

<b>QUALITY OF DOCUMENTATION</b>		<b>Reviewer:</b>
<b>Opioid Treatment Program - OTP</b>		
<b>Consumer Name:</b>		<b>Consumer M.A. #:</b>
<b>1. Has the patient consented for treatment or with the consent of the patient, a parent or guardian has consented for treatment?</b> Code of Federal Regulations 42 CFR 8.12 (e)  <b>Yes / No</b>	<b>Comments:</b>	
<b>2. Does the medical record contain a completed Maryland Medicaid/Behavioral Health Administration Authorization To Disclose Substance Use Treatment Information For Coordination Of Care form; or documentation that the participant was offered the form and refused to sign; or documentation the form was not presented to the participant?</b> Beacon Health Options Provider Alert Release of Information Form (ROI), March 27, 2015 Beacon Health Options Provider Alert Release of Information (ROI) Requests, August 13, 2015  <b>Yes / No</b>	<b>Comments:</b>	
<b>3. Does the medical record contain a completed BHA Documentation for Uninsured Eligibility Benefit form or Uninsured Eligibility Registration form and verification of uninsured eligibility status?</b> MHA Guidelines  <b>Yes / No / NA</b>	<b>Comments:</b>	
<b>4. Does the patient meet American Society of Addiction Medicine (ASAM) patient placement criteria for OTP services?</b> 10.09.80.04 B (1)  <b>Yes / No</b>	<b>Comments:</b>	

<p><b>5. Is a comprehensive assessment completed prior to services being rendered, completed by a licensed or certified clinician, and include an assessment of drug and alcohol use; substance use disorder treatment history; referrals for physical and mental health services; and recommendations for the appropriate level of substance use disorder treatment?</b>  10.09.80.05 A  Code of Federal Regulations 42 CFR 8.12 (f) (4)</p> <p style="text-align: center;"><b>Yes / No</b></p>	<p>Comments:</p>
<p><b>6. Does the record contain/document an individual treatment plan, which has been reviewed and approved by a licensed or certified clinician and deemed acceptable to the consumer, which contains short-term goals and specifies the services to be provided and the frequency and the schedule for their provisions and which has been updated as needed?</b>  10.09.80.01 B (9)  10.09.80.05 B (3)  10.09.80.05.G (1)  Code of Federal Regulations 42 CFR 8.2  Code of Federal Regulations 42 CFR 8.12 (f) (4)</p> <p style="text-align: center;"><b>Yes / No / N A</b></p>	<p>Comments:</p>
<p><b>7. Does the record document the individual's dosing schedule?</b>  Code of Federal Regulations 42 CFR 8.12 (g) (1)</p> <p style="text-align: center;"><b>Yes / No</b></p>	<p>Comments:</p>
<p><b>8. Are individual and/or group therapy services rendered based on the individualized treatment plan?</b>  10.09.80.05 G (2) (d)  10.63.03.19 L  Code of Federal Regulations 42 CFR 8.12 (f) (5)</p> <p style="text-align: center;"><b>Yes / No / NA</b></p>	<p>Comments:</p>

<p><b>9. Are the progress/contact notes complete?</b>  10.09.80.01 B (16)  10.09.80.03 C</p> <p style="text-align: center;"><b>Yes / No</b></p>	<p><b>Comments:</b></p>
<p><b>10. Is there evidence of an initial drug test and ongoing monthly random drug testing?</b>  10.09.80.05 G (2) (b-c)  10.63.03.19 G  Code of Federal Regulations 42 CFR 8.12 (f) (6)</p> <p style="text-align: center;"><b>Yes / No</b></p>	<p><b>Comments:</b></p>
<p><b>11. If the toxicology results were positive, does the record document that the results were addressed by staff with the individual and that appropriate intervention was implemented?</b></p> <p style="text-align: center;"><b>Yes / No / NA</b></p>	<p><b>Comments:</b></p>
<p><b>12. If guest dosing was utilized, is there documentation to support guest dosing between the home and guest OTP provider?</b>  10.09.80.05 G (4)</p> <p style="text-align: center;"><b>Yes / No / NA</b></p>	<p><b>Comments:</b></p>

<p><b>13. Does the record reflect the development of a transition plan, if the individual is discharged?</b> MDH Guidelines</p> <p style="text-align: center;"><b>Yes / No / NA</b></p>	<p><b>Comments:</b></p>
<p><b>14. Does the record document referral(s) and/or collaboration with informational and/or community services requested by the consumer or determined by the program?</b> Code of Federal Regulations 42 CFR 8.12 (f) (5) (iii)</p> <p style="text-align: center;"><b>Yes / No / NA</b></p>	<p><b>Comments:</b></p>