

INITIAL ELIGIBILITY ISB CHECKLIST

Submitted to DMH 30 days prior to the start date.

Cover letter

Should frame the clinical rationale justifying the waiver. What are the child's specific clinical issues that are leading the team to apply for waiver funding? What are the child's and family's goals? In what way does the family wish to be involved in treatment? What services have already been tried? What is the long-term plan? What are the expected outcomes? How will the team know when the child and family are making progress? What other circumstances are impacting the child and the treatment?

Individualized Services Budget Cost Agreement page

- District Director's Signature
- Therapeutic Case Manager Signature
- Wraparound Children's Coordinator Signature
- Director of Operations

Child Behavior Checklist (CBCL)

Completed within 60 days prior to waiver start date. If available, DMH will score multiple CBCLs as well as the Youth Self Report and the Teacher's Report Form. However, at this time, only one CBCL is required.

Yellow Intake Form

5 page version

Individualized Plan of Care (IPC) with appropriate signatures

- Dates should match the budget
- IPC should reflect services in budget

Budget Page

Dates should be consistent with the fiscal year. For example, a budget period should not cross over two fiscal years. Generally, budgets should be on a July 1 - June 30 period whenever possible. Budget should reflect services indicated in IPC.