Rehabilitative Behavioral Health Services – Crisis Management (CM) 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 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?		
CRISIS MANAGEMENT (CM) CLINICAL SERVICE NOTES (CSN)		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference - LEA Manual Part II – School-Based Rehabilitative Behavioral Health Services, Covered Services and Definitions and Reporting/Documentation – Documentation Requirements – Documenting Medical Necessity, Reporting/Documentation – Clinical Service Notes (CSN) and Billing Guidance – Service Specific Billing Guidance – Crisis Management (CM)			
2.1	Are CSNs present to support all billed claims?		
2.2	Does each CSN include the signature, printed name, title, and date (electronically or handwritten) of the qualified staff?		
2.3	Are CSNs co-signed (electronically or handwritten) by the SCLLR licensed supervisor (if applicable)?		
2.4	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(a) 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/or 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, and • Future plan for working with the student and the student's family.		
2.5	Do the CSNs also include the required components: • Preliminary evaluation of the student's specific crisis, • Intervention and stabilization of the student,		

	• Reduction of the immediate personal distress experienced by the student, • Development of an action plan that reduces the chance of future crises through the implementation of preventative strategies, • Referrals to appropriate resources, • Follow up with each student within 24 hours, when appropriate, • Telephonic interventions are provided either to the student or on behalf of the student to collect an adequate amount of information to provide appropriate and safe services, stabilize the student, and prevent a negative outcome, • Summary of the crisis or the symptoms that indicate the beneficiary is in a crisis, • Content of the session, including safety risk assessment and safety planning, • Active participation and intervention of the staff, • Beneficiary's status at the end of the session, and • Resolution of the crisis.		
2.6	Are the service units billed within the service limits of 16 units per day, 80 units annually?		
2.7	If crisis management services were provided without a DA in place, was a DA completed to establish medical necessity after two CM services?		
2.8	Is the staff-to-student ratio (i.e., 1:1) met for services rendered?		
2.9	Are the CSNs completed immediately following the delivery of service, but no later than five business days from the date of rendering the service?		
2.10	Does the documentation support the number of units billed?		

SUPERVISION		MET	COMMENTS/RECOMMENDATIONS
Reference - LEA Manual, Part II – School-Based Rehabilitative Behavioral Health Services, Chapter 10: Eligible Providers – Staff Monitoring/Supervision of Staff			
3.1	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, Chapter10: Eligible Providers, - Maintenance of Staff Credentials			
4.1	Are the personnel records available and does it contain the following: • Completed and signed employment application form (including criminal disclosure), • Completed and signed job description, • Official college transcripts (with the raised seal for all transcripts up until 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, and • Evidence of Professional Sanctions checks for licensed, certified, unlicensed staff prior to employment.		

4.2	Are the staff's SCLLR credentials current and present in the staff's file? Prior to employment and annually thereafter. (Copies must be stored in the credential file or student's file).		
4.3	Are staff credentials checked via the SCDHHS OIG Exclusion list and printed prior to employment and annually thereafter, with date stamp during the year in review? (Copies must be stored in the credential file or the student's file.)		
4.4	Are the staff credentials checked via the Federal OIG Exclusion list and printed prior to employment and annually thereafter, with date stamp during the year in review? (Copies must be stored in the credential file or student's file.)		
4.5	Does the file include verification that 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 **Reference – LEA Manual, Part II - School-Based Rehabilitative Behavioral Health Services, Chapter 10: Eligible Providers, – Business Requirement**			
5.1	Is the documentation typed or legibly handwritten in ink?		
5.2	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)?		
5.3	Is there an abbreviation and symbols key available and on file?		
5.4	Is there a signature sheet available that identifies the staff's name, signature, and initials in the file?		

5.5	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:
	  ○ A list of reasons for termination,
	  ○ 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.		