

**Alameda County TBS Documentation Review
1st Authorization**

Name of Client:	FFYC	Lincoln:	VCSS	Seneca:	Other:
Prior to URC this chart documentation was reviewed by:					
Signature of Worker/Coach	Signature of Supervisor				

	Y	N	<i>All boxes should be checked YES</i>
Referral Packet			Referral form present including signature of MHP
			Documentation that client meets member of the class and eligibility for TBS services
Assessment / Functional Analysis			Identifies specific behaviors that jeopardize continuation of the current placement, create risk for psychiatric hospitalization or are expected to interfere when a client is transitioning to a lower level of residential placement
			Identifies a hypothesized function of the behavior
			Functional Analysis completed on time and signed by LPHA/license waived
			Observations and interviews during assessment include the client

Comments:

	Y	N	<i>All boxes should be checked YES</i>
Treatment Plan Includes			Specific interventions to resolve each targeted behavior
			A specific description of changes in the behaviors that the interventions are intended to produce including measurable goal with FIDS and timeframe
			Describes the critical nature of the situation including frequency, intensity and if applicable, duration of behaviors
			A transition plan to decrease or discontinue TBS when client has met goals and is no longer needed or a plateau has been reached
			The transition plan includes a fade out strategy to terminate services and minimize risk of regression
			If client 18 years of age, transition plan addresses any special considerations
			Signature of TBS Clinician/Coach/Supervisor/LPHA present
			Identifies how parents/caregivers will be assisted with skills and strategies to sustain behavioral gains after service is discontinued
Reviews			No billable services provided out of authorization
Progress Notes			Progress notes document gathering behavioral data including FIDS
			There are progress notes identifying consultation with the mental health provider regarding TBS or documentation of attempts
URC Reviewer Signature:			Date:
Comments:			All YES" boxes checked

10/7/24