

<b>QUALITY OF DOCUMENTATION</b>		<b>Reviewer:</b>
<b>Level I – Outpatient Services</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> 10.47.01.04 H (1)  <p style="text-align: center;"><b>Yes / No</b></p>	<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  <p style="text-align: center;"><b>Yes / No</b></p>	<b>Comments:</b>	
<b>3. Does the medical record contain a completed MHA Documentation for Uninsured Eligibility Benefit form or Uninsured Eligibility Registration form and verification of uninsured eligibility status?</b> MHA Guidelines  <p style="text-align: center;"><b>Yes / No / NA</b></p>	<b>Comments:</b>	
<b>4. Does the patient meet American Society of Addiction Medicine (ASAM) patient placement criteria for Level I?</b> 10.09.80.04 B (1) 10.47.02.04 B (1)  <p style="text-align: center;"><b>Yes / No</b></p>	<b>Comments:</b>	

<p><b>5. Has the program established an interview date that falls within 10 working days of the individual's initial contact?</b> 10.47.01.04 A (1) (a)</p> <p style="text-align: center;"><b>Yes / No</b></p>	<p>Comments:</p>
<p><b>6. Is a comprehensive assessment completed within 2 weeks of admission or has the provider obtained a comprehensive assessment, completed by a licensed, or certified clinician or certified program within the last year, and has updated the assessment prior to the development of the treatment plan?</b> 10.09.80.05 A 10.47.01.04 B (1-2) 10.47.02.04 D (1) <i>Waiver to COMAR Assessment Requirement (07/01/2011)</i> <i>Memorandum: ASI/POSIT Waiver (9/17/2009)</i></p> <p style="text-align: center;"><b>Yes / No</b></p>	<p>Comments:</p>
<p><b>7. Was the initial ITP completed within 7 working days of the comprehensive assessment, signed and dated by the participant and alcohol and drug counselor, and does the ITP set forth individualized needs, including: socialization, alcohol and drug abuse or dependence, psychological, vocational, educational, physical health, legal, and family?</b> 10.09.80.01 B (9) 10.47.02.04 D (2) 10.09.80.05 B (3) 10.47.01.04 C (1) (a)</p> <p style="text-align: center;"><b>Yes / No / NA</b></p>	<p>Comments:</p>
<p><b>8. Does the ITP contain individualized interventions, including: recipient's individual needs, long-range and short-range goals, specific interventions for meeting goals, completion target dates, criteria for successful completion of treatment, referrals to ancillary services, if needed, and referrals to recovery support services, if needed?</b> 10.09.80.05 B (3) (b) (i-iii) 10.47.01.04 C (1) (b)</p> <p style="text-align: center;"><b>Yes / No / NA</b></p>	<p>Comments:</p>

<p><b>9. Is the ITP updated every 90 days; completed and signed and dated by the alcohol and drug counselor and participant; and reviewed and approved by a licensed physician or licensed practitioner of the healing arts?</b>  10.47.02.04 D (2)  10.47.01.04 C (2)</p> <p style="text-align: center;"><b>Yes / No / NA</b></p>	<p><b>Comments:</b></p>
<p><b>10. Does the record reflect the development of a transition plan, if the patient is discharged?</b>  MDH Guidelines</p> <p style="text-align: center;"><b>Yes / No / NA</b></p>	<p><b>Comments:</b></p>
<p><b>11. Within 30 days of the patient's discharge from the program, has the program completed a discharge summary or does the record reflect a written transfer summary, completed at the time of discharge?</b>  10.47.01.04 G (1-3)  10.47.01.08 A (1) (f)  10.47.01.04 G (4-6)</p> <p style="text-align: center;"><b>Yes / No / NA</b></p>	<p><b>Comments:</b></p>
<p><b>12. Are the progress/contact notes complete?</b>  10.09.80.01 B (16)  10.09.80.03 C  10.47.02.04 E  10.47.01.08 A (1) (d)</p> <p style="text-align: center;"><b>Yes / No / NA</b></p>	<p><b>Comments:</b></p>