

San Mateo County Behavioral Health and Recovery Services Therapeutic Behavioral Services Utilization Review

Review Date: _____ TBS Provider: _____

Client Name: _____ DOB: _____ MH#: _____

Staff Present

Agency

Please check one: Initial Request 2nd Request 3rd Request 4th Request
 5th Request 6th Request

<u>DOCUMENTATION</u>	<u>Yes</u>	<u>No</u>	<u>COMMENTS</u>
Initial Utilization Request only			
Identifying information <ul style="list-style-type: none"> • Name and location of youth • Start date of TBS • Collateral information (Parent, therapist, county worker, case manager, group home staff, etc.) • Number of TBS hours/week requested 			
Referral form present			
Confirmation of Member of Class and eligibility for services (includes dates of psychiatric hospitalizations in past 24 months and/or dates of previously receiving TBS)			
Consent for treatment present and signed HIPAA information present and signed			
Assessment present, completed and on time (including Functional Analysis) <ul style="list-style-type: none"> • Identifies current skills and adaptive behaviors that child/youth is using now to manage the problem behaviors and/or is using in other circumstances that could replace the specified problems behaviors. Strengths/interests that can be used for skill development 			
Treatment plan present and completed on time			

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Review Date: _____ Client Name: _____ MH#: _____

DOCUMENTATION	Yes	No	COMMENTS
Documentation in TBS Tx plan that client needs TBS			
Describes critical nature of the situation - severity of behaviors, what services have been tried, etc.			
SM County Client Plan present with TBS listed as intervention			
Level of Care Utilization Score (CALOCUS) present			
All Utilization Requests			
Documents signed by LPHA			
<ul style="list-style-type: none"> • Target behaviors are specific, concrete and measurable with time frames • Baseline data is included and sources of data • Expected reductions in baseline frequency, intensity and duration • Expected positive replacement behaviors • The behavior or symptom is jeopardizing current placement or presenting a barrier to a transition 			
Interventions to resolve behaviors or symptoms are specific, such as anger management techniques			
Interventions describe how parents/caregivers will be assisted in learning skills and strategies to provide continuity of care			
A Transition plan for each target behavior described including goals and strategies for caregivers, staff, etc. that will allow for transition/discontinuation of TBS services			
A Fade Out plan is identified 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			
Lists and describes contacts with therapist, care manager, social worker, etc.			
Progress notes are signed legibly			
Progress notes are clear, concise and written in a B-I-R-P format			
On-going Utilization Requests			
All previous issues addressed OR No prior issues at UR			
Progress Summary Completed for this Review			
<ul style="list-style-type: none"> • Outcome measures demonstrate that the targeted behaviors have declined in frequency and been replaced by adaptive behaviors OR explanation given for any lack of progress • Replacement behaviors are described 			

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Review Date: _____ Client Name: _____ MH#: _____

DOCUMENTATION	Yes	No	COMMENTS
Obstacles to treatment are described and interventions addressing obstacles are identified for behavior plan and/or transition plan			
TBS is adjusted as progress is documented or if progress is not achieved			
If additional TBS is requested there is a description of what is specifically hoped to be accomplished by continuing TBS			
Discharge Review only			
Discharge Summary present and completed			
Summary of treatment and effective interventions with child/youth and parents/caregivers			
Documents reason(s)/rationale for discharge			
Target behaviors have met benchmarks or reached a plateau in benefit effectiveness, in measurable and specific terms			
Documents contact/discussion about ending TBS with child/youth, caregiver, therapist, care manager, etc. prior to discharge			
Transition Plan present			
Setback Prevention and Response Plan developed and discussed			
Level of Care Utilization Score (CALOCUS) present			

SMC BHRS Staff Signature

Date