and routines.

The family was provided with a list of local, Pennsylvania, and national resources that provide advocacy, support, and information on evidence-based treatment of ASD. _'s parents also may be interested in the following supplemental readings:

Forehand, R., & Long, N. (2010). Parenting the Strong-Willed Child (3rd ed). New York: McGraw Hill.

Wiseman, N. D. (2009). Could It Be Autism: A Parent's Guide to the First Signs and Next Steps. New York: Broadway Books.

Delmolino, L., & Harris, S. L. (2013). Essential First Steps for Parents of Children with Autism. Bethesda, MD: Woodbine House.

Hodgdon, L. A. (1995). Visual Strategies for Improving Communication (Revised & Updated Edition): Practical Supports for Autism Spectrum Disorders. QuirkRoberts Publishing: Troy, Michigan.

Cohen, M. J., Sloan, D. L. (2008). Visual Supports for People with Autism. Woodbine House: Bethesda, MD.

Parents may wish to investigate other titles available through Woodbine House: <http://www.woodbinehouse.com/Autism.10.0.0.2.htm>

INITIAL WRITTEN ORDER FOR IBHS TREATMENT INITIATION

Following my recent face to face appointment on with _, and after considering less restrictive, less intrusive levels of care such as weekly outpatient behavior therapy, I am prescribing the following IBH Services as per this Written Order. This Order is valid for 12 months from the date of the evaluation.

It is medically necessary that _ receives a comprehensive face to face assessment for IBHS.

Along with this Written Order, I have included clinical documentation to support the medical necessity of the services ordered, including a behavioral health disorder diagnosis, and measurable improvements in the identified therapeutic needs that indicate when services may be reduced, changed, or terminated, as per regulations.

A comprehensive, face-to-face assessment is recommended to be completed by an IBHS clinician to further define how the recommendations in this order will be used and to inform and complete an Individualized Treatment Plan. IBHS Treatment Services may also be delivered during the assessment period for stabilization and treatment initiation provided a treatment plan has been developed for the provision of these services.

IBHS Category	IBHS Service Types	Maximum number of hours per month (hpm)	Settings in which treatment is necessary
IBHS Individual Services	-Behavioral Consultant (BC-ABA) -Behavior Health Technician (BHT-ABA)	-Up to 18 hpm -Up to 70 hpm -Up to 6 hpm	Home, school, and community

	-Behavioral Analytic Services (BCBA)		
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IBHS Goals

Identified Therapeutic Needs and Measurable Improvements

1. Social Deficits: Increase social skills to include nonverbal communication (eg eye contact, personal space) and social problem solving activities such as sharing, cooperation, and turn taking
2. Communication Deficits: Will use words, phrases, gestures or other communication strategies to share wants, needs and interests
3. Repetitive Behaviors and Restrictive Interests: Will decrease repetitive behaviors and widen interests

Help Accessing IBHS

Please contact your Community Care Customer Service Representative for the county where you live:

Allegheny 1-800-553-7499
 Bedford 1-866-483-2908
 Blair 1-855-520-9715
 Bradford 1-866-878-6046
 Cameron 1-866-878-6046
 Centre 1-866-878-6046
 Clarion 1-866-878-6046
 Clearfield 1-866-878-6046
 Elk 1-866-878-6046
 Erie 1-855-224-1777
 Forest 1-866-878-6046
 Huntingdon 1-866-878-6046
 Jefferson 1-866-878-6046
 Juniata 1-866-878-6046
 McKean 1-866-878-6046
 Somerset 1-866-4832908
 Warren 1-866-878-6046

Collaboration & Confirmation

I confirm that following my recent face-to-face appointment and evaluation of this child, and after considering less restrictive levels of care, as well as the prioritization of available evidence-based treatments, I am making the recommendations as per the above Written Order. The family has received a copy of this written order.

Please Note

Please also note that CDU providers do not conduct the re-evaluations necessary for continuation of IBHS treatment. Families should work with their child's IBHS provider, insurer, and/or case manager or service coordinator to identify a clinician to conduct re-evaluations/provide written orders for continuation of IBHS treatment.

Provider/Prescriber's Signature

Name:

Type of license:

NPI#:

PROMISE ID#:

Prescriber's signature: **Date:** __

This document has been signed electronically.

Parent/Guardian Signature

I confirm that I have participated in the face-to-face appointment and/or evaluation and understand the above recommendations for further assessment, and, if applicable, treatment initiation for stabilization under IBHS. I understand that the treatment hours listed above describe the *maximum* amount to be received per month and that IBHS treatment hours may vary based on clinical need and ongoing assessment.

Parent/Guardian's Name (please print): _____

Parent/Guardian's Signature: _____ Date: _____