

## Therapeutic Staff Support (TSS) Prescription Schedule Initiative Instructions for Independent Evaluators and Providers in Beaver County

**Rationale:** To improve focus of Therapeutic Staff Support (TSS) services and maximize specificity of treatment interventions, by prescribing services for times when interventions will have most clinical impact.

**Policy:** Independent Prescribers/Independent Evaluators will use the attached TSS prescription schedule whenever prescribing TSS. The specific hours of service delivery, location and goal for services will be indicated when prescribing TSS. TSS services will be delivered according to the prescribed schedule.

### Procedure for Prescribers Completing the Schedule:

1. Complete the identifying information at the top of the form. Be sure all information is legible.
2. Indicate on the schedule what hours and location TSS are prescribed, using input from the parents, child, school staff and others, and consider the following:
  - The child's needs and goals
  - The child's developmental level and capacity to participate in treatment
  - The family's schedule and motivation to participate in treatment
  - Days and times that are most useful for transfer of skills to the caregiver/family/parent
  - Consideration that the child and family/caregiver must be present and participating for all TSS services
3. Specify the activity during each time period for which TSS is prescribed and a brief description of the targeted behaviors and goals for the TSS intervention during that time. *(A worksheet is included to assist discussion with the family and caregivers about times when symptoms are most likely to occur. This worksheet can be used to help you fill out the TSS prescription schedule. The worksheet alone is not sufficient, however. The TSS schedule must be fully completed.)*
4. To accommodate families with variable work or other schedules, it is permissible for the Prescriber to establish a schedule that allows for flexibility in the days the service is delivered. For example, a Prescriber may wish to specify TSS to be delivered from 4:00 p.m.– 6:00 p.m., on two weekday afternoons. The family can choose two weekdays to receive the service which meets their work or other schedule. These days may then differ from week to week depending on the family's schedule.

If needed, the approved scheduled start time and end time may be adjusted up to 30 minutes without penalty.

It is anticipated that these variable schedules would be exceptions to meet the clinical needs of the child, not provided solely for convenience of either the provider or the family.

Services prescribed with flexible days in this manner must adhere to the following:

- Weekdays (Monday-Friday) may be interchanged
- Weekend days (Saturday-Sunday) may be interchanged
- Services prescribed in the school setting cannot be delivered in the home and community, just as services prescribed in the home and community cannot be delivered in the school
- The prescriber must clearly define the boundaries of the flexible schedule in the prescription

5. Record the total hours of TSS prescribed at the bottom of the schedule. It must be equal to the total hours indicated on the schedule.
6. The TSS prescription schedule must be attached to the evaluation when it is submitted. It is also part of the complete packet submitted to VBH-PA by the provider.
7. The ISPT team will review the form during the ISPT meeting. If the ISPT discussion results in a suggestion for change, the suggestions will be submitted to the evaluating prescriber for consideration within one business day of the ISPT meeting. The evaluating prescriber may agree or decline to make the changes. Any changes must be reflected on the ISPT summary sheet final prescription and amended TSS prescription summary, which must be signed off by the evaluating prescriber.
8. This form is intended to complement (not replace) the BHRS Service Delivery Schedule. It is part of the BHRS packet.

### **Responding to Need for Schedule Adjustments: Instructions for Providers**

**Schedule adjustments can be defined as either *temporary* or *long term*, each requiring a different process. Schedule adjustments *do not change* the total hours prescribed per week, location of service delivery, or the goals for which the service is prescribed.**

**Temporary:** Temporary schedule changes can be made to accommodate single events for the child's benefit. Examples of temporary schedule changes include:

- School field trip, requiring TSS attendance for success
  - Weather-related school delays, where adjusted TSS hours would support the child during the radically different daily events
1. It is anticipated that every child could have reasons for temporary adjustments to the TSS service delivery schedule. VBH-PA permits on average one temporary adjustment per month of service authorized. Therefore, if a child is authorized for a 6-month plan of care, up to 6 temporary adjustments may be made in the schedule. The temporary adjustments do not need to be evenly spaced over the plan of care; it is acceptable to have several in a short period of time if they are needed in that manner.
  2. Temporary adjustments **may not be made** when services are not deliverable because of TSS illness, child illness, vacations or other family or child events that remove the child from the daily routine. These events are considered to be acceptable brief interruptions in service. TSS are not entitled to "make up" unused time when the needs of the child do not require it.
  3. Providers are to record temporary adjustments on the temporary schedule adjustment form, signed by both provider and parent. This form is to be faxed to VBH-PA within 72 hours of the schedule change taking place. The rationale for the change should be clearly delineated on the form. Providers delivering service not in accordance with the schedule, without the temporary schedule adjustment form, are in violation of policy.

