TSS Schedule Form Requirement for All Therapeutic Staff Support (TSS) Prescriptions Greater Than 15 Hours/Week

Scope: This Provider Alert applies to all Behavioral Health Rehabilitation Service (BHRS) prescribers and providers in Bedford and Somerset Counties when prescribing and requesting an authorization for more than 15 hours of TSS for a Bedford or Somerset County HealthChoices member.

Purpose: The Community Care TSS Schedule Form has been a helpful tool used to enhance discussion and collaboration between the prescriber, the child/family, and the interagency team in order to prioritize times of greatest need in an effort for TSS to be as efficient and effective as possible.

Effective August 12, 2019, the TSS schedule will be required as part of all Best Practice (BP) Evaluations and re-evaluations completed on and after this date, and included with subsequent packets submitted for authorization when more than 15 hours per week of TSS is prescribed for a member.

The TSS Schedule Form is initiated by the prescriber with the child/parent/guardian during the Best Practice Evaluation or re-evaluation to discuss and determine the days of the week and specific times of the day the child is most in need of TSS support AND at least 1 parent/guardian/caregiver is available to participate in the prescribed TSS service hours.

The TSS Schedule Form is completed by the prescriber, included as part of the recommendation section of the BP evaluation/re-evaluation, and submitted to the provider for review and further discussion at the Interagency Service Planning Team (ISPT) meeting. The information provided in the TSS Schedule is then reviewed with all team members during the ISPT meeting, and, if necessary, further TSS Schedule changes can be made by the ISPT (e.g., when TSS hours in school are prescribed and further input by the caregiver(s) responsible for the child in school, e.g., teacher, coach, 1:1 aide, etc., is necessary) to enhance treatment planning.

If the ISPT recommends a change to the TSS prescription, prescriber sign-off on the prescriber collaboration form is required after review of the ISPT Summary/Prescriber Collaboration Form, and the final TSS Schedule Form. The final TSS Schedule must be submitted by the provider as part of the BHRS packet when requesting a new or continued-stay authorization that includes a prescription for more than 15 hours/week of TSS for a member.
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If the TSS Schedule is not included with the BHRS packet, the care manager will review with a Community Care Peer Advisor and a request for additional information will result. In this instance, the prescriber/provider will have 5 business days to complete the TSS Schedule with the child/parent(s)/guardian(s)/caregiver(s) and submit the TSS Schedule, as well as answer any other questions included as part of the additional information request.

Please review the Sample TSS Schedule Form, directions, training, and final TSS Schedule Form on our website at: https://providers.ccbh.com/forms.

If you have any questions regarding this change in procedure, or need assistance with the TSS Schedule, please contact Community Care and ask to speak to a care manager.