



**Magellan Behavioral Health of Pennsylvania, Inc.
Intensive Behavioral Health Services
Staffing Phone Consultation Request**

Bucks Co Cambria Co Lehigh Co Montgomery Co Northampton Co

Member Name: _____ **MA ID#:** _____ **DOB:** _____

Please list the town and zip code of service delivery below. List all that apply.

Town: _____ **Zip Code:** _____

Recommendations:

IBHS Treatment Services

IBHS Individual	<input type="checkbox"/> Behavior Consultant (BC)	Up to _____ hours/month Please indicate service location: _____
	<input type="checkbox"/> Mobile Therapist (MT)	Up to _____ hours/month Please indicate service location: _____
	<input type="checkbox"/> Behavioral Health Technician (BHT)	Up to _____ hours/month Please indicate service location: _____
	Days of the week and times of the day the caregivers are available for transfer of skills: _____	
IBHS ABA	<input type="checkbox"/> Behavior Consultant (BC-ABA)	Up to _____ hours/month Please indicate service location: _____
	<input type="checkbox"/> Behavioral Health Technician (BHT-ABA)	Up to _____ hours/month Please indicate service location: _____
	Days of the week and times of the day the caregivers are available for transfer of skills: _____	

Language Needs:

Special Staffing Requests (gender of clinician, level of experience of clinician, etc.):

IBHS Providers Outreached, Dates, and Outcomes:

Provider Name: _____	Date: _____	Outcome: _____
Provider Name: _____	Date: _____	Outcome: _____
Provider Name: _____	Date: _____	Outcome: _____
Provider Name: _____	Date: _____	Outcome: _____
Provider Name: _____	Date: _____	Outcome: _____
Provider Name: _____	Date: _____	Outcome: _____
Provider Name: _____	Date: _____	Outcome: _____
Provider Name: _____	Date: _____	Outcome: _____
Provider Name: _____	Date: _____	Outcome: _____
Provider Name: _____	Date: _____	Outcome: _____
Provider Name: _____	Date: _____	Outcome: _____

Referring Agency Staff Name and Best Contact Information (e-mail/phone):

Name: _____ E-mail: _____ Phone: _____

Days of the week/times of the day you are available for consultation call:
