

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

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

MCBM Reference

65.06-13.A Eligibility for CBHDT

Item

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 ____

LMFT?

Y ____ N ____

Documentation

ORRF

Step #1 - Referral

Step #2 – Enroll students in KEPRO System

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:** EDMS 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 ____

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

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	<p>Were the reimbursable services provided by the following staff?</p> <p>Psychiatrist? Y ___ N ___</p> <p>Licensed Clinical Psychologist? Y ___ N ___</p> <p>LCSW? Y ___ N ___</p> <p>LMSW – conditional clinical? Y ___ N ___</p> <p>LCPC? Y ___ N ___</p> <p>LMFT? Y ___ N ___</p> <p>Behavioral Health Professional (BHP)? Y ___ N ___</p> <p>Did one of the following qualified staff determine medical necessity to develop the ITP?</p> <p>Psychiatrist? Y ___ N ___</p> <p>Licensed Clinical Psychologist? Y ___ N ___</p> <p>LCSW? Y ___ N ___</p> <p>LMSW – conditional clinical? Y ___ N ___</p> <p>LCPC? Y ___ N ___</p> <p>LMFT? Y ___ N ___</p> <p>Did one of the following qualified staff provide supervision for BHPs?</p> <p>Licensed Clinical Psychologist? Y ___ N ___</p> <p>LCSW? Y ___ N ___</p> <p>LMSW – conditional clinical? Y ___ N ___</p> <p>LCPC? Y ___ N ___</p> <p>LMFT? Y ___ N ___</p> <p>BCBA? Y ___ N ___</p> <p>Did BHP staff begin receiving BHP training within 30 days of hire? Y ___ N ___</p> <p>Did Provisional BHP staff complete training and obtain certification within one (1) year from date of hire? Y ___ N ___</p>	<p>Licenses/ Sessions</p> <p>Credential</p> <p>Document</p>

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.

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

MCBM Reference

65.06-13.B Qualified Staff (continued)

Item

BHP have ninety (90) documented college credit hours or Continuing Education Units (CEUs) completed?

Y ____ N ____

Documentation

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 CA included in the child's record?

Y ____ N ____

Report

Did the CA process include a direct encounter with the child; and family members, parents, friends, guardian as appropriate?

Y ____ N ____

Report

Was the CA 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 ____

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

MCBM Reference

65.09-3.A Comprehensive Assessment

Item

Documentation

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>May be included</i>
<i>Sources of support that may assist to sustain outcomes?</i>	<i>May be included</i>
<i>Physical and Environmental barriers to treatment?</i>	<i>May be included</i>
<i>Current Medications?</i>	<i>May be included</i>

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 ____

** 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 ____

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 ____

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

• Child's diagnosis?	Y ____ N ____
• Reason for receiving the service?	Y ____ N ____

Report

CA

ITP

IEP/ITP

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

MCBM Reference	Item		Documentation
65.09-3.B Individual Treatment Plan (cont'd)	Measurable long-term goals w/target achievement dates?	Y ____ N ____	IEP/ITP
	Measurable 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 Measurable 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 ____	Sessions
	Do progress notes include:		
	1. Description of service provided?	Y ____ N ____	Sessions
	2. Provider's signature and credentials?	Y ____ N ____	Sessions
	3. The date of service?	Y ____ N ____	Sessions
	4. The duration of the service?	Y ____ N ____	Sessions
	5. The progress made toward the goals identified in the ITP?	Y ____ N ____	Sessions

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

MCBM Reference

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

Item

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 ____

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 ____

Documentation

Sessions

Sessions

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: _____

Printed Name of Reviewer: _____ Credential: _____ Position: _____