Rehabilitative Behavioral Health Services – Behavioral Health Screening (BHS) Quality Assurance Checklist			
Review Period: 2022-2023	**Date:**	**Service Reviewed Procedure Code:**	
Student:		**Medicaid #:**	
District:		**Reviewer:**	
Provider (Staff Name):		**Provider (Staff Name):**	
Supervisor:		**Supervisor:**	

	CONSENT	**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual, Part II, School – Based Rehabilitative Behavioral Health Services - Chapter 10: Eligible Providers; Chapter 13: Reporting and Documentation, –Release of Information and Consent to Examinations and Treatment.			
1.1	Is there a Consent for Treatment form dated and signed (electronically or handwritten) by the student, parent, legal guardian, or primary caregiver (in case of a minor) or legal representative prior to screening and assessments?		
1.2	Is there a Release of Information Form signed and dated (electronically or handwritten) by the child, child's parent, legal guardian or primary caregiver authorizing the release of any medical information necessary to process Medicaid claims on behalf of the student?		
	BEHAVIORAL HEALTH SCREENING (BHS)	**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual, Part II – Chapter 10: Eligible Providers; Chapter 13: Reporting and Documentation, - Release of Information, - Consent to Examinations and Treatment.			
2.1	Is the Behavioral Health Screening present in the record to cover the year in review?		
2.2	Does the Behavioral Health Screening (BHS) in the clinical record include the staff signature, printed name, title, and date (electronically or handwritten) on the form by a credentialed LPHA, or master's level qualified clinical professional in the file? Note: A LMSW may also complete the BHS, which must be cosigned by the independently licensed LPHA.		
2.3	If completed by a non-licensed staff does the BHS include the co-signature, printed name, title, and date (electronically or handwritten) by the LPHA?		
2.4	Did the BHS include all the following components? • Patterns of behavior associated factors such as legal problems, • Mental health status, • Educational functioning,		

	• Living situation, • Insight into issues • Feelings about his or her behavior, mental health, or substance use, • Motivation for changing behaviors • Identify any referral resulting from the screening and • Summary must be written to explain the results of the BHS.		
2.5	Does the BHS support the number of units billed? Note: A maximum of two 15-minute units per day.		
2.6	Is the staff-to-student ratio (i.e.,1:1) met for the services rendered?		
2.7	Was the screening scored utilizing the tool's scoring methodology?		
2.8	Were referrals made based on the interpretation of the results?		
CLINICAL SERVICE NOTES (CSNs)		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual, Part II – School Based Rehabilitative Behavioral Health Services, Chapter 13: Reporting/Documentation, - Clinical Service Notes (CSN), - Billing Guidance, -Service Specific Billing Guidance, - Behavioral Health Screening (BHS).			
3.1	Are CSNs present to support all billed claims?		
3.2	Does each CSN include a signature, printed name, title, and signature date (electronically or handwritten) of the qualified provider?		
3.3	Are CSNs co-signed (electronically or handwritten) by the SCLLR licensed supervisor (if applicable)?		
3.4	Do the CSNs include the required components: • Student's name, • Medicaid ID number, • Name of the rehabilitative service and corresponding procedure code, • Number of units of service rendered, • Date of service in a month, day, and year format, • Start time and end time for each service delivered, • Location where the service was rendered, • Purpose of the test, • Results of the assessment,		

	• Billing modifiers must match the credentials of the individual rendering the service.		
3.5	Do CSNs also include the required components: • The focus and/or reason for the session or interventions, • Detailed summary of the interventions and involvement of clinical professionals/team during session/meeting, • Individualized response of the student and/or family, • General progress of the student to include observations of their conditions/mental status, and • Future plan for working with the student.		
SUPERVISION		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual, Part II – School-Based Rehabilitative Behavioral Health Services – Chapter 10: Eligible Providers, -Staff Monitoring/Supervision of Staff.			
4.1	Is there a log documenting supervision of the service provided by any LMSW or unlicensed/uncertified professional at least every 30 days? Note: Services must be clinically supervised by an LPHA licensed at the independent level as stated in the LEA Manual at least every 30 days.		
PERSONNEL RECORD		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – Provider Administrative and Billing Manual, - Verification of Provider License, Certifications, and/or Credentials – LEA Manual, Part II – School-Based Rehabilitative Behavioral Health Services, Chapter 10: Eligible Providers, - Maintenance of Staff Credentials.			
5.1	Is the personnel record available and does it contain the following: • An employer verification of staff certification and/or licensure (completed prior to employment and annually thereafter), • Completed and signed employment application form, • Completed and signed job description, • Official college transcripts (with the raised seal, as required prior to January 1, 2023.		

	• Degree from an accredited college or university, • Verification of licenses and certifications, • A criminal background check (no less than a 10-year search and completed prior to employment and annually thereafter), • State and national sex offender registry checks completed prior to employment and annually thereafter, • Child abuse registry checks completed prior to employment and annually thereafter, • Evidence of Professional Sanctions checks for licensed, certified, unlicensed staff prior to employment.		
5.2	Were the staff's credentials checked via the SCLLR website and printed during the year in review and date-stamped? (Copies must be stored in the credential file or the student's record.)		
5.3	Were the staff's credentials checked via the SCDHHS OIG Exclusion list, at least monthly and printed during the year in review and date-stamped? (Copies must be stored in the credential file or student's record.)		
5.4	Were the staff's credentials checked via the Federal OIG Exclusion list, at least monthly and printed during the year in review and date-stamped? (Copies must be stored in the credential file or student's record).		
CLINICAL RECORDS AND MAINTENANCE		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual, Part II – School Based Rehabilitative Behavioral Health Services, Chapter 13: Reporting/Documentation, - Documentation Requirements, -Legibility, Abbreviations and Symbols, - Error Correction Procedures; Chapter 10: Eligible Providers, - Business Requirement			
6.1	Is the documentation typed or legibly handwritten in dark ink?		
6.2	Are errors corrected according to Medicaid policy and procedures (i.e., draw one line through the error, enter the correction and add signature/initials and date next to the correction)?		
6.3	Is there an abbreviation key available and on file?		

6.4	Is there a signature sheet available that identifies the staff by name, signature, and initials?		
6.5	Are the policies available specific to: • Confidentiality/Protected Health Information, • Consent for treatment, • Record security and maintenance, • Record retention, • Electronic Signatures, if applicable, • Release of information, • Beneficiary's rights and responsibilities, • Prohibition of abuse, neglect, and exploitation of beneficiaries, • Code of ethics, • Freedom of choice, • Limited English proficiency, • Compliance program (including fraud, waste, and abuse), • Admission and discharge of beneficiaries, • Conditions for termination of beneficiaries from services, including: o A list of reasons for termination, o Methods of averting the termination, (e.g., resources and options), and o Evidence beneficiary/family informed of termination.		