

Rehabilitative Behavioral Health Services – Diagnostic Assessment (DA) 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(S)		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 (electronically or handwritten) by the child if 18 or older, child's parent or guardian authorizing the release of any medical information necessary to process Medicaid claims on behalf of the student?		
DIAGNOSTIC ASSESSMENT (DA) & MENTAL HEALTH COMPREHENSIVE FOLLOW-UP ASSESSMENT		MET	COMMENTS/RECOMMENDATIONS
Reference – LEA Manual, Part II – School-Based Rehabilitative Behavioral Health Services, Chapter 8: Assessment (DA) Services and Mental Health Comprehensive Assessment Follow-up; Chapter 13: Reporting and Documentation. Note: The assessment document must be in the student's file.			
2.1	Is there a DA completed for the year in review?		

2.2	Does the DA include a signature, printed name, title, and date (electronically or handwritten) by the LPHA, or master's level qualified clinical professional? An LMSW may also complete the DA, which must be co-signed by the independently licensed LPHA.		
2.3	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?		
2.4	Does the DA include the required components: • Student's name, • Medicaid ID number, • Date of 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 history, • 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 serious behavioral health disorder.		
2.5	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 education 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 records, • Records and history, including past		
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	psychological assessment report and records, and Initial assessments must include a clinical summary that identifies recommendations for the prioritization of mental health and/or other needed services.		
2.6	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 service to be added to the		

	course of treatment. • 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 report and records.		
2.7	Is the staff-to-student ratio (i.e., 1:1) met for services rendered?		
2.8	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) services (limited to two services) and the behavioral health screen (BHS).		
DIAGNOSTIC ASSESSMENT AND MENTAL HEALTH COMPREHENSIVE FOLLOW-UP ASSESSMENT CLINICAL SERVICE NOTE (CSN)		MET	COMMENTS/RECOMMENDATIONS
Reference – LEA Manual, Part II – School-Based Rehabilitative Behavioral Health Services, Chapter 13: Reporting/Documentation – Documentation Requirements and Clinical Service Notes (CSN) and Billing Guidance -Service Specific Billing Guidance – Diagnostic Assessment (DA) Services			
3.1	Is there a clinical service note to support the billed claim?		
3.2	Does each CSN include signature, printed name, title, and signature date (electronically or handwritten) by the provider?		
3.3	Are the CSN co-signed (electronically or handwritten) by the SCLLR licensed supervisor (if applicable)?		
3.4	Does 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.		
3.5	Does the Mental Health Follow-up assessment		

	CSN include a signature, printed name, title, and date (electronically or handwritten) by the LPHA, or master's level qualified clinical professional?		
3.6	If services were not received for 45 consecutive calendar days was medical necessity re-established by completing a follow-up assessment?		
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.		
TELEHEALTH CONSENT & REQUIREMENTS		MET	COMMENT/RECOMMENDATION
Reference – SC DHHS Medicaid Bulletins: #20-018			
5.1	If the service is provided via telehealth, is the consent given by the parent or guardian?		
5.2	Did the providers utilize the GT modifier when billing to indicate that services were rendered via telehealth?		
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, Part II, Chapter 10, Eligible Providers
Maintenance of Staff Credentials.**

6.1	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 registry checks completed prior		
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	to employment and annually thereafter, • Child abuse registry checks completed prior to employment and annually thereafter, and • Evidence of Processional Sanctions checks for licensed, certified, unlicensed staff prior to employment and annually thereafter.		
6.2	Are the staff's SCLLR credentials current and present in the staff's file? (Copies must be stored in the credential file or student's file).		
6.3	Are the staff's credentials checked via 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.)		
6.4	Are the staff's credentials checked via the Federal OIG Exclusion list prior to the start of employment and annually thereafter? (Copies must be store in the credential file or student's file.)		
6.5	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 Requirement.			
7.1	Is the documentation typed or legibly handwritten in ink?		
7.2	Are errors corrected according to Medicaid policy and procedures? (i.e., draw a line through the error, enter the correction and add signature/initials and date next to the correction.)		
7.3	Is there an abbreviation and symbols key available and on file?		
7.4	Is there a signature sheet available that identifies the staff's name, signature, and initials in the file?		
7.5	Are there policies available specific to: • Confidentiality/Protected Health Information, • Consent for treatment,		

	• Record security 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 of discharge of beneficiaries, • Conditions for termination of beneficiaries from services, including: ○ A list of reasons for termination, ○ Methods of averting the termination, ○ Education/consultati		
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	on with beneficiar y and/or family about terminatio n (e.g., resources and options), and ○ Evidence beneficiar y/family informed of terminatio n.		
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