



ACCLAIM AUTISM

Intensive Behavioral Health Services (IBHS)-Applied Behavior Analysis (ABA)

Written Order

This form can be used by providers in PA to prescribe Applied Behavioral Analysis (ABA) services.

Submit Completed Written Order To:

- Fax: 888-805-8206
- Secure Email: intake@acclaimautism.com
- <https://acclaimautism.com/secure-document-submission/>

Demographic Information

Child's Name: _____ Child's Date of Birth: _____
Child's Gender: _____ Child's Diagnosis(es): _____
Today's Date: _____ Date of Face to Face Interaction With Child: _____

Recommendations

Following my face to face interaction with the child, it is medically necessary to receive the below services (check all that apply):

- Behavioral Health Technician (BHT-ABA) up to a maximum _____ hours per month. This is for treatment, which is typically the bulk of hours.
- ABA Behavior Analytic Services (BCBA) or Behavior Consultant (BC-ABA) up to a maximum _____ hours per month. This is for case supervision.
- ABA Group Services up to a maximum _____ hours per month. This can be beneficial, depending on the needs of the child.

Services are recommended in the following settings (check all that apply):

- Home/Community.
- School.
- Center.



Background / Client History Information

Supporting Clinical Information

List clinical information that supports the medical necessity of the written order, including skill acquisition goals:

Signatures

Prescriber Name:

Prescriber Licensure/Credential:

Prescriber PA Promise (Medicaid) ID:

Prescriber NPI:

Prescriber Signature:

Date:

Parent / Guardian / Patient 14+ Signature:

Date: