QUALITY OF DOCUMENTATION **Level 2.1- Intensive Outpatient Services (IOP)**	**GUIDELINES FOR SCORING INDIVIDUAL RECORDS** **Y = Meets Standard N = Does Not Meet Standard** **N/A = Not Applicable**	**GUIDELINES FOR DETERMINING PROGRAM COMPLIANCE WITH STANDARDS** ***Programs are expected to strive to achieve all quality of documentation standards in 100% of the instances. Programs that are compliant in less than 75% of the charts reviewed will be required to develop a Performance Improvement Plan (PIP) in conjunction with the CSA, Beacon Health Options, BHA, Medicaid, or any other auditing agency.***
1. Has the participant consented for treatment or with the consent of the participant, a parent or guardian has consented for treatment? 10.47.01.04 H (1) **Yes / No**	**Y**= The participant consented for treatment or a parent or guardian of a child or adolescent, with the child or adolescent's consent, applied on behalf of the child or adolescent for admission to a certified program. **N**= Consent for treatment is not present in the chart; **OR** the participant did not consent for treatment; **OR** a parent or guardian of a child or adolescent, with the child or adolescent's consent, did not apply on behalf of the child or adolescent for admission to a certified program.	75% of all medical records reviewed have documented consent for services.
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? 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 **Yes / No**	**Y** = The medical record contains 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. **N** = The medical record does not 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** the form was not presented to the participant.	75% of all applicable medical records reviewed have the required 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

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? BHA Guidelines **Yes / No / NA**	**Y =** The medical record contains a completed BHA issued Documentation for Uninsured Eligibility Benefit form **OR** printed screenshots of the on-line Beacon Health Options Uninsured Eligibility/Member Registration form and verification of uninsured eligibility status (such as confirming Maryland residence via photo ID). **N =** The medical record does not contain a completed BHA issued Documentation for Uninsured Eligibility Benefit form **OR** printed screenshots of the on-line Beacon Health Options Uninsured Eligibility/Member Registration form and verification of uninsured eligibility status (such as confirming Maryland residence via photo ID). **N/A =** The participant has active Medicaid; therefore uninsured documentation is not required.	75% of all applicable medical records reviewed have the required Uninsured Eligibility documentation.
4. Does the participant meet the Department's medical necessity criteria? 10.09.80.04 B (1) 10.63.03.03 A (1) **Yes / No**	**Y**= The participant meets the Department's medical necessity criteria. **N**= The participant does not meet the Department's medical necessity criteria.	75% of all applicable medical records reviewed contain evidence that the participant meets the Department's medical necessity criteria for IOP.
5. Does documentation in the participant's record support intensive outpatient treatment for 9 or more hours weekly for an adult or 6 or more hours weekly for an adolescent? 10.09.80.05 C (2) **Yes / No**	**Y**= Documentation in the participant's record support outpatient treatment for 9 or more hours weekly for an adult **OR** 6 or more hours weekly for an adolescent. **N**= Documentation in the participant's record does not support outpatient treatment for 9 or more hours weekly for an adult **OR** 6 or more hours weekly for an adolescent.	75% of all applicable medical records reviewed have documentation which support IOP treatment for 9 or more hours weekly **OR** 6 or more hours weekly.

6. Does the record contain a comprehensive substance use disorder assessment that, at a minimum, includes drug and alcohol use, substance use disorder treatment history, referrals for physical and mental health services; recommendation for the appropriate level of substance use disorder treatment, and; reviewed and approved by a licensed physician or licensed practitioner of the healing arts? 10.09.80.05 A **Yes / No**	**Y**= The record contains a comprehensive substance use disorder assessment that, at a minimum, includes drug and alcohol use, substance use disorder treatment history, referrals for physical and mental health services; recommendation for the appropriate level of substance use disorder treatment, and; reviewed and approved by a licensed physician or licensed practitioner of the healing arts. **N**= The record does not contain a comprehensive substance use disorder assessment that, at a minimum, includes drug and alcohol use, substance use disorder treatment history, referrals for physical and mental health services; recommendation for the appropriate level of substance use disorder treatment, and; reviewed and approved by a licensed physician or licensed practitioner of the healing arts.	75% of all medical records reviewed contain a comprehensive substance use disorder assessment with the required elements.
7. Does the record contain a written Individual Recovery/Treatment Plan based on the comprehensive assessment and with the participation of the participant? 10.09.80.05 C (3) **Yes / No / NA**	**Y**= The record contains a written Individual Recovery/Treatment Plan based on the comprehensive assessment and with the participation of the participant. **N**= The record does not contain a written Individual Recovery/Treatment Plan based on the comprehensive assessment and with the participation of the participant. **N/A =** The participant is a new referral and an ITP has not yet been developed.	75% of all medical records reviewed contain a written Individual Recovery/Treatment Plan based on the comprehensive assessment and with the participation of the participant.

