

Optum - Behavioral Network Services

Skills Building Treatment Record Tool - Youth

Facility Name:

Reviewer Name:

Member Gender:

Member Age:

Date of Review:

Rating Scale: NA = Not Applicable Y = Yes N = No

Y	N	NA
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1	The member has significant difficulty gaining and utilizing skills necessary to function adaptively in home and community settings, and attain or retain capability for independence such as skills related to the following areas: vocational/educational, financial, social relationships/support, family, basic living skills, housing, community/legal, or health/medical.			
2	When a member is accessing services, a comprehensive diagnostic assessment is completed within 10 calendar days.			
3	The child or adolescent functional assessment appropriate to the member's age and level of functioning was completed at the time of the initial assessment.			
4	If the provider makes a determination that they cannot serve the member, the provider makes appropriate referrals to other agencies to meet the member's identified needs.			
5	The diagnostic assessment defines the member's readiness for rehabilitation.			

6	The diagnostic assessment defines activities needed to improve the member's readiness for rehabilitation, such as motivational enhancement or learning activities.			
7	The diagnostic assessment defines the member's overall rehabilitation goal.			
8	The diagnostic assessment defines the member's present level of skills or knowledge relative to the rehabilitation goal.			
9	The diagnostic assessment defines the skills and knowledge the member needs to achieve the rehabilitation goal.			
10	The diagnostic assessment defines the identified areas of substantial impairment.			
11	The diagnostic assessment defines the level of functioning the member needs to achieve the rehabilitation goal.			
12	The diagnostic assessment defines the member's present resources.			
13	The diagnostic assessment defines the resources the member needs to achieve the rehabilitation goal.			
14	The evaluation of resources includes whether the member has a primary care physician.			

15	The evaluation of resources includes whether the member has had a history and physical examination within the past 12 months.			
16	If the member has not received a history a physical examination within the last 12 months, the provider refers the member to a primary care physician and assists the member with receiving an annual examination thereafter.			
17	Within 10 calendar days of accessing services, a rehabilitation plan will be developed in conjunction with the member/member's representative and the interdisciplinary team.			
18	The rehabilitation plan contains observable and measurable objectives aimed at assisting the member achieve his/her rehabilitation goal.			
19	There is evidence that the CANS results were used in developing the rehabilitation plan.			
20	The rehabilitation plan contains specific interventions for each objectives.			
21	For a child less than four (4) years of age, the child's parent or legal guardian should be actively involved by being present on the premises and available for consultation with staff during the delivery of services. They do not have to participate in treatment sessions or be present in the room in which the service is being conducted.			
22	For a child four to twelve (4-12) years of age, the child's parent or legal guardian should be actively involved. They should be available for consultation with the staff providing the service. They do not have to participate in the treatment sessions.			

23	For a child over twelve (12) years of age, the child's parent or legal guardian should be involved as appropriate. If the interdisciplinary team recommends that the child's parent or legal guardian not be involved in any aspect of treatment, then then reasons for excluding them must be documented in the rehabilitation plan.			
24	For a child whose parent or legal guardian does not participate in the services, the provider must document all efforts made to involve the parent or legal guardian and must make appropriate adjustments to the rehabilitation plan to address the lack of involvement.			
25	The rehabilitation plan identifies who is responsible for providing the intervention.			
26	The rehabilitation plan identifies the amount, frequency, and expected duration of services.			
27	The rehabilitation plan contains the member/member representatives signature as an attestation that the member/member representative agrees with and participated in the development of the rehabilitation plan.			
28	The provider and the member/member's parent or legal guardian shall conduct an intermittent rehabilitation plan review to incorporate progress, different goals, or change in service focus. If the member/member's parent or legal guardian are not part of the review, the reason for that is clearly documented.			
29	The rehabilitation plan shall be reviewed and updated at least every ninety (90) days.			
30	If the member has not been engaged in services, the provider shall assist the member/member's representative with re- evaluating the member's readiness for rehabilitation as well as the steps the member/member's representative wants to take to engage in services.			

31	If the member has not benefitted from services, the provider shall assist the member/member's representative with determining whether the rehabilitation plan should be modified or whether the member could benefit from other services.			
32	The review must include a reassessment of the member's continued need for services.			
33	The review must include an evaluation of change's in the member's functional impairment.			