

UR Tool Avatar Users Addendum - TBS.

EUR SPECIFIED FIELDS

Client Name:		Client ID:		U.R. Date:			
Provider and Program:				Reviewer Name:			
A	ELIGIBILITY						
		Requirements	Completed	Reportable	N/A	Comments	Program Response
A1	Full Scope Medi-Cal	See TBS referral form					
A2	Medical Necessity	Confirm Mental Health Plan criteria met in Assessment					
COMMENTS							
B	Is the Client a Member of the Certified Class?						
		Requirements	Completed	Reportable	N/A	Comments	Program Response
B1	Group Home Placement	Currently placed in a group home facility, RCL 12 or above and/or a locked treatment facility.					
B2	Hospitalization	At least one Mental Health Treatment Center (MHTC), Emergency Room Assessment or psychiatric hospitalization related to his/her current presenting condition within the preceding 24 months					
B3	Placement Consideration	Is being considered by the County for placement in a group home facility, RCL 12 or above and/or a locked treatment facility					
B4	Past TBS	Previously received TBS while a member of the certified class.					
COMMENTS							

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C Authorization							
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
C1	ACCESS Authorization	Verification of Access Authorization for every TBS authorization period					
COMMENTS							
D Diagnosis Consistency							
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
D1	Primary Provider	Is the diagnosis consistent with the primary Provider's diagnosis?					
COMMENTS							
E Primary Provider Documents							
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
E1	Assessment	Copy of Primary Provider's current Assessment required in the record					
E2	Goal Sheet	Copy of a signed client plan (supplemental goal sheet) identifying a target behavior to be addressed by TBS as part of the overall treatment plan.					
COMMENTS							

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F Individualized TBS Client Plan							
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
F1	Initial Plan	Is the initial TBS Client Plan completed within 3 working days of the first face to face contact?					
F2	Barriers to lower level of care	Are there specific/operationalized target behaviors or symptoms listed jeopardizing the client's current placement or presenting a barrier to transitioning to a lower level?					
F3	Interventions	Are there specific interventions to address targeted behaviors or symptoms listed?					
F4	Outcome Measures	Are there specific outcome measures to demonstrate the decline in frequency of targeted behaviors and the use of adaptive replacement behaviors?					
F5	Caregivers/Caretakers	Are caretakers/caregivers involved in the TBS Client Plan?					
F6	TBS Plan Adjustments	If new target behaviors are identified, is the TBS Client Plan adjusted to reflect new interventions and outcomes as necessary or appropriate?					
F7	Transition Plan	Is there an individualized Transition Plan that outlines the decrease and/or discontinuance of TBS when the client has achieved the targeted goal(s) or has reached a plateau with TBS?					
F8	Signatures	Is client/caregiver signature in place? If missing, is there an explanatory progress note?					
COMMENTS							

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G TBS Reauthorization							
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
G1	Targeted Goals Progress	Is progress toward the targeted goals clearly documented when requesting reauthorization for TBS?					
G2	Submission Timeframes	Are requests for additional authorization submitted 5 days prior to the end of the current authorization?					
COMMENTS							
H TBS Progress Notes							
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
H1	Clinical Introductory Note	Written at first visit, or soon after; includes brief summary of reason for services, support for medical necessity, description of symptoms, behaviors, functional impairment, relevant cultural explanation and proposed plan for services.					
H2	On-going Progress Notes	Do progress notes address treatment goals, barriers, progress, interventions, client response, and follow up plans					
H3	Client strengths	Do progress notes include evidence of client strengths?					
H4	Collaboration	Do progress notes include evidence of collaboration and consultation with the primary provider LPHA?					
H5	Service Intensity	Is the level of service intensity appropriate for the child?					
H6	Duplication	Is the focus and provision of treatment unduplicated by this provider? (review coordination of care notes and Primary Provider Assessment)					
H8	Scope of Practice	Do staff deliver services within scope of practice; e.g. clinical staff providing information about psychotropics to the client/caregiver/support person?					

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H TBS Progress Notes (Continued)							
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
H9	TBS Plan development	Are the parent/caregivers involved in developing the TBS Plan?					
H10	Skill development with family/caregiver to sustain change	Is there documented evidence of the skills being developed with the family/caregiver in order to sustain positive changes resulting from TBS intervention?					
H11	Progress toward achieving goals	Are the parents/caregivers involved in reviewing progress or lack of progress toward goals?					
H12	Monthly Clinical Review or Case Conference	Is there documentation of a Monthly Clinical review or case conference to determine progress or lack of progress toward specified TBS treatment goals?					
H13	Adjustment of TBS Services	Is there documented evidence that TBS is adjusted or decreased when progress is documented?					
COMMENTS							
I Random Selection of Progress Notes							
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
I1a	TBS Direct Service Select 3 notes	Do TBS Direct Service (94030) notes document one to one interaction or intervention/rehabilitation services with child/youth?					
I1b	TBS Direct Service	See Requirements Above					
I1c	TBS Direct Service	See Requirements Above					
I2a	TBS Collateral Select 3 notes	Do TBS Collateral Service (94040) notes document one to one interaction with significant support person with intent of improving/maintaining MH status of the client?					

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I Random Selection of Progress Notes (Continued)							
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
I2b	TBS Collateral	See Requirements Above					
I2c	TBS Collateral	See Requirements Above					
I3a	TBS Plan Development Select 3 notes	Do TBS Plan Development (94050) notes document one to one brief assessment and plan for interventions?					
I3b	TBS Plan Development	See Requirements Above					
I3c	TBS Plan Development	See Requirements Above					
COMMENTS							