Rehabilitative Behavioral Health Services – Family Support (FS) Service Quality Assurance Checklist			
Review Period: 2025-2026	**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 Health Services, Chapter 13: Reporting documentation – Release of Information, - Consent to Examinations and Treatment.			
1.1	Is the 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 (electronically or handwritten) signed by the child if 18 or older, 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?		
PARENT/CAREGIVER/GUARDIAN (PCG) AGREEMENT		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference - LEA Manual, Part II – School-Based Rehabilitative Behavioral Health Services, Chapter 12: Reporting/Documentation, - Documentation Requirements, - Service Specific Documentation Requirements.			
2.1	Is the Parent/Caregiver/Guardian Agreement to Participate in Community Support Services form (for beneficiaries aged 0 through 15) completed, signed and 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?		
2.2	Is the Parent/Caregiver/Guardian Agreement updated every ninety (90) days?		
DIAGNOSTIC ASSESSMEENT (DA) OR MENTAL HEALTH COMPREHENSIVE FOLLOW-UP ASSESSMENT		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual, Part II – School-Based Rehabilitative Behavioral Health Services, Chapter 8: Diagnostic Assessment (DA) Services and Mental Health Comprehensive Assessment Follow-up; Chapter 13: Reporting Documentation. Note: The assessment document must be in the student's file.			
3.1	Is there a DA completed for the year in review?		
3.2	Does the DA include a signature, printed name, title, and date (electronically or handwritten) by		

	the LPHA, or master's level qualified clinical professional? A LMSW may also complete the DA, which must be cosigned by the independently licensed LPHA.		
3.3	If completed by a non-licensed staff does the DA include the co-signature, printed name, title, and date (electronically or handwritten) by the LPHA?		
3.4	Does the DA include the required components: • Student's name, • Medicaid ID number, • Date of the assessment, • Student's demographic information (i.e., age, date of birth, phone number, address, relationship/marital status, preferred language), • Cultural identity, gender expression, spiritual and sexual orientation, culture and practices, and spiritual beliefs, • Presenting complaint, • Risk factors and protective factors, • Mental/behavioral health history, • Psychological history/assessments, • Substance use history, • Exposure to physical abuse, sexual assault or other traumatic events, • Physical health history, including current health needs and potential high-risk conditions, • Medical history and medications, • Family history and relationships, • Mental status, • Education and employment history, • Housing/living situation, • Diagnosis(es) of a serious behavioral health disorder.		
3.5	Does the DA also include these required components: • Initial start date of the RBHS, • Planned service type and frequency of each recommended rehabilitative service, • Referrals for external services, support or treatment, and • Current symptoms or disorder via the current edition of the DSM or the ICD.		

	• An evaluation of the beneficiary for the presence of a mental illness and/or SUD, • This assessment includes a comprehensive bio-psychosocial interview and review of relevant psychological, medical, and educational records, • Clinical interviews with the beneficiary, family members or guardians as appropriate, review of the presenting problems, symptoms and functional deficits, strengths, medical and educational, and • Records and history, including past psychological assessment reports and records. • Initial assessments must include a clinical summary that identifies recommendations for and the prioritization of mental health and/or other needed services.		
3.6	Does the Follow-up Assessment include the required components: • Student's name, • Medicaid ID number, • Date of the assessment, • Include the outcome of the assessment, • Identify any referrals resulting from the assessment, • The diagnostic code and the diagnosis, • May also be rendered to assess the beneficiary's progress, response to treatment, the need for continued treatment and establish medical necessity for new or additional services to be added to the course of treatment.		
3.7	Is the staff-to-student ratio (i.e., 1:1) met for services rendered?		
3.8	Is the DA completed prior to any RBHS services being rendered? Note: The DA must be completed prior to any RBHS services being rendered, with the exception of Crisis Management (CM) (limited to two service encounters) and Behavioral Health Screening (BHS).		
3.9	Is the IPOC amended to reflect the recommendations from the Mental Health		

