

Quality of Documentation

Therapeutic Behavioral Services (TBS)

Provider:	
Participant Name:	Reviewer:
1. Has the participant or parent/guardian consented to rehabilitation services? <i>COMAR 10.09.34.03 B (1) (a) (viii)</i> <i>Accreditation Standard</i> <p style="text-align: center;">YES / NO</p>	Comments:
2. Does the medical record contain a completed MDH Documentation for Uninsured Eligibility Registration and verification of uninsured eligibility status, or documentation of approval by MDH? <i>MDH Guidelines</i> <i>Accreditation Standard</i> <p style="text-align: center;">YES / NO / NA</p>	Comments:
3. Was an initial therapeutic behavioral assessment completed, and is it comprehensive? <i>COMAR 10.09.34.01 B (11)</i> <i>COMAR 10.09.34.03 B</i> <i>Accreditation Standard</i> <i>Maryland Medical Necessity Criteria: Level of Care VI: Outpatient Services</i> <i>ICD-10 Crosswalk</i> <i>CMS State Medicaid Manual Part 4 4221 B</i> <p style="text-align: center;">YES / NO</p>	Comments:

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4. Is the Behavioral Plan updated every 60 days?

COMAR 10.09.34.04 C

COMAR 10.09.34.05 C

Accreditation Standard

YES / NO / NA

Comments:

5. Are the progress notes complete, and do they reflect implementation of goals and interventions from the behavioral plan, and progress towards goals?

COMAR 10.09.34.02 A (3)

COMAR 10.09.34.03 B

Accreditation Standard

YES / NO

Comments: