



C A L I F O R N I A D E P A R T M E N T O F
Mental Health

1600 9th Street, Sacramento, CA 95814
(916) 654-2309

March 4, 2002

DMH INFORMATION NOTICE NO: 02-01

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH ADMINISTRATORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: THERAPEUTIC BEHAVIORAL HEALTH (TBS) REVIEW PROTOCOL

REFERENCE: DMH Information Notice No. 01-02

EXPIRES: Retain until rescinded

Attached is the protocol to be utilized by the Department in reviewing "Therapeutic Behavioral Services" (TBS). This protocol follows the same format as the "Annual Review Protocol of Specialty Mental Health Services and Other Funded Services" pursuant to DMH Information Notice No. 01-02. The Department plans on reviewing all TBS activities occurring in Fiscal Year 2000-2001.

The TBS protocol was developed in collaboration with the Compliance Advisory Committee, which includes representatives from the California Mental Health Directors' Association, the California Mental Health Planning Council, the Association of Local Mental Health Boards and Commissions, the Consumer/Family Member Task Force and others. The Department intends to review and update this protocol by the end of this fiscal year (June 30, 2002) and will seek input for any suggested changes or revisions.

If you have questions or comments regarding this matter, please contact Frank Salmon, Chief, Medi-Cal Oversight-Northern Region at (916) 654-3607 or Moss T. Nader, Ph.D., Chief, Medi-Cal Oversight-Southern Region at (562) 868-2275.

Sincerely,

Original signed by

STEPHEN W. MAYBERG, Ph.D.
Director

Attachment

cc: California Mental Health Planning Council
Diane Koditek, President, CMHDA
Compliance Advisory Committee
Technical Assistance and Training

SECTION P—THERAPEUTIC BEHAVIORAL SERVICES—CHART REVIEW

**IN COMPLIANCE
Y N**

**INSTRUCTIONS TO REVIEWERS
COMMENTS**

CRITERIA

MUST MEET BOTH A & B BELOW)

A. CERTIFIED CLASS

<p>1.</p> <p>1a.</p> <p>1b.</p> <p>1c.</p> <p>1d.</p> <p><i>DMH Letter No. 99-03, pages 3-4.</i></p>	<p>Is the child/youth a member of the certified classes who meets one of the following:</p> <p>Child/youth is placed in a group home facility of RCL 12 or above and/or locked treatment facility for the treatment of mental health needs? or</p> <p>Child/Youth is being considered by the county for placement in a facility described in 1a? or</p> <p>Child/Youth has undergone, at least, one emergency psychiatric hospitalization related to his/her current presenting disability within the preceding 24 months? or</p> <p>Child/Youth previously received TBS while a member of the certified class?</p>		<p><u>NOTE:</u> This documentation need not be in the chart</p> <p><u>NOTE:</u> “Being considered” is defined by the county</p> <ul style="list-style-type: none"> • Ask MHP how “being considered” is defined • Review prior TBS notification or other documentation <p><u>OUT OF COMPLIANCE:</u> Beneficiary is not a member of the certified class listed in 1a-d</p>
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B. NEED FOR THIS LEVEL OF SERVICES

<p>2.</p> <p>2a.</p> <p>2b.</p>	<p>Is there documentation that the child/youth needs TBS for the following reasons (must meet both 2a & 2b):</p> <p>The child/youth is receiving other specialty mental health services? and</p> <p>It is highly likely in the clinical judgment of the mental health provider that without additional short term support of TBS:</p> <ul style="list-style-type: none"> • The child/youth will need to be placed in a higher level of residential care, including acute care, because of changes in the child/youth’s behaviors or symptoms which places a risk of removal from the home or residential placement? or • The child/youth needs this additional support to transition to a lower level of residential placement or return to the natural home? <p><i>DMH Letter No. 99-03, page 4.</i></p>			<p><u>NOTE</u>: Although the child/youth may be stable in the current placement, TBS is appropriate if a change in the behavior or symptoms is expected and TBS is needed to stabilize the child in the new environment</p> <ul style="list-style-type: none"> • Look for documentation in the chart that a change in the behavior or symptoms is expected or causing the placement to be in jeopardy <p><u>OUT OF COMPLIANCE</u>: Beneficiary does not meet both 2a and 2b criteria</p>
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C. TBS TREATMENT/CLIENT PLAN/ORGANIZATIONAL DOCUMENT

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CRITERIA	Y	N	COMMENTS
<p>3. Is there documented evidence that services are provided under the direction of a licensed practitioner of the healing arts (LPHA)?</p> <p><i>DMH Letter No. 99-03, page 5.</i></p>			<p><u>NOTE:</u> See DMH Letter No. 01-02 for ways direction may be provided</p> <ul style="list-style-type: none"> • LPHA includes: Physicians, licensed/waivered psychologists, licensed/registered/waivered social workers, licensed/registered/waivered Marriage and Family Therapists, and RNs • Look for the signature or other documents that may satisfy this requirement <p><u>OUT OF COMPLIANCE:</u> Services are not being provided under the direction of an LPHA</p>
<p>4. Is the TBS plan a component of the overall treatment/client plan?</p> <p><i>DMH Letter No. 99-03, page 6.</i></p>			<ul style="list-style-type: none"> • Review treatment/client plan • If the overall treatment plan has been developed by another entity outside of the MHP's specialty mental health service provider network (i.e. private insurance provider) review evidence that the MHP is coordinating care or attempting to coordinate care with that provider as provided by the MHP. Such evidence might include a description, written or verbal, of the coordination contacts <p><u>OUT OF COMPLIANCE:</u> The TBS plan is not a component of the overall treatment/client plan or, if the required specialty mental health services are provided by an entity other than the MHP, there is no evidence that the MHP is coordinating care or attempting to coordinate care with an entity outside of the MHP's specialty mental health service provider network (i.e. private insurance provider) who has responsibility for the overall treatment plan</p>

