Clear Form

Child & Adolescent Mental Health Division

Ancillary Service – One-to-One (1:1) Request Form

YOUTH INFORMATION		
Youth	Customer ID	Date of Birth

SECTION 1 (to be completed by the requesting agency and submitted to the Care Coordinator assigned to this youth)

Clinical Justification

Describe why you believe this service is necessary including the behaviors of concern and the goals to be addressed through the addition of One-to-One support.

Clinical Plan

Describe the interventions the paraprofessional will implement to address the identified behaviors / goals.

Requested number of hours per day: ___ (a maximum of eight (8) hours per day is allowed)

Requested duration: _____

Time(s) of the day this extra support will be available: _____

Completed By	Title	Agency
Email	Phone	Fax
Signature		Date

One-to-One may be authorized for up to eight (8) hours per day, seven (7) days per week depending upon the need. The initial authorization period can be up to six (6) weeks. Upon reassessment of the need, an additional six (6) week period may be authorized, for a total of twelve (12) weeks. *(Revised: 10/15/18)*

SECTION 2 (to be completed by the Family Guidance Center Clinical Lead)

Do you support the need for One-to-One (1:1)? ☐ Yes ☐ No

Do you agree with the plan for supporting the youth? ☐ Yes ☐ No

Plan to Decrease Hours

Describe plan to decrease the number of hours to prevent youth from becoming dependent on the service.

Requested Start Date: _____ (48-hours prior notice to CSO is required, retro-authorizations are not permitted)

Signature of Clinical Lead _____ Date _____

Forward this request to:

Rick Bunney, CSO Resource Manager | rick.bunney@doh.hawaii.gov | (f) 733-9875

The Care Coordinator is responsible for tracking the authorization dates to avoid a lapse in authorization if additional time is needed.

SECTION 3 (to be completed by CSO Resource Manager)

☐ **RECOMMEND APPROVAL OF THE FOLLOWING:**

Number of hours per day: ____ *Duration:* _____ *Start Date:* _____

One-to-One may be authorized for up to eight (8) hours per day, seven (7) days per week depending upon the need. The initial authorization period can be up to six (6) weeks. Upon reassessment of the need, an additional six (6) week period may be authorized, for a total of twelve (12) weeks. *(Revised: 10/15/18)*