



# QRTIPS

Health Care Agency • Behavioral Health Services • CYS Quality, Review & Training

**November 2012**

## **TBS-Reminders**

### **Per the California State Department of Mental Health Therapeutic Behavioral Services (TBS) Documentation Manual (DMH, October 2009):**

Children and youth who are eligible for Specialty Mental Health Services under EPSDT *may* be eligible for TBS.

A child or youth (up to age 21) in one of the categories below may receive TBS:

- Child/Youth is placed in a group home facility of RCL 12 or above or in a locked treatment facility for the treatment of mental health needs; or
- Child/Youth is being considered by the county for placement in a facility described above; or
- Child/Youth has undergone at least one emergency psychiatric hospitalization related to his/her current presenting mental health diagnosis within the preceding 24 months; or
- Child/Youth has previously received TBS while a member of the certified class; or
- Child/Youth is at risk of psychiatric hospitalization.

TBS Assessments: combined with the primary therapist's Assessment Summary, should establish Medical Necessity for TBS by evaluating the child/youth's current behavior (presenting problem/impairment) and documenting the following:

- How the behavior causes a significant impairment in an important area of life functioning,
- A reasonable probability of significant deterioration in an important area of life functioning without TBS services, or
- A reasonable probability that the child/youth would not progress developmentally as individually appropriate without TBS services.
- Documentation must identify the specific behaviors that jeopardize continuation of the current residential placement or put the child at risk for psychiatric hospitalization or the specific behaviors that are expected to interfere with a plan to transition to a lower level of residential placement.
- Documentation must include sufficient clinical information to demonstrate that TBS is necessary to sustain the residential placement, or to successfully transition to a lower level of residential placement; and that TBS can be expected to provide a level of intervention necessary to stabilize the child/youth in the existing placement.
- Documentation should identify observable and measureable changes and indicate when TBS services have been successful and could be reduced or terminated.
- Documentation should note identified skills and positive adaptive behaviors that the child/youth uses to manage the problem behavior and/or uses in other circumstances that could replace the specified problem behaviors.

TBS Client Plans: should document the following items

- Targeted Behaviors: Clearly identified specific behaviors that jeopardize the residential placement or transition to a lower level of residential placement and that will be the focus of TBS.

- Plan Goals: Specific, observable quantifiable goals tied to the targeted behaviors.
- Benchmarks: The objectives that are met as the child/youth progresses towards achieving client plan goals.
- Interventions: Proposed intervention(s) that will significantly diminish the targeted behaviors.
- A specific plan of intervention for each of the targeted behaviors or symptoms identified in the assessment and the client plan, which is developed with the family/caregiver, if available, and as appropriate.
- A specific description of the changes in the behaviors that the interventions are intended to produce, including an estimated time frame for these changes.
- A specific way to measure the effectiveness of the intervention at regular intervals and documentation of refining the intervention plan when the original interventions are not achieving expected results.
- Transition Plan: A transition plan that describes the method the treatment team will use to decide how and when TBS will be decreased and ultimately discontinued, either when the identified benchmarks have been reached or when reasonable progress towards goals/benchmarks is not occurring and, in the clinical judgment of the treatment team developing the plan, are not reasonably expected to be achieved. This plan should address assisting parents/caregivers/school personnel with skills and strategies to provide continuity of care when TBS is discontinued.
- Transitional Age Youth (TAY): As necessary, includes a plan for transition to adult services when the beneficiary is no longer eligible for TBS and will need continued services. This plan addresses assisting parents/caregivers with skills and strategies to provide continuity of care when this service is discontinued, when appropriate in the individual case.
- If the beneficiary is between 18 and 21 years of age, include notes regarding any special considerations that should be taken into account.
- Signature: A signature (or electronic equivalent) of, at least, one of the following:
  - A clinician who developed the care plan or is providing the service(s)\*
  - A clinician representing the MHP providing the service
  - \*If the above person providing the service is not licensed or waived, a co-signature from a physician, licensed/waivered psychologist, licensed/registered social worker, or a licensed or registered marriage and family therapist is required.
- Evidence of the child/youth's degree of participation and agreement with the client plan as evidenced by the child/youth's or legal guardian's signature. If child/youth or legal guardian is unavailable or refuses to sign the client plan, a written explanation in the progress notes why the signature could not be obtained.
- Evidence that a copy of the Client Plan was provided to the child/youth or parent/caregiver upon request.

#### TBS Interventions:

Each progress note must document key clinical decisions and interventions that are directed to the TBS goals of the child/youth.

- Documentation must reflect interventions that are consistent with the TBS client plan.
- Documentation must identify clinical interventions provided that are designed to change or eliminate maladaptive behaviors and increase adaptive behaviors (not provided solely for the convenience of the family or other caregivers, physician, teacher, or staff).
- Documentation must focus on identified target behaviors.
- Documentation must identify child/youth's receptivity/response to interventions.
- TBS documentation should not address conditions that are not part of the identified child/youth's mental health condition.