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CRITERIA		Y	N	COMMENTS
5.	Does the TBS plan contain the following (must contain 5a-e):			<p><u>NOTE:</u> Focus on presence of elements 5a-e</p> <ul style="list-style-type: none"> Review TBS plan
5a.	Specific target behaviors or symptoms that are jeopardizing the current place of residence or presenting a barrier to transitions, e.g., temper tantrums, property destruction, assaultive behavior in school?			
5b.	Specific interventions to resolve behaviors or symptoms, such as anger management techniques?			
5c.	Specific outcome measures that can be used to demonstrate that the frequency of targeted behaviors has declined and has been replaced by adaptive behaviors?			
5d.	A transition plan from the inception of TBS to decrease or discontinue TBS when these services are no longer needed or when the need to continue TBS appears to have reached a plateau in benefit effectiveness?			<ul style="list-style-type: none"> Review the TBS plan for evidence in the initial treatment plan of a timeline for reviewing the partial or complete attainment of behavioral benchmarks

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5e.	<p>The manner for assisting parents/caregivers with skills and strategies to provide continuity of care when the service is discontinued?</p> <p><i>DMH Letter No. 99-03, page 6.</i></p>		<ul style="list-style-type: none"> Review the TBS plan for evidence in the initial treatment plan that describes how parents/caregivers will be assisted with skills and strategies to provide continuity of care when the service is discontinued or a timeline for developing how parents/caregivers will be assisted <p><u>OUT OF COMPLIANCE:</u> No TBS plan; TBS plan does not contain the components 5a-e</p>
6.	<p>Is there documented evidence of a monthly review of the TBS plan by the MHP or its designee to ensure that TBS continue to be effective for the beneficiary in making progress towards the specified measurable outcomes?</p> <p><i>DMH Letter No. 99-03, page 6.</i></p>		<ul style="list-style-type: none"> Review documentation Review charts of TBS open longer than thirty days for evidence of assessment for effectiveness <p><u>OUT OF COMPLIANCE:</u> No documentation of monthly review</p>
7.	<p>Is there documented evidence that TBS is discontinued when:</p>		<ul style="list-style-type: none"> Check progress notes or other documentation
7a.	<p>The identified behavioral benchmarks have been reached? or</p>		
7b.	<p>Progress towards the behavioral benchmarks is not being achieved and is not expected to be achieved in the clinical judgment of the MHP/provider?</p> <p><i>DMH Letter No. 99-03, page 5.</i></p>		<p><u>OUT OF COMPLIANCE:</u> TBS is not discontinued when 7a or 7b applies</p>

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8.	<p>Is there documented evidence that TBS is adjusted or decreased when progress is documented?</p> <p><i>DMH Letter No. 99-03, page 5.</i></p>			<ul style="list-style-type: none"> • Check progress notes or other documentation <p><u>OUT OF COMPLIANCE:</u> TBS is not decreased or adjusted when progress is documented</p>
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D. PROGRESS NOTES

9.	<p>Do progress notes document the following (must meet 9a-c):</p>			<p><u>NOTE:</u> All time must be converted to minutes for billing purposes</p> <p><u>NOTE:</u> A note is required for each time period the provider spends with the child</p>
9a.	<p>The date/time period TBS was provided?</p>			<p><u>NOTE:</u> The time of services may be a progress note by contact/shift</p>
9b.	<p>A signature (or electronic equivalent) of the staff providing the service with job title, and, if applicable, license or professional degree?</p>			
9c.	<p>Writing that is legible?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.440(c); DMH Letter No. 99-03, pages 6-7; MHP Contract with DMH, Attachment C.</i></p>			<p><u>OUT OF COMPLIANCE:</u> Progress notes for TBS are not in compliance with 9a-c</p>

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E. SERVICE ACTIVITY

<p>10.</p> <p>10a.</p> <p>10b.</p> <p><i>DMH Letter No. 99-03, page 5.</i></p>	<p>Is there documented evidence that the TBS plan and/or progress notes are focused on resolution of target behaviors or symptoms which:</p> <p>Jeopardize the existing placement? or</p> <p>Are a barrier to transitioning to a lower level of residential care and completion of specific treatment goals?</p>			<ul style="list-style-type: none"> Review TBS plan and progress notes <p><u>OUT OF COMPLIANCE:</u> Evidence that the TBS plan and/or progress notes are not focused on resolution of target behaviors and symptoms which jeopardize existing placements or which are a barrier to transitioning to a lower level of care</p>
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F. CHART QUESTIONS--FOR SURVEY PURPOSES ONLY

11.	What is the length of TBS services in terms of the number of weeks?	<ul style="list-style-type: none">• Review chart or other available documents
12.	What is the intensity of TBS services in terms of the number of hours/minutes per week?	<ul style="list-style-type: none">• Review chart or other available documents
13.	When applicable, is the Medi-Cal share of cost being met?	<p><u>NOTE:</u> Only applicable when there is a Medi-Cal share of cost obligation</p> <ul style="list-style-type: none">• Review documents as available

G. SYSTEM QUESTIONS--FOR SURVEY PURPOSES ONLY

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COMMENTS

	CRITERIA	COMMENTS
14.	Regarding the direct providers of TBS:	<p><u>NOTE:</u> Gathering classifications/levels of staff is a means of determining who is providing TBS, e.g., licensed/non-licensed staff, group home staff</p> <ul style="list-style-type: none">• Review available documents
14a.	What are the job classifications/levels of staff providing services?	
14b.	What are the rates of payment for TBS services?	
14c.	What are the actual rates, including overhead costs?	