**Long term:** Long term schedule changes can be made when the child and family schedule has changed for the foreseeable future and an adjusted schedule is required to meet the treatment goals. Long term changes should reflect the spirit and intention of the originally prescribed schedule, including the availability of responsible adults for skill transfer, and maintaining the original goals to be addressed. Examples of reasons for long term schedule changes include:

- Intramural sport begins, involving after school practices on days when the child is scheduled for TSS for an unrelated goal
- Parent work schedule changes, so parent is not available on same days as previously scheduled

1. Long term changes requested by parents will be addressed by a brief conference call meeting, requiring the attendance of the provider, parent, child (if aged 14 or older) and VBH-PA. The prescribing practitioner must also be invited in a timely manner to attend. The conference call meeting is arranged by the provider. The meeting should be arranged within one week of the parent's request for change in schedule. The meeting is anticipated to require no more than 15 minutes.
2. The long term schedule change form will reflect the rationale for the change, the availability of responsible adults for skill transfer, and what goals will be addressed at the adjusted scheduled time. This form will be completed by the provider, signed by the provider and parent, and faxed to the prescribing practitioner for approval. The BHRS provider is responsible to send the signed and completed form to the VBH-PA CAFS Coordinator.
3. The prescribing practitioner has the option to agree or disagree with the proposed changes. If the prescribing practitioner is not in agreement with the proposed schedule change, the schedule change is not approved.
4. If the VBH-PA CAFS Coordinator is not in agreement with the proposed schedule change, the schedule change is not approved. The Coordinator will communicate this to the provider at the time of the phone meeting. In this event, parents have the option to take the child for a re-evaluation and new prescription.

**Other:**

1. At times, services for a child may be prescribed by a non-independent prescriber. This may occur when the evaluation is being done through a different insurance carrier, or when services are recommended following a comprehensive evaluation at Children's Hospital, for example. These prescriptions will not typically contain recommendations for specific hours of TSS service delivery. In this event, the ISPT participants can develop a TSS delivery schedule at the ISPT meeting to be submitted as part of the initial packet.

### Child/Adolescent Services TSS Schedule Form

Member Name \_\_\_\_\_ MAID \_\_\_\_\_ DOB \_\_\_\_\_

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 \_\_\_\_\_

Day/Time	SUN	MON	TUE	WED	THUR	FRI	SAT
	Setting (S,H,C)	Setting (S,H,C)	Setting (S,H,C)	Setting (S,H,C)	Setting (S,H,C)	Setting (S,H,C)	Setting (S,H,C)
7:00 AM							
7:30							
8:00 AM							
8:30							
9:00 AM							
9:30							

Member Name: \_\_\_\_\_

MA ID: \_\_\_\_\_

Day/Time	SUN	MON	TUE	WED	THUR	FRI	SAT
	Setting (S,H,C)	Setting (S,H,C)	Setting (S,H,C)	Setting (S,H,C)	Setting (S,H,C)	Setting (S,H,C)	Setting (S,H,C)
10:00 AM							
10:30							
11:00 AM							
11:30							
12:00 PM							
12:30							
1:00 PM							
1:30							
2:00 PM							

Member Name: \_\_\_\_\_

MA ID: \_\_\_\_\_

Day/Time	SUN	MON	TUE	WED	THUR	FRI	SAT
	Setting (S,H,C)	Setting (S,H,C)	Setting (S,H,C)	Setting (S,H,C)	Setting (S,H,C)	Setting (S,H,C)	Setting (S,H,C)
2:30							
3:00 PM							
3:30							
4:00 PM							
4:30							
5:00 PM							
5:30							
6:00 PM							
6:30							
7:00 PM							

Member Name: \_\_\_\_\_

MA ID: \_\_\_\_\_

Day/Time	SUN	MON	TUE	WED	THUR	FRI	SAT
	Setting (S,H,C)	Setting (S,H,C)	Setting (S,H,C)	Setting (S,H,C)	Setting (S,H,C)	Setting (S,H,C)	Setting (S,H,C)
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.

### TSS Scheduling Worksheet (*Optional page*)

Member Name: \_\_\_\_\_

MA ID: \_\_\_\_\_

<b>Time</b>	<b>Write in day(s) below on the first line and Activity and Behaviors/Symptoms/Focus of Treatment/Goal on the second line</b> (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:
	Day(s):
	Activity and behaviors/symptoms/treatment focus/goal:
	Day(s):
	Activity and behaviors/symptoms/treatment focus/goal:
	Day(s):
	Activity and behaviors/symptoms/treatment focus/goal:
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	Day(s):
	Activity and behaviors/symptoms/treatment focus/goal: