

Section 65 Children's Behavioral Health Day Treatment Implementation and Audit Criteria

CBHDT services are structured therapeutic services designed to improve a child's functioning in daily and community living.

MCBM Reference	Item		Documentation
65.06-13.A Eligibility for CBHDT	Are CBHDT services being delivered to a child aged 20 or under?	Y ___ N ___	
	Does the child need treatment that is more intensive and frequent than Outpatient* but less intense than hospitalization?	Y ___ N ___	
	* Outpatient” means “Outpatient Services” as defined at Section 65.06-3		
65.06-13 CBHDT Services	Are the services structured therapeutic services designed to improve a child's functioning in daily living and community living?	Y ___ N ___	
	Does the program include a mixture of individual, group, and activities therapy?	Y ___ N ___	
	Does the program include therapeutic treatment oriented toward developing a child's emotional and physical capability in areas of interpersonal functioning? *	Y ___ N ___	
	*This may include behavioral strategies and interventions.		
	Were services provided as prescribed in the ITP?	Y ___ N ___	
	Is there evidence that there was involvement of the child's family in treatment planning and provision?	Y ___ N ___	IEP/ITP
	Were services provided based on time designated in ITP up to six (6) hours per day, Monday through Friday, up to five days per week?	Y ___ N ___	
	Are medically necessary services identified in the ITP?	Y ___ N ___	IEP/ITP

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MCBM Reference 65.06-13.A Eligibility for CBHDT	Item		Documentation ORRF
Step #1 - Referral	Was the child referred by one of the following staff?		
	Psychiatrist?	Y ___ N ___	
	Licensed Clinical Psychologist?	Y ___ N ___	
	LCSW?	Y ___ N ___	
	LMSW – conditional clinical?	Y ___ N ___	
	LCPC?	Y ___ N ___	
Step #2 – Enroll students in KEPRO System	LMFT?	Y ___ N ___	
	Did the child receive a multi-axial evaluation within 30 days of the start of services? *	Y ___ N ___	Evaluation
	Was the child diagnosed with either an Axis I or Axis II behavioral health diagnosis based on the most recent DSM code OR with an Axis I diagnosis based on most recent DC 0-3 code? *	Y ___ N ___	Evaluation
	* NOTE: MSB is aware that KEPRO has updated to the DSM-5 language that removes Multi-axial terminology; however, until DHHS make corresponding updates to policy, we will continue to use the policy's language		
Step #3 – Multi-axial evaluation within 30 days of start of service	Does the child have a significant functional impairment? *	Y ___ N ___	Evaluation
	OR		
Step #4 – Functional Assessment within 30 days of start of service	have 2 standard deviations below the mean in one domain of development or 1.5 standard deviations below the mean in at least two areas of development?	Y ___ N ___	
	Was the functional impairment diagnosis based on an evaluation using the Battelle, Bayley, Vineland, CALOCUS, CAFAS, or other DHHS approved tool?	Y ___ N ___	Evaluation
	Was there other clinical assessment information obtained from the child's family?	Y ___ N ___	

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MCBM Reference

Item

Documentation

65.06-13.A Eligibility for CBHDT (cont'd)

*Defined as a substantial interference with or limitation of a child's achievement or maintenance of one or more developmentally appropriate, social, behavioral, cognitive, or adaptive skills

65.06-13.B Qualified Staff

Were the reimbursable services provided by the following staff?

- Psychiatrist? Y ___ N ___
- Licensed Clinical Psychologist? Y ___ N ___
- LCSW? Y ___ N ___
- LMSW – conditional clinical? Y ___ N ___
- LCPC? Y ___ N ___
- LMFT? Y ___ N ___
- Behavioral Health Professional (BHP)? Y ___ N ___

Licenses/Lumea

Did one of the following qualified staff determine medical necessity to develop the ITP?

- Psychiatrist? Y ___ N ___
- Licensed Clinical Psychologist? Y ___ N ___
- LCSW? Y ___ N ___
- LMSW – conditional clinical? Y ___ N ___
- LCPC? Y ___ N ___
- LMFT? Y ___ N ___

Credential

Did one of the following qualified staff provide supervision for BHPs?

- Licensed Clinical Psychologist? Y ___ N ___
- LCSW? Y ___ N ___
- LMSW – conditional clinical? Y ___ N ___
- LCPC? Y ___ N ___
- LMFT? Y ___ N ___
- BCBA? Y ___ N ___

Document

Once the Behavioral Health Professional has obtained the provisional certification by completing Module I of the training, schools may submit claims for reimbursement for services.

Did BHP staff begin receiving BHP training within 30 days of hire? Y ___ N ___

Did Provisional BHP staff complete training and obtain certification within one (1) year from date of hire? Y ___ N ___

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MCBM Reference	Item	Y ___ N ___	Documentation
65.06-13.B Qualified Staff (continued)	BHP have ninety (90) documented college credit hours or Continuing Education Units (CEUs) completed?	Y ___ N ___	Credentials
	Are approvals for BHPs maintained in school files and the length of provisional status documented in employee's file?	Y ___ N ___	Personnel Files
65.09-3.A Comprehensive Assessment	Does the child's record contain written documentation of the Comprehensive Assessment (CA), the ITP, and progress notes?	Y ___ N ___	
	Did a qualified clinician complete a CA that integrates co-occurring mental health and substance abuse issues (if applicable) within 30 days of the day the child begins services?	Y ___ N ___	Credential
	Is the C A included in the child's record?	Y ___ N ___	Report
	Did the C A process include a direct encounter with the child; and family members, parents, friends, guardian as appropriate?	Y ___ N ___	Report
	Was the C A updated when there was a change in level of care, or when major life events occurred, and annually?	Y ___ N ___	Updated CA
	Does the CA contain the following documentation?		
	Current status?	Y ___ N ___	
	History?	Y ___ N ___	
Strengths and needs in clinically pertinent domains?	Y ___ N ___		
Personal?	Y ___ N ___		
Family?	Y ___ N ___		
Social?	Y ___ N ___		
Emotional?	Y ___ N ___		
Psychiatric?	Y ___ N ___		
Psychological?	Y ___ N ___		
Medical?	Y ___ N ___		
Drug and alcohol?	Y ___ N ___		

