

QUALITY OF DOCUMENTATION		Reviewer:
TBS		Consumer M.A.#:
Consumer Name:		
Name of Independent Clinician assigned to case:		
Name of TBS aide assigned to consumer:		
1. Has the consumer or parent/legal guardian consented to TBS? COMAR 10.09.34.03 B (1) (viii) Yes / No	Comments:	
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) Yes / No / NA	Comments:	
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 Yes / No	Comments:	
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) Yes / No	Comments:	
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 Yes / No	Comments:	

<p>6. Does the medical record contain completed reassessments every 60 days? BHA, VO MD Clinical Criteria-TBS Continued Stay Criteria</p> <p style="text-align: center;">Yes / No / NA</p>	<p>Comments:</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 style="text-align: center;">Yes / No / NA</p>	<p>Comments:</p>
<p>8. Are the contact notes complete? 10.09.34.02 A (3)</p> <p style="text-align: center;">Yes / No</p>	<p>Comments:</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 style="text-align: center;">Yes/ No</p>	<p>Comments:</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 style="text-align: center;">Yes/ No/ NA</p>	<p>Comments:</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 style="text-align: center;">Yes/ No/ NA</p>	<p>Comments:</p>