

QUALITY OF DOCUMENTATION 1 = Poor, 2 = Below Standard, 3 = Meets Standard, 4 = Above Standard, 5 = Excellent **Reviewer:**

TBS

Consumer Name:

Consumer M.A.#:

Name of Independent Clinician assigned to case:

Name of TBS aide assigned to consumer:

1. Has the consumer or parent/legal guardian consented to TBS?

COMAR 10.09.34.03 B (1) (viii)

Yes / No

Comments:

2. If the consumer is a child for whom courts have adjudicated their legal status or an adult with a legal guardian, are there copies of court orders or custody agreements?

10.21.17.04 A (1)(c)

10.21.17.08 B (10)

Yes / No / NA

Comments:

3. Is a referral present?

Yes / No

Comments:

4. Does the referral contain the following: date, referral source, purpose of referral/description of behaviors, medical and psychiatric history, diagnosis, recommended # of hours, current interventions, proposed TBS provider, signature of referring clinician?

1 2 3 4 5 NA

Comments:

5. Is an initial therapeutic behavioral assessment present?

10.09.34.01 B (11)

Yes / No

Comments:

<p>6. Does the assessment: address medical and behavioral needs for therapeutic behavioral services; include the risk of needing placement in a more restrictive living arrangement because of behavior, include a plan for discharge and; include development of a behavioral plan? <i>10.09.34.01 B (11) (a-d)</i></p> <p style="text-align: center;"><i>Yes / No</i></p>	<p><i>Comments:</i></p>
<p>7. Was the assessment conducted by a licensed or certified health care professional? <i>10.09.34.01 B (11) (a)</i></p> <p style="text-align: center;"><i>Yes / No</i></p>	<p><i>Comments:</i></p>
<p>8. Was the consumer and/or parent/legal guardian present during the assessment?</p> <p style="text-align: center;"><i>Yes / No</i></p>	<p><i>Comments:</i></p>
<p>9. Does the medical record contain completed reassessments every 60 days?</p> <p style="text-align: center;"><i>Yes / No / NA</i></p>	<p><i>Comments:</i></p>
<p>10. Do all assessments include all required signatures with dates?</p> <p style="text-align: center;"><i>Ye s / No</i></p>	<p><i>Comments:</i></p>
<p>11. Are the contact notes complete? <i>10.09.34.02 A (3)</i></p> <p style="text-align: center;"><i>Ye s / No</i></p>	<p><i>Comments:</i></p>

<p>12. Does the TBS: provide one-to-one intervention in accordance with the behavioral plan; assist the recipient to engage in or remain in appropriate activities; minimize the recipient's behavior; provide immediate behavioral reinforcements; provide time structuring activities and; provide collaboration with and support for parent, guardian in the effort to provide ongoing behavioral support? <i>10.09.34.03 B (2) (a) (b) (i-v)</i></p> <p style="text-align: center;"><i>Yes/ No</i></p>	
<p>13. Is the Behavioral Plan complete? <i>10.09.34.03 B</i></p> <p style="text-align: center;"><i>Yes/ No</i></p>	
<p>14. Is the Behavioral Plan updated every 30 days (or with each concurrent review)?</p> <p style="text-align: center;"><i>Yes/ No</i></p>	
<p>15. Was the Behavioral Plan developed in accordance with recipient and parent/legal guardian/individual who customarily provides care? <i>10.09.34.03 B (1) (a)</i></p> <p style="text-align: center;"><i>Yes/ No</i></p>	
<p>16. Does the Behavioral Plan include all required signatures with dates?</p> <p style="text-align: center;"><i>Yes/ No</i></p>	