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65.09-3.A Comprehensive Assessment	Legal?		Y ___ N ___
	Housing?		Y ___ N ___
	Financial?		Y ___ N ___
	Vocational?		Y ___ N ___
	Educational?		Y ___ N ___
	Leisure/recreation?		Y ___ N ___
	Potential need for crisis intervention?		Y ___ N ___
	Physical/Sexual and Emotional abuse?		Y ___ N ___
	<i>Developmental History?</i>		
	<i>Sources of support that may assist to sustain outcomes?</i>		May be included
	<i>Physical and Environmental barriers to treatment?</i>		May be included
	<i>Current Medications?</i>		May be included
			May be included
65.09-3.B Individual Treatment Plan	For a child with substance abuse, does the documentation contain:		
	Age of onset of alcohol and drug use?		Y ___ N ___
	Duration?		Y ___ N ___
	Patterns and consequences of use?		Y ___ N ___
	Family usage?		Y ___ N ___
	Types and responses to previous treatment?		Y ___ N ___
	Is the Comprehensive Assessment summarized?		Y ___ N ___
	Does the Comprehensive Assessment include a diagnosis using DSM axes or DC 0-3 diagnosis as appropriate*?		Y ___ N ___
	<i>* A Comprehensive Assessment for a child with a substance abuse diagnosis or co-occurring disorders must contain ASAM and DSM criteria.</i>		
	Is the Comprehensive Assessment signed, credentialed, and dated by the qualified clinician conducting the Comprehensive Assessment?		Y ___ N ___
	Did the clinician, child, and other participants (service providers, parents or guardian) develop an ITP based on the Comprehensive Assessment that is appropriate to the developmental level of the student within 30 days of the day the student begins services?		Y ___ N ___
	Does the ITP contain the following unless there is an exception:		
	• Child's diagnosis?		Y ___ N ___
	• Reason for receiving the service?		Y ___ N ___

Documentation

Report

CA

ITP

IEP/ITP

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65.09-3.B Individual Treatment Plan (cont'd)	Measureable long-term goals w/target achievement dates?	Y ___ N ___	IEP/ITP
	Measureable short-term goals with target dates for achieving the goals w/objectives that allow for measurement of progress?	Y ___ N ___	IEP/ITP
	Does the ITP have specific services to be provided with amount, frequency, duration, and practice methods of services and designation of who will provide the service*? <i>*Include documentation of co-occurring services and natural supports when applicable.</i>	Y ___ N ___	IEP/ITP
	Does the ITP have Measureable Discharge criteria?	Y ___ N ___	IEP/ITP
	Does the ITP have special accommodations needed to address physical or other disabilities to provide the service?	Y ___ N ___	IEP/ITP
	Is the ITP being reviewed no less frequently than every ninety days or at all major decision points? (First 90-day review period begins with the date of the initial signed ITP.)	Y ___ N ___	ITP
65.09-3.B.9 Crisis/Safety Plan: (DHHS Audit Checklist)	Have all participants signed, credentialed (if applicable), and dated the reviewed ITP?	Y ___ N ___	ITP
	Does the Crisis Safety Plan identify the precursors to the crisis, identify the strategies and techniques to stabilize the situation, identify individuals responsible for plan implementation, and is it reviewed every 90 days?	Y ___ N ___	ITP
65.09-3.C Documentation: (DHHS Audit Checklist)	Have providers maintained written progress notes for all services in chronological order?	Y ___ N ___	Lumea
	Do progress notes include:		
	1. Description of service provided?	Y ___ N ___	Lumea
	2. Provider's signature and credentials?	Y ___ N ___	Lumea
	3. The date of service?	Y ___ N ___	Lumea
	4. The duration of the service?	Y ___ N ___	Lumea
5. The progress made toward the goals identified in the ITP?	Y ___ N ___	Lumea	

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65.09-3.C Documentation: (DHHS Audit Checklist continued)	6. For in-home services did the note contain:	Y ___ N ___	Lumea
	a. Time the provider came and left?	Y ___ N ___	
	b. Responsible adult sign time slip documenting date, time of arrival and departure?	Y ___ N ___	
	7. For crisis services, did the note describe the intervention, the nature of the problem and how goal of stabilization will be attempted?	Y ___ N ___	Lumea
65.09-3.D Discharge/Closing Summary	Was the closing summary signed, credentialed, and dated at the time of discharge? (if applicable)	Y ___ N ___	ITP
	Did the discharge include:		
	1. Summary of the treatment?	Y ___ N ___	
	2. Any after care or support services recommended and outcome in relation to the ITP?	Y ___ N ___	
65.09-3.E Quality Assurance	Does the district conduct periodic reviews of cases to ensure quality and appropriateness of care?	Y ___ N ___	Audit Criteria Checklist

Signature of Reviewer: _____ Date: _____