

**Inland Empire Health Plan**

**In School Behavioral Health Treatment Services Request Form**

1. ***GENERAL INFORMATION:***

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| --- | --- | --- | --- |
| **First Name:** |  | **Last Name:** |  |
| **Birth Date:** |  | **IEHP Member ID#:** |  |
| **Present Address:** |  | | |
| **Parent/Guardian:** |  | **Phone:** |  |
| **Language:** |  | **Referral Date:** |  |
| **Request Date:** |  | **Requestor/Certification:** |  |

Behavioral Health Treatment services include applied behavioral analysis and a variety of other behavioral interventions that have been identified as evidence-based approaches that prevent or minimize the adverse effects of behaviors that interfere with learning and social interaction. The goal is to promote, to the maximum extent practicable, the functioning of a beneficiary, including those with or without ASD. Examples of BHT services include behavioral interventions, cognitive behavioral intervention, comprehensive behavioral treatment, language training, modeling, natural teaching strategies, parent/guardian training, peer training, pivotal response training, schedules, scripting, self-management, social skills package, and story-based interventions. -APL 19-014

* 1. ***School Information-***

*Within this section list the Member’s school information: Grade Level, School placement (e.g., General Education Class, Specialized Academic Support, Autism Program, Mild/Moderate, Moderate/Severe, or Non-Public School), School name, School attendance days and hours, frequency and duration of related services provided by the school district (e.g., Occupational therapy, Speech Therapy, Physical Therapy, Adaptive Physical Education, Counseling, Nursing, Applied Behavior Analysis).*

**School District:**

1. School districts are required under Section 504 of the Rehabilitation Act of 1943 and Title II of the American Disabilities Amendments Act to provide qualified students with disabilities with “Free Appropriate Public Education: (FAPE)”. Children who require special education services including ABA services are entitled to receive these services as specified in the Individualized Education Plan (IEP). The school district will provide the necessary services either through district employees, or by contracting with a provider.
2. If a parent requests private applied behavioral analysis services (funded through the members health insurance) on school grounds during the school day, the school district will do the following:
   * 2.1 If the child is eligible for special education, an IEP team will meet to discuss whether the child requires an ABA provider at school in order to receive a Free Appropriate Public Education (FAPE), if the child does require this service the school district shall provide it to the child through his or her IEP.
   * 2.2 If the child does not require an ABA provider in order to receive a (FAPE), or if the child is not eligible under the Individuals with Disabilities Education Act (IDEA) but has a disability, the school district will schedule an interactive meeting with the parents to determine whether the requested accommodation is reasonable. An accommodation is not reasonable if it fundamentally alters the nature of the school program or constitutes an undue burden. Information to be considered during the interactive meeting would include, for example, which services were prescribed by the physician or clinical psychologist, are the services addressing medical or educational needs, what are the disability related need(s) addressed by the services, what will the ABA provider do at school. If the school district agrees to allow privately funded ABA services on campus to address non-educational needs, it will be scheduled during recess or after school. A formal written agreement signed by the parents and private ABA provider will outline expectations of the private ABA provider, including but not limited to clarifying the scope of services, fingerprinting, background checks, procedures when entering and exiting campus, minimum insurance coverage, liability supervision, and other pertinent terms to protect the school district and other students on campus. In conclusion, ABA services may be provided on-campus when approved by the school district after consideration of the above.

**IEHP:**

1. In an effort to not duplicate services, providers who are requesting that BHT services be rendered in a school setting shall provide Inland Empire Health Plan with information on services already being funded by the School District or Regional Center. Additionally, any portion of medically necessary BHT services that are provided in school must be clinically indicated as well as proportioned to the total BHT services received at home and in the community.
2. IEHP will provide medically necessary BHT services to address the members needs not covered under the Local Education Authority (LEA) mandate to correct or ameliorate any conditions.
3. IEHPs Behavioral Health Department may also request the members IEP, 504 or any other school documentation that the provider possesses prior to authorizing in school services.
4. This form shall be updated annually with new requests (each school year) and/ or with any changes made to the members school services and/or accommodations.

***According to All Plan Letter (APL) 19-014 members must meet the criteria as stated below:***

1. A Medi-Cal member under 21 and have a recommendation from a licensed physician, surgeon or psychologist that evidence based BHT services are medically necessary;
2. Be medically stable; and
3. Not have a need for 24-hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities.
4. ***Recommendations:*** *Within this section provide a summary of the clinical recommendations (including Clinical Justification) for the Member. This should include the rational for* ***MEDICALLY NECESSARY AND BE CLINICALLY JUSTIFIED*** *behavioral health treatment.*

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Parent Name Print



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Parent Name Signature Date:



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Name Date:

Title

Agency Name