

Section 65 - CBHDT Implementation and Audit Criteria

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

The following is a summary of policy translated to yes or no questions and is intended as a quick review of compliance. This does not replace the actual policy, and Districts should always refer directly to policy where concerns arise.

MCBM Reference	Item:		Documentation
65.05 -13 - A	Eligibility for CBHDT	Are these services provided to a student under the age of 21?	Y ___ N ___
		Does the student need treatment that is more intensive and frequent than Outpatient* but less intense than hospitalization? *Outpatient means "Outpatient Services" as defined at Section 65.07.	Y ___ N ___
65.05 -13	CBHDT Services	Are the services structured therapeutic services designed to improve a student'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 student's emotional and physical capability in areas of interpersonal functioning, which may include behavioral strategies and interventions?	Y ___ N ___
		Were services provided as prescribed in the ITP?	Y ___ N ___
		Is there evidence that there was involvement of the student's family in treatment planning and provision?	Y ___ N ___
		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
			IEP/ITP

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MCBM Reference	Item:		Documentation
65.05-13. A & B	Provider Requirements	Was the student referred by one of the following staff? *	ORRF
		- Licensed Clinical Psychologist? Y___ N___ - LCSW? Y___ N___ - LCPC? Y___ N___ - LMFT? Y___ N___ *Appendix 1 of Section 65 does list LMSW-CC as a qualified practitioner, but policy does not clarify, specific to CBHDT what this credential can provide.	
65.05-13.A	Eligibility for Service	Did the student receive an evaluation within 30 days of the start of services?	Evaluation
		Y___ N___	
		Was the child diagnosed with a primary mental health diagnosis in accordance with the current DSM or DC-05 manual?	
		Y___ N___	
		AND	
		Does the child have a significant functional impairment?	
		Y___ N___	
		Is the impairment 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?	
		Y___ N___	
		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, or other DHHS approved tool?	
		Y___ N___	
		Was there other clinical assessment information obtained from the student and their family?	
		Y___ N___	

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MCBM Reference	Item:	Documentation
65.05 -13.B Qualified Staff	Were the reimbursable services provided by the following staff: *	Staff Files – Credentials
	• Psychiatrist? Y ____ N ____ • Licensed Clinical Psychologist? Y ____ N ____ • LCSW? Y ____ N ____ • LCPC? Y ____ N ____ • LMFT? Y ____ N ____ • Behavioral Health Professional (BHP)? Y ____ N ____	
	Did one of the following qualified staff determine medical necessity to develop the ITP: *	
	• Licensed Clinical Psychologist? Y ____ N ____ • LCSW? Y ____ N ____ • LCPC? Y ____ N ____ • LMFT? Y ____ N ____	
	Did one of the qualified staff provide supervision for BHPs: *	Staff Files – Credentials and Supervision Logs
	• Licensed Clinical Psychologist? Y ____ N ____ • LCSW? Y ____ N ____ • LCPC? Y ____ N ____ • LMFT? Y ____ N ____ • BCBA? Y ____ N ____ *Appendix 1 of Section 65 does list LMSW-cc is listed as a qualified practitioner, but policy does not clarify, specific to CBHDT what this credential can provide	
	Did BHP staff begin receiving BHP training within 30 days of hire?	Y ____ N ____
	Did Provision BHP staff complete training and obtain certification within 1 year from date of hire?	Y ____ N ____
	Does BHP have 90 documented college credits or Continuing Education Units (CEUs) completed?	Y ____ N ____
	Are approvals for BHPs with length of provisional status documented and maintained in the district's employee files?	Y ____ N ____
		Staff Files – Credentials and Transcripts

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MCBM Reference	Item:		Documentation
65.08 - 4	Member Records	Does the child's record contain written documentation of the Comprehensive Assessment (CA), the ITP, and progress notes?	Student File/Sessions
65.08 – 4.A	Comprehensive Assessment	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 student begins services?	Comprehensive Assessment Report
		Is the CA included in the student's record?	
		Did the CA process include a direct encounter with the student and family members, parents, friends, guardian as appropriate?	
		Was the CA updated when there was a change in level of care, or when major life events occurred, and annually?	
		Does the CA contain the following documentation:	
		A. Current Status?	
		B. History?	
		C. Strengths and needs in clinically pertinent domains:	
		a. Personal?	
		b. Family?	
		c. Social?	
		d. Emotional?	
		e. Psychiatric?	
		f. Psychological?	
		g. Medical?	
		h. Drugs and alcohol?	
		i. Legal?	
		j. Housing?	
		k. Financial?	
		l. Vocational?	
		m. Leisure/recreation?	
		n. Potential need for crisis intervention?	
		o. Physical/sexual and emotional abuse?	
		p. Developmental history, if applicable?	
		i. Sources of support that may assist in sustaining outcomes?	May be included
		ii. Physical and environmental barriers to treatment?	May be included
		iii. Current medications?	May be included

