



Intensive Behavioral Services have been designed for people who live in non-certified settings or Family Care Homes and who present with substantial challenging behaviors that put someone at imminent risk of placement into a more restrictive living environment. Components of this service include a functional behavior assessment, behavior management plan, implementation and monitoring of behavioral interventions and training in the behavior management plan. The service is available for a 6 month period of time. As a participant in this service, it is important to know the services that will be provided to you, your family member(s) and/or other significant caregiver(s) and those things that you are responsible for. In order to provide a safe and meaningful service, the provider's and the participant's roles and responsibilities are outlined below.

The provider and the participant and/or the participant's caregiver(s) understand:

- That this service is paid for with public funds based on service documentation that staff must complete and that staff must comply with all of the provider's requirements for Medicaid documentation and accountability.
- That Intensive Behavioral Services is a service that provides behavioral supports and services beginning _____ for no longer than 6 months
- That Intensive Behavioral Services is a voluntary service and all the guidelines must be met to receive the service.

The provider agency of IB Services agrees to:

- Provide a Functional Behavioral Assessment (FBA)
- Provide a Behavior Management Plan (BMP)
- Provide clinical support for implementation and monitoring of the BMP
- Provide training to the individual, family, caregivers for the BMP
- Provide credentialed staff to deliver the service
- Work cooperatively with the participant and/or caregiver(s) receiving the service
- Follow appropriate requirements regarding HIPPA and obtain consent when necessary to share information or documents between service providers to facilitate assessments, treatment, and/or transition planning.
- Notify the participant/family at least 30 days in advance in writing per 633.12 regulation, if it is necessary to discontinue the service

The participant and/or caregiver(s) of the participant agrees to:

- Be present for and participate in home visits to complete the FBA
- Be present for and participate in the training for the BMP
- Provide feedback to the agency regarding issues with the BMP
- Maintain a professional relationship with the provider
- Notify the provider of any schedule needs or changes
- Work cooperatively with the agency delivering the service
- Authorize the IB Services provider to share necessary clinical/treatment information with other relevant parties (e.g. schools and other provider agencies) to facilitate assessments, treatment, and/or transition planning activities
- Agree to maintain Medicaid eligibility and waiver enrollment
- Contact _____ at the provider agency if I have any issues with the service to resolve

A commitment to the above expectations and responsibilities needs to be made by all parties to provide for quality service provision. If there is a concern that the participant and/or provider has not upheld their responsibility, they will work with each other to resolve any concerns. Please sign this document when all questions have been addressed and all parties understand its content.

Both parties have reviewed the above agreement and they understand the contents. By signing below, the parties agree to those items outlined in this agreement.

Signature of Family/Guardian

Date

Signature of Participant

Date

Signature/ Title of Provider

Date

Cc: Family/Guardian
Service Coordinator
ParticipantFile