

Quality of Documentation

Substance Use Disorder - Level 2.1 Intensive Outpatient Program (IOP)

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>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>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>Accreditation Standard</i></p> <p>YES / NO</p>	<p>Comments:</p>
<p>5. Was a comprehensive assessment completed within 2 weeks of admission? <i>COMAR 10.09.80.05 A</i> <i>COMAR 10.63.03.03 A (1)</i> <i>Accreditation Standard</i></p> <p>YES / NO</p>	<p>Comments:</p>
<p>6. Does the participant meet American Society of Addiction Medicine (ASAM) criteria for Level 2.1? <i>COMAR 10.09.80.04 B (1)</i> <i>COMAR 10.63.03.03 A (1)</i> <i>Accreditation Standard</i></p> <p>YES / NO</p>	<p>Comments:</p>

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<p>7. Was the initial ITP completed within 5 working days of the comprehensive assessment, and is it individualized and comprehensive? <i>COMAR 10.09.80.01 B (9)</i> <i>COMAR 10.09.80.05 C (4)</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>Accreditation Standard</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>

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<p>9. Are the progress/contact notes complete? <i>COMAR 10.09.80.01 B (16)</i> <i>COMAR 10.09.80.03 C</i> <i>Accreditation Standard</i></p> <p>YES / NO</p>	<p>Comments:</p>
<p>10. Does the record contain evidence that toxicology tests were ordered, and the results? <i>Accreditation Standard</i></p> <p>YES / NO</p>	<p>Comments:</p>
<p>11. Does the record contain documentation that positive toxicology results were addressed by staff with the participant, and appropriate action was taken? <i>Accreditation Standard</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>

Quality of Documentation

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<p>12. Does the record contain documentation that IOP services were received by the adult participant for 9 or more hours per week at a minimum of 2 hours per day, or by the adolescent participant for 6 or more hours per week at a minimum of 2 hours per day? <i>COMAR 10.09.80.05 C (3)</i> <i>COMAR 10.09.80.06 C</i> <i>COMAR 10.63.03.03 A (2)</i> <i>Accreditation Standard</i></p> <p style="text-align: center;">YES / NO</p>	<p>Comments:</p>
<p>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? <i>Accreditation Standard</i></p> <p style="text-align: center;">YES / NO / NA</p>	<p>Comments:</p>
<p>14. If the program utilizes an Electronic Medical Record (EHR) is a companion hard copy file maintained? <i>Accreditation Standard</i></p> <p style="text-align: center;">YES / NO / NA</p>	<p>Comments:</p>