



KEPRO Overview of Therapeutic Behavioral Services

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PURPOSE & OBJECTIVES

1. Review Medical Necessity Criteria
2. Provide Rationale for Therapeutic Behavioral Services
3. Review Therapeutic Behavioral Services Definition and Guidelines
4. Discuss Components and Provide Examples
5. Review of Scoring Tools

KEPRO

- ▶ KEPRO is an Administrative Service Organization contracted with three Bureaus within West Virginia Department of Health and Human Resources (DHHR):
 - Bureau for Medical Services (BMS)
 - Bureau for Children and Families (BCF)
 - Bureau for Behavioral Health (BBH)

- KEPRO, in conjunction with the Bureau for Medical Services, is conducting this webinar training for fee-for-service providers.

Medical Necessity

MEDICAL NECESSITY CRITERIA

- Medical Necessity is services that are:
 - ① Appropriate and necessary for the symptoms, diagnosis or treatment of an illness;
 - ② Provided for the diagnosis or direct care of an illness;
 - ③ Within the standards of good practice;
 - ④ Not primarily for the convenience of the member or provider; and
 - ⑤ The most appropriate level of care that can safely be provided.

Overview & Purpose of Therapeutic Behavioral Services

BEHAVIOR MANAGEMENT (Therapeutic Behavioral Services)

- Specific activities that have been planned and tailored to eliminate inappropriate (maladaptive) behaviors and to increase or develop desired adaptive behaviors. These services result from areas of need identified on the member's service plan (treatment plan).
 - ▶ Congruent with assessed need
 - ▶ Focus is on the assessed behavioral health condition resulting in functional deficits in two areas
 - ▶ Not utilized for “normal” developmental issues (i.e. typical childhood behaviors such as lying, non-compliance, etc. unless documentation demonstrates severity and resulting functional deficits)
- Time-limited service that must end when the desired outcomes have been achieved.

COMPONENTS OF DEVELOPMENT

- Behavioral Assessment
- Plan Development
- Implementation Training
- Data Analysis and Review
- Staff Qualifications

Therapeutic Behavioral Services – Behavioral Assessment

BEHAVIORAL ASSESSMENT COMPONENT

- Process of observation, data collection (baseline), behavior and skill assessments and functional analysis that describes behaviors and the circumstances under which they occur.
 - ▶ Observation should only occur as a last resort
- Identification of the target behavior (s)
 - ▶ Specific description of each target behavior in objective and measurable terms.
 - ▶ Take into account normal developmental milestones (i.e. all kids lie and are non-compliant)
 - ▶ Maladaptive behavior identified from assessment information, or other sources.

BEHAVIOR ASSESSMENT (CONT.)

- Collection of baseline data on each target behavior to obtain objective and measurable information.
 - ▶ Baseline should look at whether the behavior did or didn't occur. If it did, then it should evaluate the ABC's:
 - ▶ Antecedent: What triggers the behavior?
 - ▶ Behavior: What does the behavior look like?
 - ▶ Consequence: What is the natural outcome?
- Review and analysis of baseline data to determine objectively if a need for further behavior management services exist.
 - ▶ How frequently is the behavior occurring?
 - ▶ Is it occurring in specific environments?
 - ▶ Is the behavior atypical of cognitive/developmental norms and at a severity that warrants a plan?
- Conduct reinforcer survey if baseline warrants a plan
 - ▶ Should be age and developmentally appropriate
 - ▶ Reinforcer survey should evaluate items that are readily available to the caregiver (in terms of cost, driving time, ease to administer)

Therapeutic Behavioral Services - Plan Development

Plan Development

- Refers to those activities required for the formal development of a therapeutic behavioral services plan.
- Plan is a separate, distinct, freestanding document.
 - ▶ When staff reach this point they should have enough information to develop plan for specific target behaviors.
 - ▶ The plan is to be developed within the office and not within the member's home, unless there is a medically necessary reason to do so.

Behavioral Plan (continued)

Must contain, at minimum, the following:

- ▣ Implementation date for the plan
- ▣ Identification and specific description of each target behavior (s).
 - Includes a specific description of the behavior(s), the functional impairment resulting from the behavior, the **ABC's** (environment that the behavior most frequently occurs, triggers, natural consequences/outcome).
 - Must be measurable, observable and specific
 - ▣ Temper tantrums versus kicking, spitting, and yelling when does not get his way.
 - ▣ Must identify problem areas that may affect implementation
 - ▣ Includes hypothesis of maladaptive behavior
- ▣ Baseline data: summary of the quantifiable data collected prior to intervention for each target behavior, including dates the baseline was collected.

