

# Quality of Documentation

## Substance Use Disorder - Level 3.1 Residential Low Intensity

<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>Accreditation Standard</i></p> <p style="text-align: center;">YES / NO</p>	<p><b>Comments:</b></p>
<p><b>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?</b>  <i>MDH Guidelines</i>  <i>Accreditation Standard</i></p> <p style="text-align: center;">YES / NO / NA</p>	<p><b>Comments:</b></p>
<p><b>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?</b>  <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><b>Comments:</b></p>

# Quality of Documentation

## Substance Use Disorder - Level 3.1 Residential Low Intensity

<p><b>4. Has the program established an interview date that falls within 10 working days of the participant's initial contact?</b> <i>Accreditation Standard</i></p> <p>YES / NO</p>	<p>Comments:</p>
<p><b>5. Was a comprehensive substance use disorder assessment completed within 2 weeks of admission?</b> <i>Accreditation Standard</i></p> <p>YES / NO</p>	<p>Comments:</p>
<p><b>6. Does the participant meet American Society of Addiction Medicine (ASAM) criteria for Level 3.1, and are they capable of self-care but not ready to return to family or independent living?</b> <i>COMAR 10.09.06.04 B</i> <i>COMAR 10.09.06.06 A</i> <i>COMAR 10.09.80.04 B (1)</i> <i>COMAR 10.63.03.11 A</i> <i>Accreditation Standard</i></p> <p>YES / NO</p>	<p>Comments:</p>

# Quality of Documentation

## Substance Use Disorder - Level 3.1 Residential Low Intensity

<p><b>7. Was the initial ITP completed within 7 working days of the comprehensive assessment, and is it individualized and comprehensive?</b> <i>COMAR 10.09.06.04 B (8) (a)</i> <i>Accreditation Standard</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>
<p><b>8. Is the ITP updated every 60 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?</b> <i>COMAR 10.09.06.04 B (9)</i> <i>Accreditation Standard</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>
<p><b>9. Does the record contain documentation of infectious disease education within the first 30 days of treatment?</b> <i>Accreditation Standard</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>

# Quality of Documentation

## Substance Use Disorder - Level 3.1 Residential Low Intensity

<p><b>10. Are the progress/contact notes complete?</b> <i>COMAR 10.09.06.04 B (8 &amp; 9)</i> <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><b>11. Does documentation in the record support that the participant has received a minimum of 5 hours per week of therapeutic activities?</b> <i>COMAR 10.09.06.04 C (1)</i> <i>COMAR 10.09.06.06 A</i> <i>COMAR 10.63.03.11 B</i> <i>Accreditation Standard</i></p> <p>YES / NO</p>	<p>Comments:</p>
<p><b>12. If referrals have been made, does the record contain documentation of the referral?</b> <i>Accreditation Standard</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>

# Quality of Documentation

## Substance Use Disorder - Level 3.1 Residential Low Intensity

<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 10.09.06.04 C (2)</i> <i>Accreditation Standard</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>
<p><b>14. If the program utilizes an Electronic Medical Record (EHR) is a companion hard copy file maintained?</b> <i>Accreditation Standard</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>