Clear Form

DEPARTMENT OF HUMAN SERVICES

DHS-3807A-ENG 1-19

EARLY INTENSIVE DEVELOPMENTAL AND BEHAVIORAL INTERVENTION (EIDBI)

EIDBI Treatment Modality Submission Form

Stakeholders use this form to propose a treatment modality for the EIDBI benefit. Provide as much detail as possible. The DHS EIDBI team will respond to your request within 30 business days.

Instructions

Either use the submission button at the bottom of this form or email your completed form to asd.dhs@state.mn.us.

Topic suggestion

1. What type of treatment modality do you propose? ☐ A new modality ☐ Removal of a modality	TODAY'S DATE
2. Would you like to present this modality to an EIDBI Advisory Group quarterly meeting? ◯ Yes ◯ No	
2a. If yes, will you need audio/visual equipment? ◯ Yes ◯ No	IF YES, PLEASE DESCRIBE WHAT YOU NEED
2b. If yes, will you have handouts? ◯ Yes ◯ No If yes, please attach (NOTE: All handouts must be available in electronic format and screen-reader accessible according to WCAG 2.0 standards).	
Describe the proposed new modality or the reason to remove a modality.	

Requirements

EIDBI treatment modalities must be approved by DHS and meet minimum requirements. Answer the following questions to help us understand how your suggested modality meets these standards.

3. Can you assure that your suggested modality will cause no harm to people who receive services or their family? ◯ Yes ◯ No	
4. Can the modality be individualized and person-centered? ◯ Yes ◯ No	
5. Is the suggested modality delivered with high frequency of contact and a high staff-to-person ratio? ◯ Yes ◯ No	
6. Will the modality be developmentally appropriate and highly structured with well-defined goals and objectives that provide a clear direction for treatment? ◯ Yes ◯ No	DESCRIBE/PROVIDE EXAMPLES

7. Can the modality be based in the recognized principles of developmental and/or behavioral science? ◯ Yes ◯ No	DESCRIBE/PROVIDE EXAMPLES
8. Can the modality be used/ delivered the same across various providers yet still maintain the same purpose/goals? ◯ Yes ◯ No	DESCRIBE/PROVIDE EXAMPLES
9. Can you demonstrate that the suggested modality is evidence-based? ◯ Yes ◯ No	DESCRIBE/PROVIDE EXAMPLES
10. Can the suggested modality have goals and objectives that are measurable, achievable and regularly evaluated and adjusted to ensure the person being served is making adequate progress? ◯ Yes ◯ No	DESCRIBE/PROVIDE EXAMPLES
11. Will the modality be structured to include the person (and his/ her legal representative) in: • Decision-making • Knowledge and capacity building • Developing and implementing the person's individual treatment plan? ◯ Yes ◯ No	DESCRIBE/PROVIDE EXAMPLES

Your contact information

NAME	ROLE
EMAIL ADDRESS	PHONE NUMBER

SUBMIT

651-431-4300 or 866-267-7655

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d’une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဖဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလီလၢတၢ်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မီတခါအံၤန့ဉ်,ကိးဘဉ်လီတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ဉ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທຣໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la’aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB2 (8-16)

ADA Advisory

For accessible formats of this information or assistance with additional equal access to human services, email DHS.info@state.mn.us, call 651-431-4300 (local), 866-267-7655 (toll free) or use your preferred relay service.

(ADA1[2-18])