Behavioral Plan (continued)

- Criteria for success: measured amount of behavior change as stated objectively and in measurable terms.
 - ▶ Must be understandable by client and reasonable

- Methods of behavioral intervention:
 - ▶ What the reinforcers are to be employed
 - ▶ and how they are delivered,
 - ▶ by whom,
 - ▶ the schedule of reinforcement (e.g., continuous, ratio, variable, or fixed ratio/interval reinforcement).
 - Ratio – Given at a specific number of correct responses
 - Interval – Given for periods of time where something does or does not happen.
 - Fixed– Given for an identified number of successes
 - Variable– Given in a random way for an average number of times.

 - ▶ Consequences for maladaptive behavior(s) (e.g., positive or negative).

Behavioral Plan (continued)

- Identifying staff and/or others whom will be implementing the plan with appropriate signatures including specialist.
- Target date for success (should not be the next 90-day treatment plan review).
 - ▶ Based upon maladaptive behavior and length of time it has been occurring
- How often data analysis and review will occur and by whom.

Therapeutic Behavioral Services – Implementation Training

IMPLEMENTATION TRAINING

- Process by which the Specialist or Assistant provides the rationale for the plan, defines the targeted behavior (s) and instructs the individual (s) responsible in the specific steps necessary for the implementation of the plan.
 - ▶ Everyone who will be implementing the plan must be trained prior to starting the plan.
- Documentation within the client's clinical record of the occurrence of the implementation training.

Therapeutic Behavioral Services – Data Analysis & Review

DATA ANALYSIS AND REVIEW

- Process by which the Specialist or the Assistant evaluates the plan effectiveness determined through a comparison of the baseline data for the target behavior.
- Any direct observation of the consumer behavior is included in this category.
 - ▶ Should be used as a last resort
- Analysis and review result in the determination of the continuation, modification, or termination of the plan.
 - ▶ Compare current rate to previous rate
 - ▶ If it is determined that the parent is unable to participate in implementation of the plan and/or the child's behavior is in response to the parent's behavioral health condition, it may be determined that behavior management is not the appropriate service and family therapy should be recommended.

Therapeutic Behavioral Services – Staff Qualifications

STAFF QUALIFICATIONS

- Behavior Management Specialist:
 - Minimum education of a Master's Degree, graduate training experience in techniques of behavioral theory is responsible for all aspects of the BM services provided by the assistants and must review and sign all documentation of those services. Must sign with credentials and date all plans prior to implementation.

- Behavior Management Assistant:
 - Minimum of a Bachelor's degree in a human service related field having training specific to techniques of applied behavior analysis.
 - Services provided are subject to review and approval by the BM Specialist.

Therapeutic Behavioral Services Areas Of Focus

Characteristics of Behavior Management

- Focuses on behavior derived from the current symptoms, functional impairments, behaviors, of identified behavioral health condition.
 - ▶ Outside of normal developmental issues (i.e. lying, general non-compliance, etc.)
- Based on behavior theory principles.
- Emphasis on current environmental events.
- Precise description of procedures (i.e. reinforcers, consequences, schedule of procedures, etc.).
- Implemented by people in everyday life.
- De-emphasis on past events as causes of behavior.
 - ▶ Not a substitute for therapy but could be an adjunctive service

AREAS OF FOCUS (cont.)

- 30-day time-line from authorization start date.
- Utilizing behavior management services as a substitute for parenting.
 - ▶ Maladaptive behavior should be such that it is impeding the client's functioning in at least two settings.
- Staff providing on-going implementation without moving towards training of the parents/caregiver to implement the plan within the natural environment is an inappropriate use of the service.
- Member's progress not clearly identifiable.
- Plan not discontinued when goal is met or plan not modified when no progress is being made.

