



Child's Name: _____

Policy Holder's name: _____ Policy Holder's Member ID: _____

STATEMENT OF ASSURANCE

UNAVAILABILITY OF INSTRUCTIONAL EDUCATION PLAN (IEP)

I have reviewed the IEP and am providing assurances to the following:

(Initials) _____
(Date) I have read the most recent IEP and assure that the ABA services are consistent and coordinated with the instructional plan

(Initials) _____
(Date) I have read the most recent IEP and assure that ABA Services are not in conflict with the IEP and is not replicating or supplanting responsibilities of I.D.E.A.*

(Initials) _____
(Date) This child does not have an IEP due to age.

(BCBA signature)

(Date)

(BCBA Typed/ Printed Name and phone number)

*The PA vendor shall require the IEP document of the requestor should it be needed to establish medical necessity or to validate that the ABA Service Request is not replicating or supplanting responsibilities of I.D.E.A.

*Fax to KEPRO at 1-866-438-1360 or email to wvchip@kepro.com following prior authorization submission at <https://careconnectionwv.kepro.com>