

OMHSAS-21-02 - Attachment A:

Additional Information for Service Descriptions for Intensive Behavioral Health Service (IBHS) Agencies That Intend to Provide One-to-One Services in a Center

1. Provider's Name
2. IBHS License Number, if licensed
3. Location of Center
4. Describe the target population served. At a minimum include:
 - a. Age range served
 - b. Presenting issues, which may include specific diagnoses
 - c. Admission criteria, including the clinical rationale for providing center-based services
 - d. Exclusionary criteria
5. Describe the services that will be provided. At a minimum include:
 - a. The type of IBHS that will be provided (individual services, and/or ABA services)
 - b. Opportunities for interaction with peers
 - c. Types of interventions that will be used
 - d. Description of a typical daily treatment session for a child, youth, or young adult, including
 - i. Length of time the child, youth or young adult will be receiving services at the center
 - ii. Amount of time spent on each program, activity or intervention, including any group activities
 - iii. Time spent in non-treatment activities such as napsNote: Provider can submit a sample schedule(s)
6. Describe how families will be involved with the services provided at the center, including caregiver training.
7. Describe how a child's, youth's or young adult's progress will be monitored and how it will be determined when the one-to-one center-based services should transition to services in the child's, youth's or young adult's home and community or to group services.