INTENSIVE BEHAVIORAL HEALTH SERVICES(IBHS) SERVICE DESCRIPTION REVIEW CHECKLIST

Provider:	Region	Counties Served:	
License / Approval #:		i	
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

Comments:		

<u>Service Description (5240.5)</u> 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		

IBHS Service Description Checklist			
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5	Description of admission criteria
6	Description of discharge criteria
7	Description of exclusionary criteria
8	Staffing ratios for each service offered by the IBHS agency
9	Treatment modalities
10	Locations where services are offered
11	Maximum number of children, youth or young adults who will be served at the same time through group services at a community setting or a community like setting

Notes:		

Surveyor	Date:
Signature:	Date.