Therapeutic Behavioral Services (TBS) EUR Tool

**EUR SPECIFIED FIELDS**

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| Member Name: Click or tap here to enter text. | | | Member ID: Click or tap here to enter text. | | U.R. Date: Click or tap here to enter text. | | | |
| Provider and Program: Click or tap here to enter text. | | | | | Reviewer Name: Click or tap here to enter text. | | | |
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| **A** | **ELIGIBILITY** | | | | | | | |
|  |  | Requirements | | Completed | Reportable | N/A | Reviewer Comments | Program Response |
| A1 | Full Scope Medi-Cal | See Inquiry Screen for details relating to CIN or Aid Code. | |  |  |  |  |  |
| A2 | Medical Necessity | Confirm Mental Health Plan criteria met in Assessment details within the Inquiry Screen. | |  |  |  |  |  |
| COMMENTS | | Click or tap here to enter text. | | | | | | |

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| **B** | **Is the Client a Member of the Certified Class? (Member only needs to meet one of the following)** | | | | | | |
|  |  | Requirements | Completed | Reportable | N/A | Reviewer Comments | Program Response |
| B1 | DHCS: Group Home Placement | Currently placed in a group home facility, RCL 12 or above and/or a locked treatment facility. |  |  |  |  |  |
| B2 | DHCS: 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. |  |  |  |  |  |
| B3 | DHCS: 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. |  |  |  |  |  |
| B4 | DHCS: Hospitalization Risk | Child/Youth is at risk of psychiatric hospitalization. |  |  |  |  |  |
| B5 | DHCS: Past TBS | Previously received TBS while a member of the certified class. |  |  |  |  |  |
| B6 | Additional Sacramento County Considerations: Placement Consideration | Placed, or at risk of being placed, in a high-level group home and/or a treatment facility for mental health needs (but not receiving acute psychiatric care), or stepping down from a high-level group home. |  |  |  |  |  |
| B7 | Additional Sacramento County Considerations: Hospitalization | Has had, or is at risk of having, at least one emergency psychiatric hospitalization related to current presenting disability within the past 24 months. |  |  |  |  |  |
| B8 | Additional Sacramento County Considerations: Past TBS | Previously received TBS and needs it again, if clinically appropriate. |  |  |  |  |  |
| COMMENTS | | Click or tap here to enter text. | | | | | |

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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 (Initial TBS Authorization is 30 days & Re-Authorization is 60 days). |  |  |  |  |  |
| COMMENTS | | Click or tap here to enter text. | | | | | |

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| **D** | **Diagnosis Consistency and Client Clinical Problems (Client) (Problem List)** | | | | | | |
|  |  | Requirements | Completed | Reportable | N/A | Reviewer Comments | Program Response |
| D1 | Primary Provider | Is the diagnosis consistent with the primary Provider’s diagnosis? |  |  |  |  |  |
| D2 | Client Clinical Problems (Client) | Problem List reflects the client’s concerns, how long the issue has been present, and track the issue over time, including its resolution. |  |  |  |  |  |
| COMMENTS | | Click or tap here to enter text. | | | | | |

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| **E** | **Primary Mental Health Provider Coordination of Care** | | | | | | |
|  |  | Requirements | Completed | Reportable | N/A | Reviewer Comments | Program Response |
| E1 | Assessment | TBS Care Plan is informed by the Primary Provider’s current CalAIM Assessment as well as any other information gathered with the member and their family. |  |  |  |  |  |
| E2 | TBS identified as a need within the Care Plan | Documentation of review of the care plan within the Service Note identifying a target behavior to be addressed by TBS as part of the overall Care Plan. |  |  |  |  |  |
| COMMENTS | | Click or tap here to enter text. | | | | | |

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| **F** | **TBS Care Plan within the Service Note** | | | | | | |
|  |  | Requirements | Completed | Reportable | N/A | Reviewer Comments | Program Response |
| F1 | Initial Care Plan within the Service Note | Is the initial TBS Care Plan within the Service Note 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 member’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 | Is there documentation of the caretakers/caregivers involvement in the TBS Care Plan within the Service Note? |  |  |  |  |  |
| F6 | TBS Plan Adjustments | If new target behaviors are identified, is the TBS Care Plan within the Service Note 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 member has achieved the targeted goal(s) or has reached a plateau with TBS? |  |  |  |  |  |
| COMMENTS | | Click or tap here to enter text. | | | | | |

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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 | | Click or tap here to enter text. | | | | | |

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| **H** | **TBS Service 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 Service Notes | Do service notes address treatment goals, barriers, progress, interventions, member response, and follow up plans? |  |  |  |  |  |
| H3 | Client strengths | Do service notes include evidence of member strengths? |  |  |  |  |  |
| H4 | Collaboration | Do service notes include evidence of collaboration and consultation with the primary provider LPHA? |  |  |  |  |  |
| H5 | Service Intensity | Is the level of service intensity appropriate for the member? |  |  |  |  |  |
| H6 | Duplication | Is the focus and provision of treatment unduplicated by this provider? (review coordination of care service notes and Primary Provider CalAIM Assessment) |  |  |  |  |  |
| H7 | Scope of Practice | Do staff deliver services within scope of practice; (e.g., clinical staff providing information about psychotropics to the member/caregiver/support person?) |  |  |  |  |  |
| H8 | TBS Plan Development components within the TBS Procedure Code | Are the parent/caregivers involved in developing the TBS Care Plan within the Service Note? |  |  |  |  |  |
| H9 | 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? |  |  |  |  |  |
| H10 | Progress toward achieving goals | Are the parents/caregivers involved in reviewing progress or lack of progress toward goals? |  |  |  |  |  |
| H11 | 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? |  |  |  |  |  |
| H12 | Adjustment of TBS Services | Is there documented evidence that TBS is adjusted or decreased when progress is documented? |  |  |  |  |  |
| H13 | TBS Procedure Code that details the Direct Service associated with skills building | Do TBS service notes document one to one interaction or intervention/skills building services with the member? |  |  |  |  |  |
| H14 | TBS Procedure Code Direct Service including Plan Development | Do TBS Procedure Code Service Notes document one to one brief assessment and plan for interventions? |  |  |  |  |  |

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| Overall strengths found within the chart | Click or tap here to enter text. |