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MCBM Reference	Item:		Documentation
65.08 – 4.A Comprehensive Assessment (Cont'd)	For a child with substance abuse, does the documentation contain:	N/A ____	Comprehensive Assessment Report
	A. Age of onset of alcohol and drug use	Y ____ N ____	
	B. Duration?	Y ____ N ____	
	C. Patterns and consequences of use?	Y ____ N ____	
	D. Family usage?	Y ____ N ____	
	E. Types and responses to previous treatment?	Y ____ N ____	
	Is the Comprehensive Assessment summarized?	Y ____ N ____	
	Does the Comprehensive Assessment include a diagnosis using current DSM or DC manual diagnosis as appropriate?	Y ____ N ____	
	If appropriate, does Comprehensive Assessment for a child with a substance abuse diagnosis or co-occurring disorders contain ASAM and DSM criteria?	Y ____ N ____	
	Is the Comprehensive Assessment signed, credentialed, and dated by the qualified clinician conducting the Comprehensive Assessment?	Y ____ N ____	
	<i>EDMS notes that Section 65 policy does not specifically require this, however Section 28 as well as the DHHS Section 28 Comprehensive Assessment do include these requirements thus EDMS suggest adopting this standard for all Comprehensive Assessments</i>		
65.08 – 4.B Individual Treatment Plan (ITP)	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?	Y ____ N ____	ITP/Sessions
	Does the ITP contain the following, unless there is an exception:		
	A. Student's diagnosis?	Y ____ N ____	
	B. Reason for receiving the service?	Y ____ N ____	
	C. Measurable long-term goals w/ target achievement dates?	Y ____ N ____	
	D. Measurable short-term goals with target dates for achieving the goals w/objectives that allow for measurement of progress?	Y ____ N ____	
	E. 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 ____	
	<i>Include documentation of co-occurring services and natural supports, when applicable</i>		
	Does ITP have measurable discharge criteria?	Y ____ N ____	

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MCBM Reference	Item:		Documentation
65.08 – 4.B	Individual Treatment Plan (ITP) (Cont'd)	Does the ITP include special accommodations needed to address physical or other disabilities to provide the services? Y___ N___	ITP/Sessions
		Is the ITP being reviewed no less frequently than every 90 days or at all major decision points? (First 90-day review period begins with the date of the initial signed ITP) Y___ N___	
		Have all participants signed, credentials (if applicable), and dated the reviewed ITP? Y___ N___	
65.08 – 4.B.8	Crisis/Safety Plan	Does the Crisis/Safety Plan identify:	ITP/Sessions
		A. Precursors to the crisis? Y___ N___	
		B. Strategies and techniques to stabilize the situation? Y___ N___	
65.08 – 4.C	Documentation	C. Individuals responsible for plan implementation? Y___ N___	Acuity Sessions
		Is the plan reviewed at least every 90 days with the ITP? Y___ N___	
		Have providers maintained written progress notes for all services in chronological order? Y___ N___	
		Do progress notes include:	
		A. Description of service provided? Y___ N___	
		B. Provider's signature and credentials? Y___ N___	
		C. Date of serviced? Y___ N___	
		D. Duration of service including start and end times? Y___ N___	
		E. Progress made toward the goals identified in the ITP? Y___ N___	
		F. For in-home services, did the note contain:	
		a. Provider arrival and departure time? Y___ N___	
		b. Signature of responsible adult on log with service date, arrival and departure time? Y___ N___	
		G. For crisis services, did the note describe the intervention, the nature of the problem, and how the goal of stabilization will be attempted? Y___ N___	
		EDMS recognizes that group co-therapy provided by psychotherapists is an option for CBHDT, but may not be utilized in Schools. If District is providing this level of care, the following must be maintained:	
		A. Only one provider may "bill"	
		B. "Billing" provider is responsible for keep all notes and signing records	
		C. Notes should reflect the observations and summaries of all co-therapists	
65.08 – 4.D	Discharge/Closing Summary	Was the closing summary signed, credentialed, and dated at the time of discharge, if applicable? Y___ N___	ITP/Sessions

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MCBM Reference	Item:		Documentation
65.08 – 4.E	Quality Assurance	Did the discharge statement include a summary of the treatment including after care or support services recommended and outcome in relation to the ITP?	Audit Criteria Checklist
		Does the district conduct periodic reviews of cases to ensure quality and appropriateness of care?	
		Is the review in writing, signed, dated by reviewer, and maintained in the student's records?	
		Y ___ N ___	
		Y ___ N ___	
		Y ___ N ___	

Reviewer Name: _____ Title: _____ Credential: _____

Signature of Reviewer: _____ Date: _____