

## **THERAPEUTIC BEHAVIORAL ON-SITE SERVICES INITIAL REVIEW**

1. Date, caller demographics (name, CBC)
2. Provider of service (name, address, phone number)
3. Level of TBOS requested (therapy, behavior management, therapeutic support)
4. Reason for requested service, e.g. referral source, why now?
5. Diagnosis (all five axes)
6. Risk Assessment (e.g. suicidal, homicidal, plan)
7. Medical/Medications (physical and behavioral)
8. Psychosocial Summary (abuse/neglect cultural, legal, substance abuse)
9. School (grade, special ed, absenteeism, suspension/expulsion)
10. Location where problem behaviors occur
11. Previous treatment (type of service/support, dates, outcome; is enrollee at risk for a higher level of care? why?); if no prior treatment, what has been considered?
12. Current providers and supports (type of service/support, date began)
13. Strengths
14. Goals (behavior-based)
15. Barriers
16. Discharge plan
17. Anticipated length of treatment

## **CONCURRENT REVIEW**

1. Date, caller demographics (name, CBC)
2. Provider of service (name, address, phone number)
3. Level of TBOS requested (therapy, behavior management, therapeutic support)
4. Diagnosis (all five axes)
5. Risk Assessment (e.g. suicidal, homicidal, plan)
6. Changes in medical/medications (physical and behavioral)
7. Changes in psychosocial situation (abuse/neglect cultural, legal, substance abuse)
8. Changes in school (grade, special ed, absenteeism, suspension/expulsion)
9. Changes in current providers and supports (type of service/support, date began)
10. Strengths
11. Progress toward goals (behavior-based)
12. Level of participation of child, family, school
13. Barriers
14. Discharge plan
15. Anticipated discharge date