8. Does the Individual Recovery/Treatment Plan include: treatment plan goals, specific interventions that reflect the amounts, frequencies and intensities appropriate to the objective of the treatment plan; and has been reviewed and approved by a licensed physician or licensed practitioner of the healing arts? 10.09.80.05 C (3) (a-b) **Yes / No / NA**	**Y**= The Individual Recovery/Treatment Plan includes: treatment plan goals, specific interventions that reflect the amounts, frequencies and intensities appropriate to the objective of the treatment plan; and has been reviewed and approved by a licensed physician or licensed practitioner of the healing arts. **N**= The Individual Recovery/Treatment Plan does not include: treatment plan goals, specific interventions that reflect the amounts, frequencies and intensities appropriate to the objective of the treatment plan; and has been reviewed and approved by a licensed physician or licensed practitioner of the healing arts. **N/A =** The participant is a new referral and an ITP has not yet been developed.	75% of all medical records reviewed meet the standard for the Individual Recovery/Treatment Plan containing the required elements.

9. Does the record contain evidence that toxicology tests were ordered and the results? **Yes / No**	**Y**= The record contains evidence of toxicology tests were ordered **and** the results. **N**= The record does not contain evidence of toxicology tests were ordered **and** the results; **OR** the record contains evidence of toxicology tests were ordered and **no** results.	75% of all medical records reviewed contained toxicology tests and results.
10. If toxicology results were positive, does the record document the results were addressed by staff with the participant and appropriate action was taken? **Yes / No / NA**	**Y**= The record documents positive toxicology results were addressed by staff with the participant and appropriate action was taken. **N =** The record does not document positive toxicology results were addressed by staff with the participant and appropriate action was taken; **OR** the record documents positive toxicology results were addressed by staff with the participant and appropriate action was **not** taken. **N/A =** The record documents negative toxicology results.	75% of all medical records reviewed document positive toxicology results were addressed by staff with the participant and appropriate action was taken.
11. Does the record reflect the development of a transition plan, if the individual is discharged? MDH Guidelines **Yes / No / NA**	**Y**= The record contains a discharge plan which includes written recommendations to assist the participant with recovery efforts and other appropriate referral services. **N =** The record does not contain a discharge plan which includes written recommendations to assist the participant with recovery efforts and other appropriate referral services. **N/A=** The individual remains in active treatment with the provider.	75% of all applicable medical records contain a discharge plan which includes written recommendations to assist the participant with recovery efforts and other appropriate referral services.
12. Is the participant receiving at a minimum 2 hours per day of IOP services? 10.09.80.06 C **Yes / No**	**Y=** The participant is receiving at a minimum 2 hours per day of IOP services. **N**= The participant is not receiving at a minimum 2 hours per day of IOP services.	75% of all applicable medical records reviewed support the participant is receiving at a minimum 2 hours per day of IOP services.

13. If the participant has been in IOP longer than 2 consecutive months, does the documentation support the need for continued IOP services? **Yes / No / NA**	**Y=** The participant has been in IOP longer than 2 consecutive months, and the documentation support the need for continued IOP services. **N=** The participant has been in IOP longer than 2 consecutive months, and the documentation does not support the need for ongoing IOP services; **OR** the documentation is missing. **N/A=** The participant has been in IOP for 2 months or less.	75% of all applicable medical records reviewed for a participant in IOP longer than 2 consecutive months document the need for continued IOP services.
14. Are the progress/contact notes complete? 10.09.80.01 B (16) 10.09.80.03 C **Yes / No**	**Y**= Progress/contact notes document each contact with the participant and include: date of service with start and end times, all services received, primary reason for the visit, description of service, and legible signature with title/credential of the individual providing the service. **N =** Progress/contact notes do not document each contact with the participant and include: date of service with start and end times, all services received, primary reason for the visit, description of service, and legible signature with title/credential of individual providing the service; **OR** progress/contact notes are missing a required element.	75% of all medical records reviewed meet the standard for complete contact notes.