Rehabilitative Behavioral Health Services – Behavioral Health Screening (BHS) 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 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 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?		
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 BHS include a signature, printed name, title and date (electronically or handwritten) by the staff who completed the BHS?		
2.3	Does 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.		
2.4	Does the BHS support the number of units billed? Note: A maximum of two 15-minute units per day.		
2.5	Is the staff-to-student ratio (i.e.,1:1) met for the services rendered?		
2.6	Is the screening scored utilizing the tool's scoring methodology?		
2.7	Are 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	Is there a clinical service note to support the billed claim?		
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 (or its approved abbreviation) and the 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. • Focus and/or reason for the session or interventions,		

	• Detailed summary of the interventions and involvement of the clinical professionals/team during the 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: • Completed and signed employment application form (including criminal disclosure), • Completed and signed job description, • 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 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	Are the staff's SCLLR credentials current and present in the staff's file? (Copies must be stored in the credential file or the student's record.)		
5.3	Are the staff's 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 student's file.)		
5.4	Are the staff's credentials checked via the Federal OIG Exclusion list, prior to the start of employment and annually thereafter? (Copies must be stored in the credential file or student's record).		
5.6	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 Requirement			
6.1	Is the documentation typed or legibly handwritten in 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 and symbols 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, • 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, o Education/consultation with beneficiary and/or family about termination (e.g., resources and options), and o Evidence beneficiary/family informed of termination.		