Therapeutic Behavioral Services— Implementation—H2019

Therapeutic Behavioral Services—Implementation—H2019

- Face-to-face, hands-on encounter
- 1 staff to 1 client
- Only actual time spent in the delivery of a behavioral health service
 - ▶ General observation and/or monitoring not considered billable
 - ▶ Any implementation that is not supported by plan is not billable
- Only trained, qualified staff can provide billable Implementation services
 - ▶ Should be provided by those in the client's natural environment
 - ▶ Parents, guardians—service not billable
 - ▶ Agency staff when medically necessary

Behavior Management Implementation Documentation

IMPLEMENTATION DOCUMENTATION REQUIREMENTS

- Intervention utilized
 - ▶ Individualized to meet the needs of the member
- Methods
- Measurements
- Delivery of service
- Outcome of the implementation
- Place of Service
- Date of service
- Signature with credentials
- Start/Stop times

Behavior Management Plan Examples

Target Behavior Examples

▶ Inappropriate:

- ▶ 5 yr old not going to bed when told
- ▶ 12 yr old not complying with adult directives the first time asked
- ▶ 15 yr old verbal aggression (i.e., occasional cursing)
- ▶ 8 yr old physical aggression
- ▶ 13 yr old residential client needs to conduct chores

▶ Appropriate:

- ▶ 6 yr old biting siblings on average of 4 times per day
- ▶ 9 yr old refusing to bathe/shower on a daily basis
- ▶ 4 yr old banging head against the wall repeatedly when they don't get their way
- ▶ 7 yr old chasing siblings with a knife when upset

Behavior Description Examples

- ▶ **Targeted Behavior:** Description of problem behavior:
 - ▶ Inappropriate: Physical aggression
 - ▶ Appropriate: Hitting: Ima has several behaviors that need addressed but at this time the most salient of these behaviors is her hitting others resulting in physical harm. Ima strikes peers and staff with a closed fist and will slap them with an open hand when irritated or wants something.
- ▶ **Frequency, and/or Intensity, and/or Duration of the Target Behavior:**
 - ▶ Inappropriate: Physically aggressive when she gets angry
 - ▶ Appropriate: Hitting: Several times per week. When Ima becomes irritated, told “no” or is having a disagreement, or just wants something from another peer, she will hit them with an open hand on their face or arm, she has also been observed to punch her peers with a closed fist in the arm or stomach without provocation. This behavior occurs several times a day and has been observed over the course of a week in the residence.

Behavior Management Plan

- ▶ **Name:** Ima Sad
- ▶ **Implementation Date:** 6/10/19 **Start Time:** 3:30 p.m. **Stop Time:** 5:00 p.m.
- ▶ **Targeted Behavior:** Description of problem behavior:
 - ▶ Hitting: Ima has several behaviors that need addressed but at this time the most salient of these behaviors is her hitting others resulting in physical harm. Ima strikes peers and staff with a closed fist and will slap them with an open hand when irritated or wants something.
- ▶ **Frequency, and/or Intensity, and/or Duration of the Target Behavior:**
 - ▶ Hitting: Several times per week. When Ima becomes irritated, told “no” or is having a disagreement, or just wants something from another peer, she will hit them with an open hand on their face or arm, she has also been observed to punch her peers with a closed fist in the arm or stomach without provocation. This behavior occurs several times a day and has been observed over the course of a week in the residence.

Behavior Management Plan (Cont.)

- ▶ **Function of Behavior/Hypothesis:** Ima appears to use hitting to obtain something she wants or avoid having to do something she does not want to do.
- ▶ **Criteria for Success:** Ima will have zero incidents of the above hitting behavior for two consecutive weeks.
- ▶ **Expected Date of Achievement:** 7/15/19
- ▶ **Baseline Data Summary** using an **A-B-C chart** was conducted starting on 06/04/19 – 6/07/19. The observations mainly took place at the residence and were observed by staff. Ima had daily incidents of aggressive behavior throughout the week as indicated below. In addition, her teacher at school, Mrs. Hazelton, reported aggressive behaviors occurring daily in the classroom.

Behavior Management Plan (Cont.)

Date	Time	Antecedents	Behavior	Consequence
06/04/19	4:15 p.m.	Ima was asked to put her things away to prepare for dinner prep.	Ima cursed and said she would not. When asked again, she threw her coloring paper in the air and picked up her box of crayons and hit staff with the box.	Staff told her that she would not be able to go on outing with other kids after dinner.
06/04/19	7:32 p.m.	Ima wanted to join the other residents on outing to rollerskating but was told she could not due to previous behavior.	Ima punched another resident sitting next to her making that resident fall down and yelled that she didn't want to go anyway and ran to her bedroom.	Staff followed and told Ima that she had to apologize to the resident, but she refused. Staff told her that it was this kind of behavior as to why she couldn't go on outing.

Behavior Management Plan (Cont.)

