

Quality of Documentation

Substance Use Disorder - Level 3.3 Residential Medium Intensity

Provider:	
Participant Name:	Reviewer:
<p>1. Has the participant consented for treatment or with the consent of the participant, a parent or guardian has consented for treatment? <i>COMAR 10.47.01.04 H (1)</i> <i>COMAR 10.47.01.03 H (3) (c)</i> <i>Accreditation Standard</i></p> <p style="text-align: center;">YES / NO</p>	<p>Comments:</p>
<p>2. Does the medical record contain a completed MDH Documentation for Uninsured Eligibility Registration and verification of uninsured eligibility status, or documentation of approval by MDH? <i>MDH Guidelines</i> <i>Accreditation Standard</i></p> <p style="text-align: center;">YES / NO / NA</p>	<p>Comments:</p>
<p>3. Does the medical record contain a completed Maryland Medicaid/Maryland Department of Health/Optum Maryland 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? <i>COMAR 10.47.01.08 A (1) (c)</i> <i>Accreditation Standard</i> <i>MDH Guidelines</i> <i>42 CFR, Part 2</i> <i>Optum Behavioral Health Provider Alert Release of Information (ROI) For MCO's, November 7, 2019</i></p> <p style="text-align: center;">YES / NO</p>	<p>Comments:</p>

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<p>4. Has the program established an interview date that falls within 10 working days of the participant's initial contact? <i>COMAR 10.47.01.04 A (1) (a)</i> <i>Accreditation Standard</i></p> <p style="text-align: center;">YES / NO</p>	<p>Comments:</p>
<p>5. Was a comprehensive substance use disorder assessment completed within 1 week of admission? <i>COMAR 10.47.01.04 B</i> <i>COMAR 10.47.01.08 A (1) (c)</i> <i>COMAR 10.47.02.07 D (1)</i> <i>COMAR 10.63.03.12 A</i> <i>Accreditation Standard</i></p> <p style="text-align: center;">YES / NO</p>	<p>Comments:</p>
<p>6. Does the participant meet American Society of Addiction Medicine (ASAM) criteria for Level 3.3? <i>COMAR 10.09.06.04 B</i> <i>COMAR 10.09.06.05 B</i> <i>COMAR 10.09.80.04 B (1)</i> <i>COMAR 10.47.01.04 A (2 & 4)</i> <i>COMAR 10.47.02.07 B (1)</i> <i>COMAR 10.63.03.12 A (3) (a)</i> <i>Accreditation Standard</i></p> <p style="text-align: center;">YES / NO</p>	<p>Comments:</p>

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<p>7. Was the initial ITP completed within 3 working days of the comprehensive assessment, and is it individualized and comprehensive? <i>COMAR 10.09.06.04 B (8) (a)</i> <i>COMAR 10.47.01.04 C</i> <i>COMAR 10.47.01.08 A (1) (c)</i> <i>COMAR 10.47.02.07 D (2)</i> <i>Accreditation Standard</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>
<p>8. Is the ITP updated every 30 days; completed and signed and dated by the alcohol and drug counselor and participant; and reviewed and approved by a licensed practitioner of the healing arts? <i>COMAR 10.09.06.04 B (9)</i> <i>COMAR 10.47.01.04 C</i> <i>COMAR 10.47.02.07 D (2)</i> <i>Accreditation Standard</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>
<p>9. Does the record contain documentation of infectious disease education within the first 30 days of treatment? <i>COMAR 10.47.01.04 D</i> <i>Accreditation Standard</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>

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<p>10. Are the progress/contact notes complete? <i>COMAR 10.09.06.04 B (8 & 9)</i> <i>COMAR 10.09.80.01 B (16)</i> <i>COMAR 10.09.80.03 C</i> <i>COMAR 10.47.01.08 A (1) (c & d)</i> <i>COMAR 10.47.02.07 E</i> <i>Accreditation Standard</i></p> <p>YES / NO</p>	<p>Comments:</p>
<p>11. Does the record contain weekly progress notes? <i>COMAR 10.09.06.04 B (8 & 9)</i> <i>COMAR 10.47.02.07 E</i> <i>Accreditation Standard</i></p> <p>YES / NO</p>	<p>Comments:</p>
<p>12. Does documentation in the record support that the participant has received 20-35 hours per week of therapeutic activities? <i>COMAR 10.09.06.04 D (2)</i> <i>COMAR 10.09.06.06 B</i> <i>COMAR 10.47.02.07 D (3-6)</i> <i>COMAR 10.63.03.12 A (2)</i> <i>Accreditation Standard</i></p> <p>YES / NO</p>	<p>Comments:</p>

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<p>13. If referrals have been made, does the record contain documentation of the referral? <i>COMAR 10.47.01.04 F</i> <i>COMAR 10.47.01.09</i> <i>COMAR 10.47.02.07 F</i> <i>Accreditation Standard</i></p> <p style="text-align: center;">YES / NO / NA</p>	<p>Comments:</p>
<p>14. Was a discharge summary completed within 30 days of the participant's discharge, or was a transfer summary completed at the time of discharge from the program? <i>COMAR 10.09.06.04 D (3)</i> <i>COMAR 10.47.01.04 G</i> <i>COMAR 10.47.01.08 A (1) (f)</i> <i>Accreditation Standard</i></p> <p style="text-align: center;">YES / NO / NA</p>	<p>Comments:</p>
<p>15. If the program utilizes an Electronic Medical Record (EHR) is a companion hard copy file maintained? <i>COMAR 10.47.01.08 C</i> <i>Accreditation Standard</i></p> <p style="text-align: center;">YES / NO / NA</p>	<p>Comments:</p>