



# ST. MARTIN PARISH SCHOOL DISTRICT

BHP (Agency): \_\_\_\_\_

BHP (Provider Name): \_\_\_\_\_

SCHOOL YEAR: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

## BEHAVIORAL HEALTH MEMORANDUM OF UNDERSTANDING CHECKLIST

DATE RECEIVED	
	Written request to SMPSB by parent/guardian
	Written request to SMPSB by BHP
	Signed consent to release information between BHP and SMPSB
	Behavioral Health Evaluation performed by BHP indicating that services are medically necessary at school
	Authorized Treatment Plan completed by BHP indicating that services are medically necessary at school
	License verifications
	General and Professional Liability Insurance(\$1,000,000/\$1,000,000)
	Workman's Comp Insurance
	Mobile Locations Liability Insurance(\$1,000,000/\$1,000,000)
	Criminal Background Check Certification-LSP in last 12 months and LBAB board(in good standing)

Documents received and forwarded for approval on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Review of Submitted Documents for BHS:**

Signed consent to release information between BHP and SMPSB

- Behavioral Health evaluation performed by a BHP evaluator
- The BHP's evaluation includes an assessment, diagnosis, and authorized treatment plan performed by a BHP and clearly identifies the operational definition describing the factors that constitute interference with a student's "ability to thrive in the educational setting" and the criteria used by the BHP for determining such interference resulting from diagnosed behavioral health impairments.
- Authorized Treatment Plan performed by a BHP indicating medically necessary during school hours to assist the student with behavioral health impairments associated with a medical diagnosis that the evaluator determines are interfering with the student's ability to thrive in the educational setting and the criteria used by the BHP for determining such interference resulting from diagnosed behavioral health impairments.
- Treatment Plan includes consideration of the impacts on the school district's educational obligations and operation, the student's educational progress, and the student's testing schedule.
- Treatment Plan describes the type of behavioral intervention; anticipated length of intervention(s); goals targeting the student's identified medical needs; identification of impact of behavioral health impairments on the student's educational program; recommendations for services, including applied behavioral analysis (ABA) services, and the anticipated frequency and duration of behavioral health client contact during school hours.
- Contents of the behavioral health evaluation includes, at a minimum, the student's medical diagnosis, a description of present problems and symptoms; information about health, illness and treatment (both physical and behavioral), including current medications; information about the student's development; and relevant information, if any, about environmental factors and relevant historical events.

● **Requests submitted without the required parental consent and release form and/or the required BHP evaluation, assessment, and treatment plan will not be accepted.**

● **Evaluation received and Treatment Plan both state services are medically necessary and needed during the school day. BHP Evaluator must sign the Request.**

APPROVED: \_\_\_\_\_  
Signature Date

DENIED: \_\_\_\_\_  
Signature Date