

**INTENSIVE BEHAVIORAL HEALTH SERVICES (IBHS)
SERVICE DESCRIPTION REVIEW CHECKLIST**

Provider:	Region	Counties Served:
License / Approval #:		
Clinical Director:		
Administrative Director:		
OMHSAS Staff Reviewing:		Date:

Services (check all that apply):

1)	Individual Services
2)	Group
3)	ABA
4)	EBT delivered through individual services, ABA services or group services

<u>Comments:</u>	

Service Description (5240.5) As part of the initial licensing application, the IBHS agency shall submit to the Department for review and approval a written description of services to be provided that includes the following:

	Requirement	Met Y / N	Comments
1	Identification and description of each service offered by the IBHS agency		
2	Identification of the target population served by each service, including age range and presenting issues, which may include specific diagnoses		
3	The days and hours each service is available		
4	Identification of the counties where the IBHS agency provides each service		

