Magellan Behavioral Health of Pennsylvania, Inc.
Intensive Behavioral Health Services (IBHS) Assessment

Member's Name: ______________________ Date of Birth: ______________

Medical Assistance ID #: ______________________ Date Assessment Began: ______________

County of Residence: ______________________ Date Assessment Completed: ______________

Date of Written Order: ______________________

Date Written Order Received: ______________________

Date Written Order Completed: ______________________

Intensive Behavioral Health Services (IBHS) regulations state that within 15 days of the initiation of services and prior to completing an Individual Treatment Plan (ITP), a face-to-face assessment shall be completed for the child, youth or young adult by an individual qualified to provide behavior consultation services or mobile therapy services.

IBHS regulations state that within 30 days of the initiation of Applied Behavior Analysis (ABA) services and prior to completing the ITP, a face-to-face assessment shall be completed for the child, youth or young adult by an individual qualified to provide behavior analytic services or behavior consultation—ABA services.

Strengths:

Needs:

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Current Services:

Clinical for all IBHS/ABA Assessments:

Treatment History:

Medical History:

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Development History:

Family History:

Educational History:

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Social History:

Trauma History:

Other Related Clinical Information:

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Developmental, Cognitive, Communicative, Social and Behavioral Functioning:

Cultural Needs:

CANS Assessment Results:

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Other Assessment Tool Results:

CANS Summary: Attach

ABA Assessments (In Addition to Above):

Survey Data gathered from a Parent, Legal Guardian or Caregiver:

Adaptive Skills Assessment (ABA):

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Analysis of Skills Deficits (ABA):

Compilation of observational data to identify developmental, cognitive, communicative, behavioral and adaptive functioning:

Identification and analysis of skill deficits, targeted behaviors or both:

Analysis of Standardized Behavioral Assessment Tool: Attach

Results of Standardized Behavioral Assessment Tool: Attach

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Updated Assessments (For Concurrent and Change of Prescription):

Progress in Current Treatment:

Barriers in Treatment:

Proposed Treatment Adjustments:

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Summary of Written Order Recommendations:

Summary of Treatment Recommendations:

Member Signature: ______________________________ Date: ____________

Parent/Guardian Signature: ______________________________ Date: ____________

Parent/Guardian Signature: ______________________________ Date: ____________

Provider Signature: ______________________________ Date: ____________

Other Signature/Title: ______________________________ Date: ____________

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