



**THERAPEUTIC BEHAVIORAL SERVICES-IMPLEMENTATION
(BEHAVIOR MANAGEMENT) H2019**

Provider:		Member ID:	
Review Date:		Reviewer Name:	

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.	Does the Therapeutic Behavioral Services Plan obtain a score of 65% or higher? (Note: If question #2 scores 0, all remaining questions score 0.)	1	0		
3.	Is the implementation provided by the most appropriate resource? (Note: If question #3 scores 0, questions 4, 5, 6, and 7 score 0).	3	1.5	0	
4.	Is there documentation that training for all individuals implementing the plan has occurred on the current plan? (Note: If question #4 scores 0, questions 5, 6, and 7 score 0).	3	1.5	0	
*5.	Does the documentation contain the following: <ul style="list-style-type: none"> • Location of service • Date of service • Start/stop times • Provider signature with appropriate credentials • Service code and/or descriptor? (Note: If there is no signature with appropriate credentials, questions 5, 6, and 7 score 0 for those notes)	3	2	1	0
*6.	Does the documentation indicate what intervention from the most current plan was utilized? (Note: If question 6 scores 0, then questions 5 and 7 score 0).	3	2	1	0
*7.	Does the documentation indicate the member's individualized response to the interventions utilized?	3	2	1	0
8.	Does a comprehensive review of the current clinical status substantiate that medical necessity is met for continued stay?	3	0		



Total Score = _____ [Possible 20]

* The scoring for these questions are 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