

**THERAPEUTIC BEHAVIORAL SERVICES-DEVELOPMENT
(BEHAVIOR MANAGEMENT)
H2019 HO**

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| Provider: | | Member ID: | |
| Review Date: | | Reviewer Name: | |

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| 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* and member including all required signatures, credentials, each with dates, start and stop times? (Note: If Question #2 scores zero, all remaining questions will score zero.) | 3 | 1.5 | 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 (dates, start and stop times) including all required signatures and credentials? | 3 | 1.5 | 0 | |
| 4. | Did the behavior management specialist sign the behavior management plan with appropriate credentials? (Note: If question #4 scores 0, all remaining questions on this tool score 0.) | 3 | 1.5 | 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 | | |
| *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 |

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| 11. | Does the plan include the following elements of a functional assessment for each targeted behavior: <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 |
| *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 | |
| *16. | Does the plan development documentation contain the following: <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? (Note: If there is no signature by an approved clinician those notes score zero). | 3 | 2 | 1 | 0 |
| *17. | 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 by an approved clinician, those notes score 0.) | 3 | 2 | 1 | 0 |
| *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 | |
| 21. | Does the clinical record contain documentation that implementation | 3 | 1.5 | 0 | |

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| | training occurred? | | | | |
| 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 68

* Refer to Provider Manual for licensing requirements

* The scoring for these questions is 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