Date	Time	Antecedents	Behavior	Consequence
06/05/19	6:15 p.m.	Ima asked another resident to borrow her sweater to wear to school tomorrow. The resident told her no.	Ima cursed at the resident and told her the sweater was ugly and slapped the resident on the arm with an open hand.	Staff separated Ima to another room and told her that hitting other residents was wrong.
06/05/19	7:48 p.m.	Ima was asked to return the sweater she had taken from another resident without permission by that resident.	Ima punched the resident in the stomach with her fist.	Staff intervened and told Ima to take the sweater off and she complied.

Behavior Management Plan (Cont.)

▶ **Reinforcement Survey:**

- ▶ Results of the Reinforcement Inventory: Ima's Reinforcement Survey indicated that she mostly likes watching "Sabrina," a rerun on Nickelodeon that airs daily at 4:00 p.m. Other high marks were given to playing "Tetris" on the game pad, going to the park and being able to feed the ducks bread going on recreational outings, such as roller-skating. Drawing and coloring were also given high marks, and she likes chocolate Hershey bars.

Behavior Management Plan (Cont.)

- ▶ **Method of Behavioral Intervention:** Staff will develop a token system for reinforcement of incompatible behaviors (every time period she replaces her physically aggressive behavior with a more positive behavior) she can earn a token. Staff will help Ima create a list of alternative behaviors she can engage in so she can find healthier, safer ways to express her anger such as using a stress ball, taking deep breaths, journaling (to be addressed in therapy & practiced in SIC). Staff will implement the token system for when she does not have physically aggressive behavior. Once Ima earns 10 tokens, she can trade them in for a reward identified within her reinforcement survey. Staff will utilize a combination of differential reinforcement for behaviors that are demonstrated by Ima to be agreeable with others. Tangible rewards will eventually be replaced with intrinsic rewards such as specific praise for when she becomes angry but choose to use positive coping skills instead. Staff will identify agreeable behavior verbally with Ima and reflect back, “Good job! You handled that nicely.” Staff will meet with Ima at the beginning of her day and identify the schedule for the day and have her identify expectations of keeping hands to herself, speaking with “I” messages to avoid conflict for the daily schedule. Cuing will be provided for handling conflicts.

Behavior Management Plan (Cont.)

▶ **Method And Schedule Of Reinforcement:**

- ▶ An interval reinforcement schedule will be utilized (token economy). For every hour in which Ima successfully goes without aggressive display of behavior, she will be rewarded with a point, a sum of five points may be applied for 1 episode of “Sabrina,” and a sum of two points may be applied to 30 minutes of free time playing Tetris on the game pad. At every hour, Ima will be informed that she has gained a point and will be verbally praised, *“Ima, you have used your “I” messages and worked well with others, you have gained 1 point for this hour. Great Job!”*

Behavior Management Plan (Cont.)

▶ **Method And Schedule Of Reinforcement:**

- ▶ A variable reinforcement schedule will be utilized to reward immediate instances of displays of appropriate behavior in which a conflict is observed and Ima utilizes her “I” messages, and/or walks away without resorting to physical aggression. Staff will verbally reinforce saying, *“Great Job how you handled that! You are on your way to getting your points for the hour, but you have earned an extra point for how you handled that situation!”*
- ▶ At the end of every day, prior to bed, Staff will meet with Ima and review the day and identify the number of points she has achieved. Verbal praise will be given for points achieved, *“Great job today respecting others, You have a lot to be proud for!”* If the target behavior has been demonstrated that day, a statement of, *“You will be able to do better with that tomorrow and earn your points”* will be made. Avoid a long discussion or argumentation.

Behavior Management Plan (Cont.)

▶ **Method And Schedule Of Reinforcement:**

- ▶ When Ima displays hitting behavior, she will 1.) Be immediately separated from the situation for no less than 10 minutes. 2.) Staff will prompt appropriate use of “I” message to express feelings. 3.) Be told she has lost her all collected points leading up to that event but can *“begin collecting them again now.”* Staff will avoid argumentation.
- ▶ If Ima goes three days without physical aggression, she and the therapist will take a walk to the park to feed the ducks. Verbal reinforcement will be given, *“Ima you’ve done a great job of treating others respectfully for three days. As a consequence, we get to go to the park.”*

Behavior Management Plan (Cont.)

