

# Rehabilitative Behavioral Health Services Clinical Standards – Clinical Assessment

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Quality Assurance Team  
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# Disclaimer

- Materials presented today are not comprehensive. This training does not take the place of reading the provider policy and procedure manual. Prior to treatment, all beneficiaries must meet criteria for medical necessity for that service. All information in this presentation pertains to South Carolina Department of Health and Human Services Healthy Connections (SCDHHS) Medicaid beneficiaries.

# Purpose of the Orientation

- To act as a guide for Rehabilitative Behavioral Health Services (RBHS) providers who are learning about South Carolina Medicaid policy and procedures prior to rendering RBHS.
  - While this presentation is designed to enhance understanding of the Medicaid standards regarding the RBHS Policy Manual, all aspects and policy are not covered in this presentation. Please review the RBHS Manual and the Administrative and Billing Manual.
- To help providers avoid potential Medicaid recoupment.

# Diagnostic Assessment Services

- The purpose of the face-to-face diagnostic assessment (DA) is to determine the need for RBHS and establish medical necessity, to confirm a diagnosis (diagnoses), to assist in the development of an individualized plan of care based upon the beneficiary's strengths and needs and/or to assess progress in treatment and confirm the need for continued treatment.
- The assessment is also used to determine the beneficiary's mental status, social functioning and to identify any physical or medical conditions.
- All assessments require one qualified clinical professional for each beneficiary.

# Documenting Medical Necessity

- Medical necessity must be documented on a DA administered by a qualified Licensed Practitioner of the Healing Arts (LPHA). The LPHA's name, professional title, signature and date must be listed on the document to confirm medical necessity. If the LPHA is a Licensed Master Social Worker (LMSW), a co-signature by an independently licensed LPHA is required of private providers.
- The DA must be completed prior to any RBHS services being rendered. If a placement is necessary for therapeutic foster care (TFC), the DA must be completed within 14 days of placement.
- The DA must document the presence of a serious behavioral health disorder from the current edition of the DSM or the ICD, excluding irreversible dementias, intellectual disabilities or related disabilities and developmental disorders, unless they co-occur with a serious mental disorder that meets the current edition DSM or ICD criteria.
- The DA must clearly state recommendations for treatment, including services and the frequency for each service recommended.

# Documenting Medical Necessity (Cont.)

- Medical Necessity must be confirmed within 365 calendar days, if the beneficiary needs continuing rehabilitative services.
- If the beneficiary has not received services for 45 consecutive calendar days, medical necessity must be re-established by completing a follow-up assessment.
- The DA must be maintained in the Medicaid beneficiary's clinical record.
- If SCDHHS or its designee determines that services were reimbursed when evidence of medical necessity, as outlined in this manual, was not documented and maintained in the beneficiary's record, payments to the provider shall be subject to recoupment.

# Who Can Establish Medical Necessity

- LPHAs must certify that the beneficiary meets the medical necessity criteria for each service. The LPHA must be enrolled in the South Carolina Medicaid program. The following professionals are considered to be licensed at the independent level in South Carolina and can establish and/or confirm medical necessity:
  - Licensed Physician
  - Licensed Psychiatrist
  - Licensed Psychologists
  - Licensed Psycho-Educational Specialist (LPES)
  - Licensed APRN
  - Licensed Independent Social Worker —Clinical Practice (LISW-CP)
  - Licensed PA
  - Licensed Professional Counselor (LPC)
  - Licensed Marriage & Family Therapist (LMFT)
- When medical necessity for services is required to be established and/or confirmed, the professional must be licensed at the independent level in each respective state where the professional renders services to Medicaid beneficiaries outside of South Carolina, but within the South Carolina Medicaid Service Area (SCMSA).

# Who Can Establish Medical Necessity (Cont.)

- A LMSW is considered a LPHA in South Carolina and can establish and/or confirm medical necessity when employed by a state agency.
- For private providers, a LMSW must have the DA co-signed by an independently licensed LPHA.
- LPHAs must be licensed in the state where they render services to the beneficiary.

# Diagnostic Assessment Requirements

- DAs must include the following:
  - An evaluation of the beneficiary for the presence of a mental illness and/or substance use disorder (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. Initial assessments must include a clinical summary that identifies recommendations for and the prioritization of mental health and/or other needed services.
- In addition to the assessment itself, the DA service must be documented on a clinical service note (CSN) with a start time and end time. Additionally, the documentation must meet all SCDHHS requirements for CSNs.

# Components of the Diagnostic Assessment

**The following components must be included in the Psychiatric DA without Medical Services (Comprehensive DA) include:**

- Beneficiary's name and Medicaid ID number
- Date of the assessment
- Beneficiary's demographic information:
  - Age
  - Date of birth
  - Phone number
  - Address
  - Relationship/Marital status
  - Preferred language
- Beneficiary's cultural identification, including gender expression, sexual orientation, culture and practices, spiritual beliefs, etc.
- Presenting complaint, source of distress, areas of need, including urgent needs (e.g., suicide risk, personal safety, and/or risk to others)
- Risk factors and protective factors, including steps taken to address identified current risks (e.g., detailed safety plan)
- Mental/behavioral health history of beneficiary, including previous diagnoses, treatment (including medication) and hospitalizations

# Components of the Diagnostic Assessment (Cont.)

- Psychological history including previous psychological assessment/testing measures, reports, etc.
- Substance use history including previous diagnoses, treatment (including medication) and hospitalizations
- Exposure to physical abuse, sexual assault, antisocial behavior or other traumatic events
- Physical health history, including current health needs and potential high-risk conditions
- Medical history and medications, including history of past and current medications
- Family history, including relationships with family members, and involvement of individuals in treatment and services, family psychiatric and substance use history
- Mental status

# Components of the Diagnostic Assessment (Cont.)

- Functional assessment(s) (with age-appropriate expectations)
- Education and employment history
- Housing/living situation (e.g., with whom the beneficiary lives with)
- Diagnosis(es) of a serious behavioral health disorder (description and code must be identified for each) from the current edition of the DSM or the ICD, excluding irreversible dementias, intellectual disabilities or related disabilities and developmental disorders, unless they co-occur with a serious mental disorder that meets the current edition DSM criteria
- Initial start date of RBHS
- Planned service type and frequency of each recommended rehabilitative service
- Referrals for external services, support or treatment

# Billable Place of Service

- Services must be administered in a setting that is convenient for both the beneficiary and the professional that affords an adequate therapeutic environment and that protects the beneficiary's rights to privacy and confidentiality.
- Excluded settings include acute care hospitals, inpatient psychiatric hospitals, psychiatric residential treatment facilities (PRTF), institutions of more than 16 beds and recreational settings (a place primarily used for play and leisure activities, such as parks and community recreation centers).

# Assessment Billing

- The initial and follow-up DAs are billed as an encounter.
- The initial assessment may be rendered once every six months.
- The follow-up assessment may be rendered up to 12 times in a year.

