BHA TBS

**BHS UCRM**

**COMPELTED BY:**

1. Licensed/Waivered Psychologist
2. Licensed/Registered/Waivered Social Worker or Marriage and Family Therapist
3. Licensed/Registered Professional Clinical Counselor**\*\***
4. Physician (MD or DO)
5. Nurse Practitioner/Physician Assistant
6. Registered Nurse**\***
7. Licensed Psychiatric Technician/Vocational Nurse**\***
8. Registered PsyD and Master Level Student Intern**\***

# COMPLIANCE REQUIREMENTS:

1. Initial assessment shall be completed within 30 calendar days of opening client for TBS servicers (day 1 is counted as the date of assignment).
2. The initial BHA TBS does not meet the need for a BHA, therefore there needs to be current BHA in CCBH and if not than one needs to be completed in addition to the BHA TBS.
3. All fields must be completed or marked N/A.
4. Medical Necessity Criteria shall be substantiated.
5. ICD-10 Mental Health Diagnosis shall be substantiated.

# DOCUMENTATION STANDARDS:

1. BHA TBS shall be updated in real time to capture current clinical information.
2. Co-signatures must be completed prior to BHA TBS final approval.
3. Only licensed, registered, waivered clinical staff may conduct and claim for BHA TBS (exception: Registered PsyD/PhD cannot complete)
4. **\***RNs, MHRS, LPT, Registered PsyD/PhD and Master Level Student Intern may not diagnose mental illness due to scope of practice, but may conduct and claim for BHA TBS with review and co-signature by a licensed/registered/waivered staff. Therefore a stand-alone diagnosis form shall be completed by a qualified provider prior to completion of BHA TBS.
5. Updates should evidence ongoing medical necessity.
6. The assessment may be completed in one or more session. Each assessment service shall be documented, final approved and claimed individually.
7. Paper forms are only to be completed when the EHR is not accessible and the expectation is that the information on those forms is entered into the EHR as promptly as possible.
8. A BHA TBS is not valid until it is thoroughly completed and final approved with all required signatures.

**\*\***Note: Program within the CYF SOC must verify that all training requirements have been met in order

 for an LPCC/PCI to provide services to youth and families.

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