- ▶ **Data Collection:** Data collection and review will occur weekly by the Behavior Management Assistant.
- ▶ **Responsible Persons:** Direct staff, daily support staff and therapist will be trained on implementation of this BM Plan on 6/09/19 and will be responsible for its daily implementation.

- ▶ BMS Signature _____ Date: _____
BMA Signature _____ Date: _____

Therapeutic Behavioral Services: Implementation Documentation Example

Behavior Management Implementation Example

▶ Appropriate Example # 1

- ▶ Date: 6/10/19 3:00 – 3:02
- ▶ I met with Ima and stated that she had done a great job over the last hour and related that she had received her point from her BM Plan. I related, “great job!” you are well on your way to watching “Sabrina.” Ima smiled in response.
- ▶ *Staff Signature w/Credentials*

▶ Appropriate Example # 2

- ▶ Date 6/10/19 3:59 – 4:00 p.m.
- ▶ I met with Ima and related “Great Job!” you have been respectful towards others and have earned a total of five points. Do you want to use them to watch Sabrina? Ima related that she did. I gave her the remote and she was directed to the living room where she received her reward.
- ▶ *Staff Signature w/Credentials*

Documentation Examples Continued

▶ Inappropriate Example # 1

- ▶ Date: 6/10/19 9:00 – 12:00
- ▶ I observed Ima in her home for a period of three hours to assist in implementing her reward if she met her goal within each hour. She met her goal and received her reward 1 of 3 hours.
- ▶ *Staff Signature w/Credentials*

▶ Inappropriate Example # 2

- ▶ Date: 6/11/19 1:00 – 4:00
- ▶ I observed Ima in the afternoon to see if she did better with her rewards after lunch than she does in the morning. I encouraged Ima' mom to give her reward when she met the criteria.
- ▶ Staff Signature w/Credentials

Behavior Management Implementation Example Tracking Sheet For Data Analysis & Review

Behavior Management Tracking Sheet Example

Name: _____

Date Began: _____

Date Ended: _____

Day:	Sunday	Monday	Tuesday	Wed.	Thurs.	Friday	Sat.
Points Earned:							
Points Lost:							
Total Points:							
Reward:							

Therapeutic Behavioral Services: Development Retrospective Review Tool

TBS Development Retrospective Review Tool

1.	Does the documentation demonstrate that the member met medical necessity? (Note: If question #1 scores 0, all questions on this tool score 0.)	1	0		
2.	Is there a current Service Plan for Behavior Management that demonstrates participation by Physician / Psychologist / Approved Licensed Professional* (start and stop times) and Member including all required signatures and credentials? (Note: If Question #2 scores zero, all remaining questions will score zero.)	1	0		
3.	Does the plan demonstrate participation by all required team members, including members from other agencies involved in behavioral health care of the member (start and stop times) including all required signatures and credentials?	3	0		

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TBS Development Retrospective Review Tool (cont.)

4.	Did the behavior management specialist sign the behavior management plan with appropriate credentials? (Note: If question #4 scores 0, all questions on this tool score 0.)	1	0		
5.	Does the Therapeutic Behavioral Service Plan focus on the member's most current and salient maladaptive behavior(s)? (Note: If question #5 scores 0, all remaining questions on this tool score 0.)	3	1.5	0	
6.	Was the baseline data collection started within the first 30 days of the authorization? (Note: If question #6 scores 0, all remaining questions on this tool score 0.)	1	0		

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TBS Development Retrospective Review Tool (cont.)

*7.	Does the plan include a summary of baseline data with dates for each targeted behavior?	3	2	1	0
8.	Was a reinforcer survey completed to identify individualized reinforcers (age and functionally appropriate) that will be utilized within the plan?	3	1.5	0	
*9.	Does the plan include specific, behavioral descriptions of each targeted behavior?	3	2	1	0
*10.	Does the plan describe each targeted behavior in observable and measurable terms including intensity, frequency and duration?	3	2	1	0

Continued on next slide

TBS Development Retrospective Review Tool (cont.)

11.	<p>Does the plan include the following elements of a functional assessment for each targeted behavior:</p> <ul style="list-style-type: none"> • Antecedent for the behavior (what happens prior to maladaptive behavior) • Maladaptive behavior history (how long) • Current Consequence of the maladaptive behavior • Hypothesis as to the function of the maladaptive behavior? 	3	2	1	0
*12.	Does the plan include objective/measurable criteria for success that is understandable by the member and/or family for each targeted behavior?	3	2	1	0

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TBS Development Retrospective Review Tool (cont.)

