

Sacramento County Electronic Utilization Review Tool

Therapeutic Behavioral Services (TBS) EUR Tool

EUR SPECIFIED FIELDS

Member Name:		Member ID:		U.R. Date:			
Provider and Program:				Reviewer Name:			
A ELIGIBILITY							
		Requirements	Completed	Reportable	N/A	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							

B	Is the Client a Member of the Certified Class? (Member only needs to meet one of the following)						
		Requirements	Completed	Reportable	N/A	Comments	Program Response
B1	<u>DHCS</u> : Group Home Placement	Currently placed in a group home facility, RCL 12 or above and/or a locked treatment facility.					
B2	<u>DHCS</u> : 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	<u>DHCS</u> : 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	<u>DHCS</u> : Hospitalization Risk	Child/Youth is at risk of psychiatric hospitalization.					
B5	<u>DHCS</u> : Past TBS	Previously received TBS while a member of the certified class.					
B6	<u>Additional Sacramento County Considerations</u> :	Placed, <u>or at risk of</u> being placed, in a high-level group home and/or a treatment					

Sacramento County Electronic Utilization Review Tool

	Placement Consideration	facility for mental health needs (but not receiving acute psychiatric care), or stepping down from a high-level group home.					
B7	<u>Additional Sacramento County Considerations: Hospitalization</u>	Has had, <u>or is at risk of having</u> , at least one emergency psychiatric hospitalization related to current presenting disability within the past 24 months.					
B8	<u>Additional Sacramento County Considerations: Past TBS</u>	Previously received TBS and needs it again, <u>if clinically appropriate</u> .					
COMMENTS							

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							

Sacramento County Electronic Utilization Review Tool

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							

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							

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?					

Sacramento County Electronic Utilization Review Tool

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							

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							

Sacramento County Electronic Utilization Review Tool

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?					

Sacramento County Electronic Utilization Review Tool

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?					

Overall strengths found within the chart	
--	--