SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

Rehabilitative Behavioral Health Services Clinical Standards – Progress Summary

Division of Behavioral Health

Quality Assurance Team

2021

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.

Progress Summary

- The 90-day progress summary is a periodic evaluation and review of a beneficiary's progress toward the achievement of goals and objectives, overall response to treatment services, the appropriateness of services rendered, and the need for the beneficiary's continued participation in the treatment.
- The progress summary shall be completed at least every 90 calendar days from the signature date on the initial Individualized Plan of Care (IPOC), and every 90 days thereafter.
- The progress summary must be completed and signed by the Licensed Practitioner of the Healing Arts (LPHA), or other qualified clinical professional.
- The progress summary must be clearly documented on the IPOC or on a separate sheet attached to the IPOC.
- The treatment plan must be updated to address current needs.

Progress Summary Components

The LPHA, or other qualified clinical professional, will review and document the following components in the progress summary:

- The beneficiary's name and Medicaid ID number.
- The beneficiary's progress toward treatment goals and objectives.
- The appropriateness and frequency of the services provided.
- The need for continued treatment.
- Recommendations for continued services or discharge of services as outlined in the success criteria for each objective.


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