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							
T) Individual Services							
2) Group	Group						
3) ABA	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		

Provider:		License/Approval #		Date:
5	Description of admission criteria			
6	Description of discharge criteria			
7	Description of exclusionary criteri	a		
8	Staffing ratios for each service of IBHS agency	fered by the		
9	Treatment modalities			
10	Locations where services are offe	ered		
11	Maximum number of children, you adults who will be served at the s through group services at a community like setting	ame time nunity		
Not	es:			
Surveyor Signature:				Date:
			1	

IBHS Service Description Checklist