Rehabilitative Behavioral Health Services – Psychological Testing and Evaluation (PTE) Services Quality Assurance Checklist			
Review Period: 2024-2025	**Date:**	**Service Reviewed/Procedure Code:**	
Student:		**Medicaid#:**	
District:		**Reviewer:**	
Provider (Staff Name):		**Provider (Staff Name):**	
Supervisor:		**Supervisor:**	
CONSENT(S)		**MET**	**COMMENTS/RECOMMEDATIONS**
Reference – LEA Manual, Part II – School-Based Rehabilitative Behavioral Health Services, Chapter 13: Reporting Documentation Release of Information and Consent to Examinations and Treatment.			
1.1	Is there a Consent for Treatment form signed and dated (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, legal guardian or primary caregiver authorizing the release of any medical information necessary to process Medicaid claims on behalf of the student?		
DIAGNOSTIC ASSESSMENT (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.			
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? A 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 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 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 a 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 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, • Records and history, including past psychological assessment report and records, and • Initial assessments must include a clinical summary that identifies recommendations for and 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 assessment,		

	• Include the outcome of the assessment, • Identify any referrals resulting from the assessment, and • 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.		
2.7	Is the staff-to-student ratio (i.e., 1:1) met for services rendered?		
2.8	Is the DA completed prior to the PTE?		
2.9	Does documentation identify specific referral questions for the psychological testing after determining that the clinical questions cannot be adequately answered through a diagnostic interview only?		
2.10	Does documentation explain why the DA was inconclusive and why testing is needed, if for the purpose of diagnostic clarification?		
PSYCHOLOGICAL TEST AND EVALUATION (PTE)		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual, Part II, School-Based Rehabilitative Behavioral Health Services Chapter 4: Covered Services and Definitions – Psychological Testing and Evaluation (PTE); Chapter 13: Reporting/Documentation – Service Specific Documentation Requirements, - Psychological Testing and Evaluation (PTE); Chapter 14: Billing Guidance – Service Specific Billing Guidance – Psychological Testing and Evaluation (PTE)			
3.1	Is evidence of Psychological Testing and Evaluation present in the record for the year in review (i.e., the written report)?		
3.2	Is the PTE completed by one of the following qualified staff: • School Psychologist I, II, III • Licensed Psychoeducation Specialist (LPES) • Psychiatrist • Physician • Psychologist • Physician Assistant • Advanced Practice Registered Nurse		
3.3	Is the Psychological Test and Evaluation signed and dated (electronically or handwritten) by a qualified staff?		
3.4	Did the psychological tests use standardized and validated measures as recognized by the scientific and professional community (e.g., Minnesota Multiphasic Personality Inventory (MMPI), Rorschach, WAIS, etc.)?		
3.5	Does the Psychological Testing and Evaluation report include the following information:		

	• Student's name, • Medicaid ID number, • Name of the tests that were conducted (a reliable and valid instrument), • Documented reason that the testing is needed, • An explanation or written interpretation of the test results of the outcomes or summary of the psychological testing and evaluation, • Identify recommended course of action, • Identify recommendations or referrals based on test results, • Diagnoses and the level of impairment (DSM diagnosis or a differential diagnosis), • Name, signature, title, and credentials of the administering staff listed, and • Information should be provided in the documentation to explain why the PTE was needed to clarify the diagnosis.		
3.6	Is a Diagnostic Assessment completed before the Psychological Testing and Evaluation?		
3.7	Does the PTE support the number of units billed?		
3.8	Is the staff-to-student ratio (i.e., 1:1) met for services rendered?		
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, - Psychological Testing and Evaluation (PTE)			
4.1	Are CSNs present in the record to support the billed claim?		
4.2	Does each CSN include a signature, printed name, title, and signature date (electronically or handwritten) by the provider?		
4.3	Does the CSN 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.		
4.4	Does the CSN include: • The purpose of the test, • The results of the PTE and/or make reference to the completed test, and • The written interpretation of the results.		
4.5	Did the PTE involve a face-to-face interaction between the student and the qualified provider?		
SUPERVISION		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual, Part II – School-Based Rehabilitative Behavioral Health Services, Chapter 10: Eligible Providers – Staff Monitoring/Supervision of Staff.			
5.1	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.			
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 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.		
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 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.)		
6.4	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.)		
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 one 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 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.		