

Alameda County TBS Documentation Authorization for Additional TBS Services

Name of Client:	
Prior to URC this chart documentation was reviewed by:	
Signature of Worker/Coach	Signature of Supervisor

Signature of Worker/			Signature of Supervisor	
	Υ	N	All boxes should be checked YES	
Review of Previous Authorizations			All previous authorization issues addressed. If no, please explain:	
			TBS client care plan has all required signatures including TBS worker and supervisor	
			There is a current Mental Health Problem List in chart	
Documentation of Mental Health Services			There are progress notes identifying consultation with the mental health provider(s) regarding TBS, a minimum of Ix a month. Dates:	
Progress			Progress summaries are present	
			Progress summary includes measurements of behavior goals	
			Documented contact with caregiver(s) at a minimum of 3x/month	
Choose one			Client is making progress towards goals and continued services are needed fo client to achieve goals	
			Client has not made progress but new interventions are being attempted while being assessed for plateau or effectiveness of TBS	
			Client has met goals and is in the process of fading out	
			There is documentation that, although goals have been reached, services are necessary to maintain client's stability of placement	
Reviews			Case brought to URC for reauthorization <u>prior</u> to previous authorization termination date or no services billed since authorization ended	
Progress Notes			Progress notes document implementing strategies outlined in client care plan	
			Progress notes document gathering behavioral data including FIDS	
			Progress notes document how skills and strategies are taught / discussed/ modeled for caregivers and clients	
			Focus on resolution of target behaviors	
			No notes bill for supervision, leaving messages, no shows, time in Juvenile Hal General Population, time in psychiatric hospital	
			There is a progress note documenting the participation, review, and agreemen with the TBS client care plan with client/guardian. PN dated:	
			There is a progress note documenting the participation, review, and agreemen with the TBS client care plan with PMHP. PN dated:	
URC Reviewer Signature:		Date		
TBS Coordinator Signature:		Date		
Comments:			All "YES" boxes checked	

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