

<p style="text-align: center;">QUALITY OF DOCUMENTATION</p> <p style="text-align: center;">TBS</p>	<p style="text-align: center;"><u>GUIDELINES FOR SCORING INDIVIDUAL RECORDS</u></p> <p style="text-align: center;">Y = Meets Standard N = Does Not Meet Standard</p> <p style="text-align: center;">N/A = Not Applicable</p>	<p style="text-align: center;">GUIDELINES FOR DETERMINING PROGRAM COMPLIANCE WITH STANDARDS</p> <p style="text-align: center;"><i>Programs are expected to strive to achieve all quality of documentation standards in 100% of the instances. Programs that are compliant in less than 75% of the charts reviewed will be required to develop a Performance Improvement Plan (PIP) in conjunction with the CSA, ValueOptions®, BHA, or any other auditing agency.</i></p>
<p>1. Has the consumer or parent/legal guardian consented to TBS? COMAR 10.09.34.03 B (1) (viii)</p>	<p>Y= The record contains written informed consent before implementation, of the parent or legal guardian, or if the recipient is 18 years old or older, written informed consent of the recipient.</p> <p>N= The record is missing written informed consent.</p>	<p>75% of all medical records reviewed have documented consent for services.</p>
<p>2. If the consumer is a child for whom courts have adjudicated their legal status or an adult with a legal guardian, are there copies of court orders or custody agreements? 10.21.17.04 A (1)(c) 10.21.17.08 B (10)</p>	<p>Y = Court orders and custody agreements regarding healthcare decision-making are present in the chart OR there is a letter from the agency naming a specific person to make healthcare decisions, If an agency such as DSS has custody.</p> <p>N = There are no court orders or custody agreements establishing healthcare decision-making responsibility present in the medical record.</p> <p>N/A = The consumer is an adult without a guardian or a minor child in the care/custody of his/her biological parent(s).</p>	<p>75% of all applicable medical records reviewed have the required documentation necessary to confirm custody and healthcare decision-making authority by the guardian consenting to rehabilitation services.</p>
<p>3. Is a referral present and does the referral contain the following: date, referral source, purpose of referral/description of behaviors, medical and psychiatric history, diagnosis, recommended # of hours, current interventions, proposed TBS provider, and signature of referring clinician ? VO Maryland-Clinical Forms-TBS Referral Form</p>	<p>Y= The referral is present and includes the following: date, referral source, purpose of referral/description of behaviors, medical and psychiatric history, diagnosis, recommended # of hours, current interventions, proposed TBS provider, and signature of referring clinician.</p> <p>N= The referral is missing OR the referral is missing at least one of the above requirements.</p>	<p>75% of all applicable medical records reviewed have a complete referral.</p>

<p>4. Did a licensed or certified health care professional complete an initial therapeutic behavioral assessment which addresses medical and behavioral needs for therapeutic behavioral services; include the risk of needing placement in a more restrictive living arrangement because of behavior, include a plan for discharge and; include development of a behavioral plan? 10.09.34.01 B (11) (a-d)</p>	<p>Y= An Initial therapeutic behavioral assessment is present and addresses: medical and behavioral needs for therapeutic behavioral services; include the risk of needing placement in a more restrictive living arrangement because of behavior, include a plan for discharge and; include development of a behavioral plan.</p> <p>N= An Initial therapeutic behavioral assessment is missing OR the initial behavioral assessment is missing at least one of the above requirements.</p>	<p>75% of all medical records reviewed have a completed initial therapeutic behavioral assessment.</p>
<p>5. Was the consumer and/or parent/legal guardian present during the assessment? 10.09.34.01.B (11) 10.09.34.03 B (2) (b) (v) BHA, VO MD Clinical Criteria-TBS Medical Necessity Criteria/Severity of Need & Intensity of Service</p>	<p>Y= There is documentation that the consumer and/or parent/legal guardian was present during the assessment.</p> <p>N= There is no documentation that the consumer and/or parent/legal guardian was present during the assessment.</p>	<p>75% of all medical records reviewed include documentation that the parent/legal guardian was present during the assessment.</p>
<p>6. Does the medical record contain completed reassessments every 60 days? BHA, VO MD Clinical Criteria-TBS Continued Stay Criteria</p>	<p>Y= The medical record contains completed reassessments every 60 days.</p> <p>N= The medical record does not contain completed reassessments every 60 days.</p> <p>N/A= The consumer discharged from TBS services prior to the first reassessment.</p>	<p>75% of all medical records reviewed have re-assessments completed every 60 days.</p>
<p>7. Do all assessments include all required signatures with dates? BHA, VO MD Clinical Criteria-TBS Medical Necessity Criteria/Severity of Need & Intensity of Service</p>	<p>Y= All assessments include all required signatures with dates.</p> <p>N= At least one assessment is missing OR at least one assessment is missing a required signature with dates.</p> <p>N/A= The consumer discharged from TBS services prior to the first reassessment.</p>	<p>75% of all medical records reviewed meet the standard for the assessments including all required signatures with dates.</p>