	Comprehensive Follow-up Assessment, if applicable?		
3.10	If RBHS services were not received for 45 consecutive calendar days was medical necessity reestablished by completing a follow-up assessment?		
MEDICAL NECESSITY CRITERIA – SERVICE ADMISSION		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual, Part II – School-Based Rehabilitative Behavioral Health Services, Chapter 9: Covered Populations; Chapter 11, Covered Services and Definitions, - Service-Specific Medical Necessity Criteria.			
4.1	Has the student met the FS admission criteria (A through I) for services? A. The beneficiary is under the age of 22. B. The beneficiary has received a DA, which includes a current DSM diagnosis and specific clinical needs that will respond to therapeutic interventions, and which documents the need for FS. C. The beneficiary has a SPMI, SED and/or SUD, and the symptom-related problems interfere with the individual's functioning, living, working, and/or learning environment. Children under the age of seven may qualify for these services if they are diagnosed with an applicable Z-code, per the current DSM. D. As a result of the SED, SPMI or SUD, the beneficiary experiences moderate to severe functional impairment that interferes with three or more of the following areas: daily living, personal relationships, school/work settings and/or recreational setting. E. Beneficiary meets three or more of the following criteria as documented on the DA: i. Is not functioning at a level that would be expected of typically developing individuals their age. ii. Is deemed to be at-risk of psychiatric hospitalization and/or out-of-home placement. iii. In the last 90-days, exhibited behavior that resulted in at least one intervention by crisis response, social services, or law enforcement.		

	iv. Experiences impaired ability to recognize personal and/or environmental dangers and/or significantly inappropriate social behavior. F. Family/caregiver agrees to be an active participant in treatment; FS services should provide opportunities for the family/caregiver to acquire and improve skills needed to better understand and care for the needs of the beneficiary (e.g., managing crises, providing education about the beneficiary's diagnosis). G. The beneficiary is expected to benefit from the intervention and needs would not be better met by any other formal or informal system or support as indicated in the Diagnostic Assessment. H. The service is recommended by a LPHA acting within the scope of his/her professional licensure. I. The score on the age-appropriate assessment tool, completed by the LPHA, indicates need for FS (private providers only): i. For beneficiaries from birth until 1.5 years, has scored in the 81st percentile or above on the PSI. ii. For beneficiaries aged 1.5–5 years, has scored in the borderline to clinical range (minimum T score of 65) on at least one syndrome scale and one DSM-oriented scale on the CBCL. iii. For beneficiaries 6–18 years, has been assigned a minimum CALOCUS-CASII composite score of 17.		
INDIVIDUALIZED PLAN OF CARE (IPOC)		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual, Part II – School-Based Rehabilitative Behavioral Health Services, Chapter 11: Covered Services and Definitions; Chapter 13: Reporting/Documentation – Individualized Plan of Care.			
5.1	Is there an IPOC to cover the year in review?		
5.2	Does the IPOC include the signature, printed name, title, and date (electronically or handwritten) of a Physician, LPHA, LMSW or master's level qualified clinical professional and team, family members, and student?		
5.3	If the family, legal guardian, legal representative, or primary caregiver is not involved in the treatment planning process, is		

	the reason documented in the student's clinical record?		
5.4	If it was considered clinically inappropriate for the beneficiary to sign the IPOC, was clinical justification documented on the IPOC?		
5.5	Is the IPOC completed, signed, titled, and signature dated (electronically or handwritten) by the LPHA, LMSW or master's level qualified clinical professional within 30 calendar days of the DA?		
5.6	If core treatment services were provided before the IPOC was completed, was the IPOC completed within 30 days of the DA?		
5.7	Is the DA completed prior to the IPOC?		
5.8	Does the IPOC reflect the recommendations from the DA?		
5.9	Is the IPOC reformulated within 365 calendar days, if applicable?		
5.10	Does the IPOC include the required components: • Student name, • Medicaid ID number, • Contact information (Emergency contacts, including phone numbers, must be listed), • Presenting problems • Psychiatric diagnosis, • Justification for treatment, • Confirmation of medical necessity, • Goals and objectives, • Specific interventions, • Specific services, • Frequency of services, • Criteria for achievement, • Target dates, and • Plan of action for discharge.		
5.11	Did the discharge plan include the following required components: • Anticipated date of discharge from services, • Student's and/or family expected gains to be achieved through participation in treatment and services, and • Anticipated aftercare needed (if applicable).		
5.12	Is an addendum completed when services were added, or frequencies of services was changed to include the signature, title of the clinician, and date it was formulated?		