*13.	Does the plan include a projected achievement date that is realistic (based upon the functional assessment and the duration and intensity of the maladaptive behavior)?	3	2	1	0
14.	Does the plan include a consequence (reinforcement / punishment / extinction) schedule (i.e. fixed, varied, ratio, etc.) that is individualized for each maladaptive behavior?	3	2	1	0
15.	Does the plan include how often data analysis and review will be conducted?	3	1.5	0	

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TBS Development Retrospective Review Tool (cont.)

*16	<p>Does the plan development documentation contain the following:</p> <ul style="list-style-type: none"> • Start/stop times • Dates of service • Location of service • Behavior Management Specialist signature with appropriate credentials • Behavior Management Assistant signature with appropriate credentials when utilized? • Service Code and/or descriptor <p>(Note: If there is no clinician signature(s) with appropriate credentials, those notes score 0.)</p>	3	2	1	0
*17	<p>Are the components of Therapeutic Behavioral Service (Behavior Assessment, Plan Development, Implementation Training, or Data Analysis and Review) and the description of Therapeutic Behavioral Service included in all plan development documentation? (Note: If there is no clinician signature with appropriate credentials, those notes score 0.)</p>	3	2	1	0

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TBS Development Retrospective Review Tool (cont.)

*18.	Does the data analysis and review documentation contain the following: <ul style="list-style-type: none"> •Analysis of current behavior rate •Date range of data being analyzed •Comparison of current rate of behavior to previous analysis rate •Determination of whether progress is being made •Determination of whether plan should be continued, modified, or discontinued? 	3	2	1	0
19.	If no progress is noted toward alleviating the behavior is the plan modified?	3	0		
20.	Does the plan indicate who will implement it?	3	1.5	0	

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TBS Development Retrospective Review Tool (cont.)

21.	Does the clinical record contain documentation that implementation training occurred?	3	1.5	0	
22.	Is the plan implemented and the baseline data collected by the most appropriate resource?	3	1.5	0	
23.	Was the plan implemented in a timely manner (based upon the severity of the identified target behavior(s))?	3	0		
24.	Does a comprehensive review of the current clinical status substantiate that medical necessity is met for continued stay?	3	0		

Total Score Possible is 64

* The scoring for these questions are as follows:

3 – 100% of the documentation meets this standard

2 – 99% to 75% of the documentation meets this standard

1 – 74% to 50% of the documentation meets this standard

0 – Under 50% of the documentation meets this standard

Therapeutic Behavioral Services: Implementation Retrospective Review Tool

TBS Implementation Retrospective Review Tool

1.	Does the documentation demonstrate that the member met medical necessity? (Note: If question #1 scores 0, all questions on this tool score 0.)	1	0		
2.	Does the Therapeutic Behavioral Services Plan obtain a score of 65% or higher? (Note: If question #2 scores 0, all remaining questions score 0.)	1	0		
3.	Is the implementation provided by the most appropriate resource? (Note: If question #3 scores 0, questions 4, 5, 6, and 7 score 0).	3	1.5	0	
4.	Is there documentation that training for all individuals implementing the plan has occurred on the current plan? (Note: If question #4 scores 0, questions 5, 6, and 7 score 0).	3	1.5	0	

Continued on next slide

TBS Implementation Retrospective Review Tool

*5.	<p>Does the documentation contain the following:</p> <ul style="list-style-type: none"> ▪ Location of service ▪ Date of service ▪ Start/stop times ▪ Provider signature with appropriate credentials? ▪ Service code and/or descriptor <p>(Note: If there is no signature with appropriate credentials, questions 5, 6, and 7 score 0 for those notes)</p>	3	2	1	0
*6.	<p>Does the documentation indicate what intervention from the most current plan was utilized? (Note: If question 6 scores 0, then questions 5 and 7 score 0).</p>	3	2	1	0
*7.	<p>Does the documentation indicate the member's response to the interventions utilized?</p>	3	2	1	0

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TBS Implementation Retrospective Review Tool

8.	Does a comprehensive review of the current clinical status substantiate that medical necessity is met for continued stay?	3	0		
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Total Score Possible is 20

* The scoring for these questions are as follows:

3 – 100% of the documentation meets this standard

2 – 99% to 75% of the documentation meets this standard

1 – 74% to 50% of the documentation meets this standard

0 – Under 50% of the documentation meets this standard



QUESTIONS AND ANSWERS

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