<p>8. Are the contact notes complete? 10.09.34.02 A (3)</p>	<p>Y= All contact notes for the audit review period contain the following: Date; location; start/end time; name of parent/legal guardian/individual who customarily provides care present during the service and; brief description of the service provided, including reference to the behavioral plan, a description of the recipient's behaviors or symptoms, and signature of the behavioral aide.</p> <p>N= Contact notes for the audit review period are missing OR the contact notes are missing at least one of the above criteria.</p>	<p>75% of all medical records reviewed meet the standard for completed contact notes.</p>
<p>9. Does the TBS: provide one-to-one intervention in accordance with the behavioral plan; assist the recipient to engage in or remain in appropriate activities; minimize the recipient's behavior; provide immediate behavioral reinforcements; provide time structuring activities and; provide collaboration with and support for parent, guardian in the effort to provide ongoing behavioral support? 10.09.34.03 B (2) (a) (b) (i-v)</p>	<p>Y= The medical record reflects one-to-one intervention in accordance with the behavioral plan; assisting the recipient to engage in or remain in appropriate activities; minimizing the recipient's behavior; providing immediate behavioral reinforcements; provide time structuring activities and; providing collaboration with and support for parent, guardian in the effort to provide ongoing behavioral support.</p> <p>N= The medical record does not reflect one-to-one intervention in accordance with the behavioral plan; assisting the recipient to engage in or remain in appropriate activities; minimizing the recipient's behavior; providing immediate behavioral reinforcements; provide time structuring activities and; providing collaboration with and support for parent, guardian in the effort to provide ongoing behavioral support.</p>	<p>75% of all medical records reviewed meet the standard for providing one-to-one TBS services that address the applicable criteria.</p>

<p>10. Is the Behavioral Plan complete, developed in accordance with recipient and parent/legal guardian/individual who customarily provides care, and includes all required signatures with dates? 10.09.34.03 B (1) (a)</p>	<p>Y= All behavioral plans for the audit review period contain the following: Target behaviors/symptoms placing current living arrangement at risk or presenting a barrier to transition to a less restrictive living arrangement; Interventions used to resolve behaviors/symptoms, including how the aide will implement TBS; Outcome measures that can be used to demonstrate the decreasing frequency of targeted behaviors; Alternative behaviors; Clinically accepted techniques for behavior change (including where, when, frequency of techniques to be used); strategies/skills for the recipient and parent/guardian to provide continuity of care when TBS is discontinued; Emergency procedures to be implemented when recipient exhibits behaviors that pose harm to self/others and; Plans for discharge.</p> <p>The Behavioral Plan is signed by the consumer and/or parent/legal guardian, TBS aide, and licensed mental health professional</p> <p>N= The Behavioral Plan is missing; OR one or more of the above elements is missing from the reviewed behavioral plans.</p> <p>N/A = The consumer is a new referral and a Behavioral Plan has not yet been developed.</p>	<p>75% of all medical records reviewed meet the standard for a completed Behavioral Plan including applicable signatures.</p>
<p>11. Is the Behavioral Plan updated every 30 days (or with each concurrent review)? BHA, VO MD Clinical Criteria-TBS Continued Stay Criteria</p>	<p>Y= The Behavioral Plan is updated every 30 days or with each concurrent review).</p> <p>N= The Behavioral Plan is not updated every 30 days OR with each concurrent review).</p> <p>N/A = The consumer is a new referral and a Behavioral Plan has not yet been developed or the consumer discharged from TBS prior to the development of the updated Behavioral Plan or the concurrent review.</p>	<p>75% of all medical records reviewed meet the standard for an updated Behavioral Plan every 30 days or with each concurrent review.</p>