



Chapter 503

Licensed Behavioral Health Center (LBHC) Services

Appendix 503G

Application for Intensive Outpatient Services (IOS) Program

APPLICATION FOR INTENSIVE OUTPATIENT SERVICES (IOS) PROGRAM

Please complete the following identifying information for your agency.

Name of Provider/Agency operating IOS at site listed below: _____

Provider/Agency Address: _____

NPI Number: _____

Name of IOS Program: _____

IOS Program Address: _____

County of IOS Program: _____

Requested Start Date of Program: _____

Name & Title of Individual Completing Application: _____

Email Address: _____

Telephone Number and Extension: _____

Fax Number: _____

PROGRAM DESCRIPTION

A. THIS APPLICATION IS FOR (please circle all that apply):

Initial or New Certification

Change of Curriculum or Description

B. TYPES OF POPULATION(S) TO BE SERVED:

An application must be submitted for each IOS program sites operated by your agency.

1. ADULTS with (please circle all that apply):

Substance Use

Mental Illness

Co-occurring

2. ADOLESCENTS with (please circle all that apply):

Substance Use

Mental Illness

Co-occurring

C. SITE OF OPERATIONS

IOS Program Site: _____

Address: _____

D. HOURS OF OPERATIONS

Monday ___ a.m. ___ p.m.

Tuesday ___ a.m. ___ p.m.

Wednesday ___ a.m. ___ p.m.

Thursday ___ a.m. ___ p.m.

Friday ___ a.m. ___ p.m.

Saturday ___ a.m. ___ p.m.

Sunday ___ a.m. ___ p.m.

E. PROGRAM CAPACITY

Maximum number of clients who can be served on any day: _____

PROGRAM SUMMARY

Please provide a summary description of the program at this site which includes the following:

Evidence Based Practice or Curriculum to be utilized in the IOS Program:

Program admission criteria:

Discharge criteria:

Continuing stay criteria:

Anticipated Length of Stay for Program:

Educational Services Provided for Adolescent Program:

Does your IOS Program meet the minimum criteria for ASAM® level 2.1?

2.1	Intensive Outpatient Services	Nine (9) or more hours of services per week for adults, and 6 or more for adolescents, to treat multidimensional instability
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Units for each of the four WV Licensed Behavioral Health Center Service codes:

Codes	Units
H0004HO	
H0004HOHQ	
H0004	
H0004HQ	

Anticipated Clinical Outcomes:

Send Completed Application to:

West Virginia Department of Health and Human Resources
Bureau for Medical Services
Attention: IOS
350 Capitol Street, Room 251
Charleston, West Virginia 25301

BMS USE ONLY:

Utilization Contractor Approval:

Signature: _____ Date: _____

BMS Approval:

Signature: _____ Date: _____

Effective Date of Program: _____