# 2020 TBS Authorization Request

	Requirement	Response
Dates	Date Authorization Sent	
	Requested TBS Start Date	
	Date TBS Started (for Reauthorization)	
Referral Party	Agency	
	Staff Name	
	Program	
Client Information	Name	
	Client #	
	Preferred Language	
Type of Request	Initial, Urgent, Re-Authorization	
Documentation	Service # of Comp Assessment or Assessment Update which documents client's need for TBS and/or documents urgent criteria	
Criteria	Criteria is met as indicated below (Y/N)	
Dispositions (For QCM Staff)	Was the Chart in Compliance? (Y/N)	
	Was medical necessity established? (Y/N)	
	Were functional impairments described to meet level of care/TBS requirements? (Y/N)	
	Were the Treatment Plan Goals in Compliance?	
	Were the Treatment Plan Interventions in Compliance?	
	Is there indication that team based care is being followed (documentation of team discussions/ all providers are treating under the same Diagnosis) (Y/N)	
	Were all required forms present and signed by the client in the last 12 months: Intake, Tx Consent, HHQ, and Med Consent, ROI when needed? (Y/N)	
	Is client receiving clinically appropriate services? (Y/N) TBS Approved/ Denied	
	Number of Days	

Date R/C:

Dates Approved:

Digital Signature:

Sent to:

Date:

Notes:

Date Signed:

### **2020 TBS Authorization Request**

### **TBS Authorization Process**

- 1. Staff will submit the Request for TBS form to QCM (CC Manager).
- 2. QCM will review the request within 3 business days.
- 3. If the request is denied, no TBS services will be authorized. Staff can resubmit an authorization request at any time, which will be reviewed by QCM within 3 business days of receipt.
- 4. If the request is approved, TBS services will be authorized for a maximum of 90 days (for initial referrals) and a maximum of 60 days for re-authorization requests.

#### Urgent TBS referrals

When client has had a crisis contact, hospitalization, or 7-day notice to be removed from placement within the last 30 days, staff can request an urgent TBS referral.

- 1. Staff will submit the Request to QCM (CC Manager) with the subject line including URGENT TBS authorization request.
- 2. QCM will review the request within 2 business days and authorize a maximum of 30 days of TBS.
- 3. Within 2 weeks of the TBS authorization date, staff will submit the Request to QCM with updated information.
- 4. QCM will review the request within 3 business days.
- 5. If the request is denied, TBS will be required to end at the end of the 30 day authorization period.
- 6. If the request is approved, TBS services will be authorized for a maximum of 60 days.

# TBS Criteria

Criteria (All 3 required)	Client is under age 21 (Y/N)	
	Client is eligible for full scope M/C (Y/N)	
	Client meets criteria for Specialty Mental Health Services (Y/N)	
Criteria (One Required)	Client is placed in group home RCL 12 or above or STTRTP (Y/N)	
	Client is being considered for placement in group home RCL 12 or above or STTRTP (Y/N)	
	Client has had emergency psychiatric hospitalization within the preceding 24 months (Y/N)	
	Client is at risk of emergency psychiatric hospitalization (Y/N)	
	Client has previously received TBS (Y/N)	
Documentation	There is a current Comp Assessment or Assessment Update which documents client	
(Not required for Urgent)	meets criteria above and the Functional Impairments and Presenting Impairment sections indicate client has a current impairment in Placement due to mental health symptoms (Y/N)	
	*An assessment progress note may be acceptable if a placement impairment was already established in the previous Comprehensive Assessment or Assessment update.	
	There is a current Treatment Plan with a goal to improve impairment in placement (Y/N)	
	There is a current Treatment Plan with rehab interventions directed at decreasing behaviors leading to impairment in Placement (Y/N)	
	There is documentation in the chart that the client is receiving mental health services as clinically appropriate (Y/N)	
	CFTs and/or TBS reviews are occurring every 30 days for qualifying clients (Y/N)	