

# Quality of Documentation

## Substance Use Disorder - Opioid Treatment Program (OTP)

<b>Provider:</b>	
<b>Participant Name:</b>	<b>Reviewer:</b>
<p><b>1. Has the participant consented for treatment or with the consent of the participant, a parent or guardian has consented for treatment?</b>  <i>COMAR 10.47.01.04 H (1)</i>  <i>COMAR 10.47.01.04 H (3) (c)</i>  <i>42 CFR 8.12 (e)</i>  <i>Accreditation Standard</i></p> <p style="text-align: center;"><b>YES / NO</b></p>	<b>Comments:</b>
<p><b>2. Does the medical record contain a completed <i>MDH Documentation for Uninsured Eligibility Registration</i> and verification of uninsured eligibility status, or documentation of approval by MDH?</b>  <i>MDH Guidelines</i>  <i>Accreditation Standard</i></p> <p style="text-align: center;"><b>YES / NO / NA</b></p>	<b>Comments:</b>
<p><b>3. Does the medical record contain a completed Maryland Medicaid/Maryland Department of Health/Optum Maryland <i>Authorization To Disclose Substance Use Treatment Information For Coordination of Care</i> form; or documentation that the participant was offered the form and refused to sign?</b>  <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;"><b>YES / NO</b></p>	<b>Comments:</b>

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<p><b>4. Was a comprehensive assessment completed by a licensed physician or practitioner, and prior to services being rendered?</b> <i>COMAR 10.09.80.05 A</i> <i>COMAR 10.47.01.04 B</i> <i>COMAR 10.47.01.08 A (1) (c)</i> <i>42 CFR 8.12 (f) (4)</i> <i>Accreditation Standard</i></p> <p>YES / NO</p>	<p>Comments:</p>
<p><b>5. Does the participant meet American Society of Addiction Medicine (ASAM) criteria for OTP services?</b> <i>COMAR 10.09.80.04 B (1)</i> <i>COMAR 10.47.01.04 A (2 &amp; 4)</i> <i>Accreditation Standard</i></p> <p>YES / NO</p>	<p>Comments:</p>
<p><b>6. Was the initial ITP completed within 7 working days of the comprehensive assessment, and is it individualized and comprehensive?</b> <i>COMAR 10.09.80.05 G (1)</i> <i>COMAR 10.47.01.04 C</i> <i>COMAR 10.47.01.08 A (1) (c)</i> <i>COMAR 10.47.02.11 D (3)</i> <i>42 CFR 8.12 (f) (4)</i> <i>Accreditation Standard</i></p> <p>YES / NO</p>	<p>Comments:</p>

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<p><b>7. Is the ITP updated every 90 days for the first year of treatment, and every 180 days thereafter?</b> <i>COMAR 10.47.01.08 A (1) (c)</i> <i>COMAR 10.47.02.11 D (3)</i> <i>42 CFR 8.12 (i)</i> <i>Accreditation Standard</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>
<p><b>8. Does the record document the participant's dosing schedule, and that medications were administered or dispensed according to the licensed practitioner's medication order?</b> <i>COMAR 10.09.80.05 H</i> <i>COMAR 10.47.02.11 F</i> <i>COMAR 10.63.03.19 C</i> <i>42 CFR 8.12 (h)</i> <i>Accreditation Standard</i></p> <p>YES / NO</p>	<p>Comments:</p>
<p><b>9. If guest dosing was utilized, is there documentation to support guest dosing between the home and guest OTP provider?</b> <i>COMAR 10.09.80.05 G (4)</i> <i>COMAR 10.63.03.19 C</i> <i>Accreditation Standard</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>

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<p><b>10. Are progress/contact notes complete, and do they reflect that individual and/or group therapy services were rendered based on the individualized treatment plan?</b>  <i>COMAR 10.09.80.01 B (16)</i>  <i>COMAR 10.09.80.03 C</i>  <i>COMAR 10.09.80.05 G (2) (d)</i>  <i>COMAR 10.47.01.08 A (1) (c-d)</i>  <i>Accreditation Standard</i></p> <p style="text-align: center;"><b>YES / NO</b></p>	<p><b>Comments:</b></p>
<p><b>11. Does the record contain evidence that an initial, and ongoing monthly random toxicology tests were ordered, and the results?</b>  <i>COMAR 10.47.02.11 E</i>  <i>42 CFR 8.12 (f) (6)</i>  <i>Accreditation Standard</i></p> <p style="text-align: center;"><b>YES / NO</b></p>	<p><b>Comments:</b></p>
<p><b>12. Does the record contain documentation that positive toxicology results were addressed by staff with the participant, and appropriate action was taken?</b>  <i>COMAR 10.09.80.05 G (2) (b-c)</i>  <i>COMAR 10.47.02.11 E</i>  <i>COMAR 10.63.03.19 G &amp; H</i>  <i>42 CFR 8.12 (f) (6)</i>  <i>Accreditation Standard</i></p> <p style="text-align: center;"><b>YES / NO / NA</b></p>	<p><b>Comments:</b></p>

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<p><b>13. 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?</b> <i>COMAR 10.47.01.04 G</i> <i>COMAR 10.47.01.08 A (1) (f)</i> <i>Accreditation Standard</i></p> <p><b>YES / NO / NA</b></p>	<p><b>Comments:</b></p>
<p><b>14. Does the record document referral(s) to community resources and/or informational services as requested by the participant or recommended by the program?</b> <i>COMAR 10.47.01.04 F</i> <i>COMAR 10.47.02.11 K</i> <i>42 CFR 8.12 (f) (5) (iii)</i> <i>Accreditation Standard</i></p> <p><b>YES / NO / NA</b></p>	<p><b>Comments:</b></p>

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**15. If the program utilizes an Electronic Medical Record (EHR) is a companion hard copy file maintained?**

*COMAR 10.47.01.08 C*

*Accreditation Standard*

**YES / NO / NA**

**Comments:**