

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	Y ___ N ___	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

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

MCBM Reference

Item

65.06-13.A Eligibility for CBHDT

Step #1 - Referral

Step #2 – Enroll students in APS System

Step #3 – Multi-axial evaluation within 30 days of start of service

Step #4 – Functional Assessment within 30 days of start of service

Was the recipient 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 ___

LMFT?

Y ___ N ___

ORRF

Did the recipient 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 APS 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

Does the recipient have a significant functional impairment?*

Y ___ N ___

Evaluation

OR

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 recipient's family?

Y ___ N ___

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

MCBM Reference

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

Item

*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

Documentation

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 ___

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

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 ___	Document
	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 member'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?		
	History?		
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 ___		

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

MCBM Reference

65.09-3.A Comprehensive Assessment

Item

- Legal?
- Housing?
- Vocational?
- Educational?
- Leisure/recreation?
- Potential need for crisis intervention?
- Physical/Sexual and Emotional abuse?
- Sources of support that may assist to sustain outcomes?*
- Physical and Environmental barriers to treatment?*
- Current Medications?*

Documentation

- Y ___ N ___
- Y ___ N ___
- Y ___ N ___
- Y ___ N ___
- Y ___ N ___
- Y ___ N ___
- Y ___ N ___
- May be included*
- May be included*
- May be included*
- May be included*

For a child with substance abuse, does the documentation contain:

- Age of onset of alcohol and drug use?
- Duration?
- Patterns and consequences of use?
- Family usage?
- Types and responses to previous treatment?

- Y ___ N ___
- Y ___ N ___
- Y ___ N ___
- Y ___ N ___
- Y ___ N ___

Report

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 ___

** A Comprehensive Assessment for a child with a substance abuse diagnosis or co-occurring disorders must contain ASAM and DSM criteria.*

Is the Comprehensive Assessment signed, credentialed, and dated by the qualified clinician conducting the Comprehensive Assessment?

- Y ___ N ___

CA

65.09-3.B Individual Treatment Plan

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 ___

ITP

Does the ITP contain the following unless there is an exception:

- Member's diagnosis?
- Reason for receiving the service?

- Y ___ N ___
- Y ___ N ___

IEP/ITP
IEP/ITP
Documentation

MCBM Reference

Item



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

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*?

Y ___ N ___

IEP/ITP

**Include documentation of co-occurring services and natural supports when applicable.*

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

Have all participants signed, credentialed (if applicable), and dated the reviewed ITP?

Y ___ N ___

ITP

65.09-3.B.9 Crisis/Safety Plan: (DHHS Audit Checklist)

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?
2. Provider's signature and credentials?
3. The date of service?
4. The duration of the service?
5. The progress made toward the goals identified in the ITP?

Y ___ N ___

Lumea

Y ___ N ___

Lumea

Y ___ N ___

Lumea

Y ___ N ___

Lumea

Y ___ N ___

Lumea

Y ___ N ___

Documentation

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

**65.09-3.C Documentation:
(DHHS Audit Checklist continued)**

6. For in-home services did the note contain: Y ___ N ___
- a. Time the provider came and left? Y ___ N ___
 - b. Responsible adult sign time slip documenting date, time of arrival and departure? Y ___ N ___

Lumea

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: _____