

**QUALITY OF DOCUMENTATION****Reviewer:****Individual & Group—MD Licensed Social Workers****Consumer Name:****Consumer M.A.#:****1. Has the social worker apprised the client of the nature and extent of treatment services?***COMAR 10.42.03.03 A (1-3)**10.21.25.03-1 H (1) (a)**Yes**No**Comments:***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 individual was offered the form and refused to sign; or the form was not presented to the individual?***ValueOptions Provider Alert Release of Information Form (ROI), March 27, 2015**ValueOptions Provider Alert Release of Information (ROI) Requests, August 13, 2015**Yes**No**NA***3. Does the consumer have a PBHS mental health DSM V/ICD-10 diagnosis to support outpatient mental health services?***Maryland Medical Necessity Criteria: Level of Care VI: Outpatient Services**ICD-9 Crosswalk**Yes**No**Comments:***4. Does the individual meet admissions and continuing stay medical necessity criteria for outpatient mental health services?***Maryland Medical Necessity Criteria**Yes**No**Comments:***5. Does the medical record contain an assessment and a diagnosis?***10.42.01.02 B (4) (5) (a)**10.21.25.03-1 H (1) (b)**Yes**No**Comments:***6. Does the client record contain treatment plans and treatment goals?***10.42.03.03 A (5) (a-b)**10.21.25.03-1 H (1) (c)**Yes**No**NA**Comments:***7. Does the client record contain progress notes?***Comments:*

*10.42.03.03 A (5) (b-c)*  
*10.42.01.02 B (5) (c-d)*  
*10.21.25.03-1 H (2)*  
*10.09.59.03 C*  
*10/28/08 MHA Memorandum-Compliance with MA Requirements & Billing the PMHS*

*Yes*            *No*

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