

Telehealth Services Quality Assurance Checklist			
Review Period: 2024-2025		Date:	
Student:		Medicaid #:	
District:		Reviewer:	
Provider (Staff Name):		Provider (Staff Name):	
Supervisor Name:		Supervisor Name:	
CONSENT(S)		MET	COMMENTS/RECOMMENDATIONS
Reference - LEA Manual, Part I, Chapter 6: Reporting Documentation – Record Maintenance			
1.1	Is there a General Consent form signed (electronically or handwritten) by the student's parent or guardian authorizing treatment?		
1.2	Is there a Release of Information form signed (electronically or handwritten) by the student if 18 or older, student's parent or guardian authorizing the release of any medical information necessary to process Medicaid claims?		
1.3	Is there a Consent for Release of Education Records and Confidential Information form signed (electronically or handwritten) by the parent allowing the district to release medical and other personally identifiable and confidential information to the healthcare provider?		
REFERRAL FOR TREATMENT		MET	COMMENTS/RECOMMENDATIONS
Reference - LEA Manual, Part I, Chapter 4: Covered Services and Definitions – Telehealth; Chapter 6: Reporting/Documentation; Physicians Services Manual, Chapter 3: Covered Services and Definitions – Telehealth			
2.1	Is there a written referral form for the service being rendered via telehealth that is signed and dated (electronically or handwritten) by an appropriately credentialed/qualified staff, if applicable?		
2.2	Are the telehealth services presented from a referring site (e.g., public school) located in the SC Medicaid Service Area (SCMSA)?		
EVALUATION		MET	
Reference - LEA Manual, Part I, Chapter 6: Reporting/Documentation – Clinical Records and Release of Information and Telehealth; Physician Services Provider Manual, Chapter 3: Covered Services and Definitions.			
3.1	Did the referring provider evaluate the beneficiary, determine the need for a consultation (i.e., medical necessity), and arrange the telehealth services of the consulting provider for		

	the purpose of consultation, diagnosis and/or treatment?		
CLINICAL SERVICE NOTE (CSN) DOCUMENTATION		MET	
Reference – LEA Manual, Part I, Chapter 6: Reporting/Documentation – Clinical Records and Release of Information; Physicians Services Provider Manual, Chapter 5: Telehealth; Physician Services Provider Manual, Chapter 3: Covered Services and Definitions.			
4.1	Are eligible services rendered to which the district submitted a claim for the facility fee reimbursement? Note: Please refer to the Physicians Manual section for Telehealth procedure codes.		
4.2	Is there documentation in the medical record to substantiate the facility fee reimbursed (i.e., referring site's documentation)? For example, a district developed log, or note is acceptable documentation at this time.		
PERSONNEL RECORDS		MET	COMMENTS/RECOMMENDATIONS
Reference – Provider Administrative and Billing Manual, Chapter 1: General Information and Administration – Verification of Provider License – Certifications and/or Credentials			
5.1	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).		
5.2	Are the staff credentials checked via the SCDHHS OIG Exclusion list and printed with date stamp during the year in review? (Copies must be stored in the credential file or the student's file.)		
5.3	Are the staff credentials checked via the Federal OIG Exclusion list and printed with date stamp during the year in review? (Copies must be stored in the credential file or student's file.)		
CLINICAL RECORDS AND MAINTENANCE		MET	COMMENTS/RECOMMENDATIONS
Reference - LEA Manual, Part I, Chapter 6: Reporting/Documentation – Record Maintenance			
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's name, signature, and initials in the file?		