

Program Plan Overview

Date Submitted by Applicant: Click or tap here to enter text.

Applicant Name: Click or tap here to enter text.

Agency Name: Click or tap here to enter text.

Agency Address: Click or tap here to enter text.

Service Name: Click or tap here to enter text.

Category: Treatment Non-Treatment

Facility License (if applicable): Click or tap here to enter text.

Program Overview - This section should contain all of the following:

1. The program's mission

Click or tap here to enter text.

2. The program's philosophy

Click or tap here to enter text.

3. Goals, objectives and specific outcomes

Click or tap here to enter text.

4. a. For Treatment Services - Description of the treatment modalities to be provided to achieve the program objectives and meet client needs

Click or tap here to enter text.

b. For Non-Treatment Services – Description of the interventions to be provided to achieve the program objectives and meet client needs

Click or tap here to enter text.

5. Population served, to include information about:

a. Age (children, adolescents, older adults; specify age ranges)

Click or tap here to enter text.

b. Sex

Choose an item.

c. Gender (specifically women's issues)

Click or tap here to enter text.

6. Special Populations served

For example: physical or cognitive disabilities, co-occurring substance use and mental disorders, rural populations, HIV positive, homeless, veterans, race and ethnicity, sexual orientation, criminal justice population.

Click or tap here to enter text.

7. Settings (i.e., description, addresses, phone, and fax numbers)

Click or tap here to enter text.

8. Days of operation

Click or tap here to enter text.

9. Hours of operation

Click or tap here to enter text.

10. Frequency of services

Click or tap here to enter text.

11. Payer sources

Click or tap here to enter text.

12. Fees

Click or tap here to enter text.

13. Estimated length of stay for an individual to successfully complete the program

Click or tap here to enter text.

14. Staffing Expectations:

Click or tap here to enter text.

- **Licensure (if applicable)**

Click or tap here to enter text.

- **Required training and/or skill level**

Click or tap here to enter text.

- **Number of staff**

Click or tap here to enter text.

15. Description of how the program includes evidence-based practices

Click or tap here to enter text.

16. Describe how program activities are designed to the specific needs of the individual

Click or tap here to enter text.

17. Procedures for documentation, such as:

Click or tap here to enter text.

a. Progress notes and other relevant records include:

1) Progress towards identified goals and objectives Click or tap here to enter text.

2) Significant events in the person's life Click or tap here to enter text.

3) Changes in frequency of services and levels of care Click or tap here to enter text.

b. All documents generated by the organization include original (or electronic signatures), are signed, and are dated.

Click or tap here to enter text.