SECTION I ***THERAPEUTIC BEHAVIORAL SERVICES—EPSDT AUDITS IN FY 04-05***

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
	MUST MEET BOTH A & B BELOW)			
	A. CERTIFIED CLASS			
1.	Is the child/youth a member of the certified classes who meets one of the following:			NOTE: This documentation need not be in the chart.
1a.	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			
1b.	Child/youth is being considered by the county for placement in a facility described in 1a? or			NOTE: "Being considered" is defined by the county. • Ask MHP how "being considered" is defined.
1c.	Child/youth has undergone, at least, one emergency psychiatric hospitalization related to his/her current presenting disability within the preceding 24 months? or			
1d.	Child/youth previously received TBS while a member of the certified class?			• Review prior TBS notification or other documentation.
DMH Letter No. 99-03, pages 3-4				**OUT OF COMPLIANCE:** Beneficiary is not a member of the certified class listed in a-d

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
B.	NEED FOR THIS LEVEL OF SERVICES			
2.	Is there documentation that the child/youth needs TBS for the following reasons (must meet both 2a & 2b):			
2a.	It is highly likely in the clinical judgment of the mental health provider that without additional short term support of TBS: • The child/youth will need to be placed in a higher level of residential care, including acute care, because of changes in the child's/youth's behaviors or symptoms that 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?			NOTE: 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. • Look for documentation in the chart that a change in the behavior or symptoms is expected or causing the placement to be in jeopardy.
2b.	The child/youth is receiving other specialty mental health services?			

DMH Letter No. 99-03, page 4

OUT OF COMPLIANCE: Beneficiary does not meet both a-b criteria

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS

C. TBS TREATMENT/CLIENT PLAN/ORGANIZATIONAL DOCUMENT

3.	Is there documented evidence that services are provided under the direction of a licensed practitioner of the healing arts (LPHA)?			NOTE: See DMH Letter No. 01-02 for ways direction may be provided. • 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.
DMH Letter No. 99-03, page 5		**OUT OF COMPLIANCE:** Services are not being provided under the direction of an LPHA		
4.	Is the plan for TBS a component of the overall treatment/client plan?			• 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.
DMH Letter No. 99-03, page 6		**OUT OF COMPLIANCE:** The plan for TBS 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		

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	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
5. 5a.	Does the plan for TBS contain the following (must contain 5a-e): 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?			NOTE: Focus on presence of elements a-e. • Review plan for TBS.
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?			• Review the plan for TBS for evidence in the initial treatment plan of a timeline for reviewing the partial or complete attainment of behavioral benchmarks.
5e.	The manner for assisting parents/caregivers with skills and strategies to provide continuity of care when the service is discontinued?			• Review the plan for TBS 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. • NOTE: When the beneficiary receiving TBS is not a minor (age 18 through age 20), the transition plan would involve parents/caregivers or other significant support persons in the beneficiary's life only with appropriate consent from the beneficiary.
DMH Letter No. 99-03, page 6		**OUT OF COMPLIANCE:** No plan for TBS; plan for TBS does not contain the components a-e		

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	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
6.	Is there documented evidence that TBS is discontinued when:			NOTE: Consider the Interim Order in Emily Q. v. Bontá filed January 29, 2004, Section II.A: "The Judgment provides that TBS is a short-term service. However, there is no specific time limit on the duration of TBS. . . the decision to provide TBS and the length of time that TBS may continue is determined by the provider's clinical judgment regarding the needs of the child and medical necessity of TBS. . . Accordingly, the Court clarifies that TBS may be continued even after a favorable outcome is achieved when the provider determines that TBS is still medically necessary. . . For example, TBS may be continued when a child has met the behavioral goals in his or her TBS plan, but the provider determines that continuation of TBS is still necessary to stabilize the child's behavior and to reduce the risk of regression." • Check progress notes, the TBS plan or other documentation.
6a.	The identified behavioral benchmarks have been reached in the clinical judgment of the MHP's provider?			
6b.	Progress towards the behavioral benchmarks is not being achieved and is not reasonably expected to be achieved in the clinical judgment of the MHP's provider?			
	DMH Letter No. 99-03, pages 5 & 6, and the Interim Order in Emily Q. v. Bontá filed January 29, 2004			**OUT OF COMPLIANCE:** TBS is not discontinued when 7a or 7b applies, considering the Interim Order
7.	Is there documented evidence that TBS is adjusted or decreased when indicated based on the clinical judgment of the MHP's provider?			• Check progress notes, the TBS plan or other documentation.
	DMH Letter No. 99-03, pages 5 & 6			**OUT OF COMPLIANCE:** TBS is not decreased or adjusted when indicated based on the clinical judgment of the MHP's provider

CRITERIA		IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS

D. PROGRESS NOTES

8.	Do progress notes document the following (must meet a-c):			NOTE: A note is required for each time period the provider spends with the child.
8a.	The date/time period TBS was provided?			NOTE: The time of services may be a progress note by contact/shift.
8b.	A signature (or electronic equivalent) of the staff providing the service with job title, and, if applicable, license or professional degree?			
8c.	Writing that is legible?			
CCR, Title 9, Chapter 11, Section 1810.440(c); DMH Letter No. 99-03, pages 6-7; MHP Contract with DMH, Attachment C		**OUT OF COMPLIANCE**: Progress notes for TBS are not in compliance with a-c		

E. SERVICE ACTIVITY

9.	Is there documented evidence that the TBS plan and/or progress notes are focused on resolution of target behaviors or symptoms which:			• Review TBS plan and progress notes.
9a.	Jeopardize the existing placement? or			
9b.	Are a barrier to transitioning to a lower level of residential care and completion of specific treatment goals?			
DMH Letter No. 99-03, page 5.		**OUT OF COMPLIANCE:** 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		