

QUALITY OF DOCUMENTATION		Reviewer:
Level 2.1 – Intensive Outpatient Services (IOP)		
Participant's Name:	Participant's M.A. #:	
1. Has the participant consented for treatment or with the consent of the participant, a parent or guardian has consented for treatment? 10.47.01.04 H (1) <p style="text-align: center;">Yes / No</p>	Comments:	
2. Does the medical record contain a completed Maryland Medicaid/Behavioral Health Administration 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; or documentation the form was not presented to the participant? Beacon Health Options Provider Alert Release of Information Form (ROI), March 27, 2015 Beacon Health Options Provider Alert Release of Information (ROI) Requests, August 13, 2015 <p style="text-align: center;">Yes / No</p>	Comments:	
3. Does the medical record contain a completed BHA Documentation for Uninsured Eligibility Benefit form or Uninsured Eligibility Registration form and verification of uninsured eligibility status? BHA Guidelines <p style="text-align: center;">Yes / No / NA</p>	Comments:	
4. Does the participant meet the Department's medical necessity criteria? 10.09.80.04 B (1) 10.63.03.03 A (1) <p style="text-align: center;">Yes / No</p>	Comments:	

<p>5. Does documentation in the participant's record support intensive outpatient treatment for 9 or more hours weekly for an adult or 6 or more hours weekly for an adolescent? 10.09.80.05 C (2) 10.63.03.03 A (2)</p> <p style="text-align: center;">Yes / No</p>	<p>Comments:</p>
<p>6. Does the record contain a comprehensive substance use disorder assessment that, at a minimum, includes drug and alcohol use, substance use disorder treatment history, referrals for physical and mental health services; recommendation for the appropriate level of substance use disorder treatment, and; reviewed and approved by a licensed physician or licensed practitioner of the healing arts? 10.09.80.05 A</p> <p style="text-align: center;">Yes / No</p>	<p>Comments:</p>
<p>7. Does the record contain a written Individual Recovery/Treatment Plan based on the comprehensive assessment and with the participation of the participant? 10.09.80.05 C (3)</p> <p style="text-align: center;">Yes / No / NA</p>	<p>Comments:</p>
<p>8. Does the Individual Recovery/Treatment Plan include: treatment plan goals, specific interventions that reflect the amounts, frequencies and intensities appropriate to the objective of the treatment plan; and has been reviewed and approved by a licensed physician or licensed practitioner of the healing arts? 10.09.80.05 C (3) (a-b)</p> <p style="text-align: center;">Yes / No / NA</p>	<p>Comments:</p>
<p>9. Does the record contain evidence that toxicology tests were ordered and the results?</p> <p style="text-align: center;">Yes / No</p>	<p>Comments:</p>

<p>10. If toxicology results were positive, does the record document the results were addressed by staff with the participant and appropriate action was taken?</p> <p>Yes / No / NA</p>	<p>Comments:</p>
<p>11. Does the record reflect the development of a transition plan, if the individual is discharged? MDH Guidelines</p> <p>Yes / No / NA</p>	<p>Comments:</p>
<p>12. Is the participant receiving at a minimum 2 hours per day of IOP services? 10.09.80.06 C</p> <p>Yes / No</p>	<p>Comments:</p>
<p>13. If the participant has been in IOP longer than 2 consecutive months, does the documentation support the need for continued IOP services?</p> <p>Yes / No / NA</p>	<p>Comments:</p>
<p>14. Are the progress/contact notes complete? 10.09.80.01 B (16) 10.09.80.03 C</p> <p>Yes / No</p>	<p>Comments:</p>