

<b>QUALITY OF DOCUMENTATION</b> <span style="float: right;"><b>Reviewer:</b></span>	
<b>Individual &amp; Group—MD Licensed Professional Counselors (LPC)</b>	
<b>Consumer Name:</b>	<b>Consumer M.A.#:</b>
<b>1. Has the consumer given informed consent to receive counseling services?</b> 10.58.03.04 A (5-6) 10.21.25.03-1 H (1) (a)  Yes            No	<i>Comments:</i>
<b>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 individual was offered the form and refused to sign; or the form was not presented to the individual?</b> ValueOptions Provider Alert Release of Information Form (ROI), March 27, 2015 ValueOptions Provider Alert Release of Information (ROI) Requests, August 13, 2015  Yes            No            N/A	<i>Comments:</i>
<b>3. Has the counselor provided sufficient information to a client to allow a client to make an informed decision regarding treatment?</b> 10.58.03.08 A (5) 10.21.25.03-1 H (1) (a)  Yes            No	<i>Comments:</i>
<b>4. Does the consumer have a PMHS mental health DSM V/ICD-10 diagnosis to support outpatient mental health services?</b> Maryland Medical Necessity Criteria: Level of Care VI: Outpatient Services ICD-9 Crosswalk  Yes            No	<i>Comments:</i>
<b>5. Does the individual meet admissions and continuing stay medical necessity criteria for outpatient mental health services?</b> Maryland Medical Necessity Criteria  Yes            No	<i>Comments:</i>
<b>6. Does the medical record contain an evaluation/assessment?</b> 10.58.03.04 A (10) 10.21.25.03-1 H (1) (b)  Yes            No	<i>Comments:</i>
<b>7. Does the medical record contain a treatment plan?</b> 10.58.01.02 B (8) (a-e) 10.58.03.05 A (1) (a) 10.21.25.03-1 H (1) (c) 10.09.59.03 C 10/28/08 MHA Memorandum-Compliance with MA Requirements & Billing the PMHS  Yes            No            N/A	<i>Comments:</i>

<p><b>8. Does the medical record contain evidence of face-to-face client contact hours in the form of progress/contact notes?</b>  10.58.01.02 B (9)  10.21.25.03-1 H (2)  Yes            No</p>	<p><i>Comments:</i></p>
<p><b>9. Does the medical record contain documentation of the counselor referring the consumer to and collaborating with informational and community resources?</b>  10.58.01.02 B (8) (e)  Yes            No            N/A</p>	<p><i>Comments:</i></p>