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 (CSNs); Chapter 14: Billing Guidance – Service Specific Billing Guidance, - Family Support (FS) (0-21).			
6.1	Are CSNs present in the record to support each billed claim?		
6.2	Does each CSN include a signature, printed name, title, and date (electronically or handwritten) by the LPHA, LMSW or master's level qualified provider?		
6.3	Are the CSNs co-signed (electronically or handwritten) by the SCLLR licensed supervisor (if applicable)?		
6.4	Do the CSNs include the required components: • Student's name, • Medicaid ID number, • Name of the rehabilitative service (or its approved abbreviation) 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, • Billing modifiers must match the credentials of the individual rendering the service, • The focus and/or reason for the session or interventions which should be related to treatment objective(s) and/or goal(s) on the IPOC, • Detailed summary of the interventions (e.g., action steps, tools used, techniques utilized, etc.) and involvement of qualified staff with the beneficiary and/or family during each contact or session meeting, • Individualized response of the student and/pr student's family, as applicable, to the interventions and/or treatment rendered at each contact or session. meeting, • General progress of the student to include observations of their conditions/mental status, • Future plan for working with the student and the student's family, and		

	• Manner in which service was delivered: individual or group, if the service was provided in a group setting, number of participants must be identified on the CSN.		
6.5	Are CSNs completed immediately following the delivery of service, but no later than five business days from the date of rendering the service?		
6.6	Does documentation support the number of units billed?		
6.7	Is the staff-to-student ratio (i.e., one qualified staff for each family unit served) met for services rendered?		
6.8	Are services provided within the maximum frequency identified on the IPOC?		
SUPERVISION		**MET**	**COMMENTS/RECOMMNDATIONS**
Reference – LEA Manual, Part II – School-Based Rehabilitative Behavioral Health Services, Chapter 10: Eligible Providers – Staff Monitoring/Supervision of Staff.			
7.1	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.		
90-DAY PROGRESS SUMMARY		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual, Part II – School-Based Rehabilitative Behavioral Health Services, Chapter 13: Reporting/Documentation – 90-Day Progress Summary.			
8.1	Are the 90-Day Progress summaries completed at least every 90 calendar days from the initial IPOC?		
8.2	Is each progress summary signed and dated (electronically or handwritten) by the LPHA or other qualified clinical professional?		
8.3	Does each progress summary include the student's name?		
8.4	Does each progress summary include the student's Medicaid ID number?		
8.5	Does each progress summary document the student's progress towards treatment goals? NOTE: Any barriers to progress should also be identified.		
8.6	Does each progress summary document the appropriateness and frequency of services provided? NOTE: Failure to provide the recommended services and their frequency should also be explained		

8.7	Does each progress summary establish the continued need for treatment?		
8.8	Does each progress summary document the recommendations for continued services or discharge of services as outlined in the success criteria for each objective?		
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.			
9.1	Is the personnel record available and does it contain the following: • Completed and signed employment application form (including criminal disclosure), • Completed and signed job description that reflects the service the person is responsible to render, • College transcripts from the education institution, Degree from an accredited college or university, • Verification of licenses and certifications (completed upon the start of employment and annually thereafter), • A criminal background check (no less than a 10-year search and completed prior to employment and annually thereafter) • State and national sex offender registries check completed prior to employment and annually thereafter, • Child abuse registry checks completed prior to employment and annually thereafter, and • Evidence of Professional Sanctions checks for licensed, certified, unlicensed staff prior to employment.		
9.2	Are the staff's LLR credentials current and present in the staff's file? (Copies must be stored in the credential file or student's file).		
9.3	Are the staff credentials checked via the SCDHHS OIG Exclusion list prior to the start of employment and annually thereafter? (Copies must be stored in the credential file or the student's file.)		
9.4	Are the staff credentials checked via the Federal OIG Exclusion list prior to the start of employment and annually thereafter? (Copies must be store in the credential file or student's file.)		

9.5	Does the file include verification that the staff/subcontractor rendering services utilized the South Carolina School Behavioral Health Academy (SC SBHA) within one year of hire to complete the Growing your Tier 3 Supports training? Note: The district may submit the SCDHHS Appendix B School District RBHS Tier 3 Training Form as proof of verification.		
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 Requirements.			
10.1	Is the documentation typed or legibly handwritten in ink?		
10.2	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)?		
10.3	Is there an abbreviation and symbols key available and on file?		
10.4	Is there a signature sheet available that identifies the staff's name, signature, and initials in the file?		
10.5	Are there policies available specific to: • Confidentiality/Protected Health Information • Consent for treatment • Record security and maintenance • Record retention • Use of Secure 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,		

	○ Education/consultation with beneficiary and/or family about termination (e.g., resources and options), and ○ Evidence beneficiary/family informed of termination.		