

TSS Scheduling Initiative

Value Behavioral Health of PA, Inc.

October 25, 2011

October 27, 2011

November 2, 2011



What is the initiative?

- Value Behavioral Health of PA, Inc. (VBH-PA) is adopting the **TSS scheduling process**.
- The process is created to focus prescriptions of Therapeutic Staff Support services to most effectively meet the needs of the child. A form will be used to document the days and times when services would be most beneficial for a child.



Who completes the form?

- The **TSS Schedule Form** must be completed by the evaluator recommending services, in cooperation with the parent and other responsible adults.

How is the form submitted?

- The form must be submitted with the evaluation and will be reviewed during the ISPT meeting.



Can the ISPT team recommend changes?

- Yes- If the ISPT team requests changes to the hours recommended, the changes can be recorded on the ISPT Summary Form, with an attached final version of the TSS Schedule Form, to be reviewed, approved and signed off by the evaluator.



What is the effect of the form?

- Services will be delivered only during the times specified on the TSS Schedule Form.
- Service times for TSS will match the clinical needs of the child as outlined in the BHRS Symptom Worksheet.
- For example, if the child has his/her most difficulties during physical education class, then the TSS worker will provide behavioral interventions in physical education class and not during art class.



Where do I find the form?

- The TSS Schedule Form will be posted on the VBH-PA website for your access.

TSS Schedule Form –
to be included with evaluation

Child/Adolescent Services TSS Schedule Form

Date _____ Member Name _____ MAID _____ DOB _____

Date of Evaluation _____ Resident County _____

Evaluator Printed Name _____ Evaluator's Signature _____

Parent Printed Name _____ Parent's Signature _____

Member's Signature (age 14 and older) _____

Parent/Member reviewed: agreed disagreed Date _____

TSS Service Request (please check one): Initial POC Continued Stay POC Amended POC Transfer POC

Day/Time	Monday Setting (S,H,C)	Tuesday Setting (S,H,C)	Wednesday Setting (S,H,C)	Thursday Setting (S,H,C)	Friday Setting(S,H,C)	Saturday Setting(S,H,C)	Sunday Setting(S,H,C)
7:00 AM							
7:30							
8:00 AM							
8:30							
9:00 AM							
9:30							
10:00 AM							
10:30							
11:00 AM							
11:30							
12:00 PM							
12:30							
1:00 PM							
1:30							
2:00 PM							
2:30							
3:00 PM							
3:30							

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4:00 PM							
4:30							
5:00 PM							
5:30							
6:00 PM							
6:30							
7:00 PM							
7:30							
8:00 PM							
8:30							
9:00 PM							
9:30							
Total TSS hrs./day							
						Total TSS hrs./wk.	

Setting: School (S), Home (H) or Community (C)

Time/Activity: Indicate exact times and specific activity that is occurring such as school schedule which requires TSS intervention

TSS Hrs. should be added each day to complete the daily number and also weekly total to match the evaluation recommendation.

There is some flexibility in that you can flex or block the schedule up to 1 additional hour per day.

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Time	Write in day(s) below on the first line and Activity and Behaviors/Symptoms/Focus of Treatment/Goal on the second line (please use to document activity and behaviors/symptoms which are a focus of treatment for TSS intervention during each day and the time period listed on page 1). Note: Days and times for the same activity with the same focus may be documented together.
	Day(s): Activity and behaviors/symptoms/treatment focus/goal:
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ADDITIONAL INFORMATION (OPTIONAL)

Additional notes/variations to the schedule:

Evaluator's report to treatment team (this section should be used to add comments or recommend specific interventions to the team to further treatment progress).

When does the initiative begin?

- You may begin to use the TSS Schedule Form on November 15, 2011.
- **These forms will be mandatory beginning January 1st, 2012.**



Contacts

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Questions?