Therapeutic Behavioral Services

Service Code: TBS

Therapeutic Behavioral Services (TBS) is an intensive, one-to-one, short-term outpatient intervention for children/youth under age 21 with serious emotional problems or mental illness who are experiencing a stressful transition or life crisis and need additional support services. TBS are intended to supplement other specialty mental health services by addressing the target behavior(s) or symptom(s) that are jeopardizing the child/youth's current living situation or planned transition to a lower level of residential care.

To qualify for TBS services, a child/youth must:

- Have full-scope Medi-Cal and meet medical necessity criteria, and
 - o be placed in or be considered for placement in a group home facility of RCL 12 or above,
 - o be placed in or be considered for placement in a locked mental health treatment facility,
 - have experienced at least one emergency psychiatric hospitalization within the past 24 months,
 or is at risk of psychiatric hospitalization, or
 - have previously received TBS

Who Can Use This Code?^

	Physician	PA	NP	RN	RN with MH/MA	LVN or Psych Tech	L/R/W Psych	L/R/W LCSW/ASW, MFT/MFTI, LPCC/LPPCI	Trainee - post BA/BS and pre MA/MS/PhD	MHRS	Other, Unlicensed
TBS	N	Ν	N	Ν	N	N	Υ	Υ	γ*	Υ	N

[^]Only Direct Service Staff working in a TBS program can use this code

Billable Services Include:

- ✓ Individualized one-to-one behavioral interventions
- Needs and risk assessments
- Creation of a TBS care plan that clearly identifies specific target behaviors and symptoms, TBS interventions, and monitoring of client's progress toward TBS goals
- Completing a Mental Status Exam
- Collateral contacts with family members and caregivers with a goal of helping to improve, maintain, or restore the mental health status of the child/youth through transferring skills, psychoeducation, modeling, and/or support
- Coordination and collaboration with other service providers, including facilitating and participating in team meetings

Non-Billable Activities Include:

- Services provided while child/youth is on a psychiatric hold
- Any activity provided without demonstrating therapeutic interventions, child/youth's response, and relevance to treatment plan goals and objectives
- Completing purely clerical activities including, but not limited to: faxing, copying, leaving or listening to voicemails, reading or writing emails, scheduling appointments, filling out forms (see Non-Billable Service code)

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^{*}Requires co-signature

Transporting child/youth when no billable service is taking place

A Good TBS Note Includes:

- Description of the referring behavior
- Summary of the target behaviors and replacement behaviors displayed by client, either during the service or as reported by client and/or significant other, including frequency, duration, and intensity
- Identification of all individuals who participated in the service by their relationship to the client (i.e. mother, sister)
- Description of the interventions provided by the TBS coach and the child/youth's and/or caregiver's response specific to TBS goals

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