

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

	Y	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 1x 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 for 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 Hall General Population, time in psychiatric hospital
			There is a progress note documenting the participation, review, and agreement with the TBS client care plan with client/guardian. PN dated:
			There is a progress note documenting the participation, review, and agreement with the TBS client care plan with PMHP. PN dated:
URC Reviewer Signature:			Date
TBS Coordinator Signature:			Date
Comments:			All "YES" boxes checked