

Quality of Documentation

Substance Use Disorder - Opioid Treatment Program (OTP)

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>42 CFR 8.12 (e)</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>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. Was a comprehensive assessment completed by a licensed physician or practitioner, and prior to services being rendered? <i>COMAR 10.09.80.05 A</i> <i>42 CFR 8.12 (f) (4)</i> <i>Accreditation Standard</i></p> <p>YES / NO</p>	<p>Comments:</p>
<p>5. Does the participant meet American Society of Addiction Medicine (ASAM) criteria for OTP services? <i>COMAR 10.09.80.04 B (1)</i> <i>Accreditation Standard</i></p> <p>YES / NO</p>	<p>Comments:</p>
<p>6. Was the initial ITP completed within 7 working days of the comprehensive assessment, and is it individualized and comprehensive? <i>COMAR 10.09.80.05 G (1)</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>7. Is the ITP updated every 90 days for the first year of treatment, and every 180 days thereafter? <i>42 CFR 8.12 (i)</i> <i>Accreditation Standard</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>
<p>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? <i>COMAR 10.09.80.05 H</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>9. If guest dosing was utilized, is there documentation to support guest dosing between the home and guest OTP provider? <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>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? <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>Accreditation Standard</i></p> <p>YES / NO</p>	<p>Comments:</p>
<p>11. Does the record contain evidence that an initial, and ongoing monthly random toxicology tests were ordered, and the results? <i>42 CFR 8.12 (f) (6)</i> <i>Accreditation Standard</i></p> <p>YES / NO</p>	<p>Comments:</p>
<p>12. Does the record contain documentation that positive toxicology results were addressed by staff with the participant, and appropriate action was taken? <i>COMAR 10.09.80.05 G (2) (b-c)</i> <i>COMAR 10.63.03.19 G & H</i> <i>42 CFR 8.12 (f) (6)</i> <i>Accreditation Standard</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>

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<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>YES / NO / NA</p>	<p>Comments:</p>
<p>14. Does the record document referral(s) to community resources and/or informational services as requested by the participant or recommended by the program? <i>42 CFR 8.12 (f) (5) (iii)</i> <i>Accreditation Standard</i></p> <p>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>Accreditation Standard</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>