Provider:	
Participant Name:	Reviewer:
1. Has the participant given informed consent to receive counseling services?  COMAR 10.58.03.04 A (5-6)  COMAR 10.21.25.03-1 H (1) (a)  YES / NO	Comments:
2. Has the counselor provided sufficient information to a participant to allow them to make an informed decision regarding treatment?  COMAR 10.58.03.08  COMAR 10.58.03.05  COMAR 10.58.03.04 C  COMAR 10.21.25.03-1 H (1) (a)  YES / NO	Comments:
3. 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? MDH Guidelines  YES / NO / NA	Comments:

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4. 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? MDH Guidelines 42 CFR, Part 2 Optum Behavioral Health Provider Alert Release of Information (ROI) For MCO's, November 7, 2019  YES / NO / NA	Comments:
5. Does the medical record contain a comprehensive assessment?  COMAR 10.21.25.03-1 H (1) (b)  YES / NO	Comments:
6. Does the medical record contain a treatment plan?	Comments:
COMAR 10.58.01.02 B (8) COMAR 10.21.25.03-1 H (1) (c)  YES / NO / NA	

7. Does the medical record contain progress notes for each face-to-face service billed?  COMAR 10.09.59.03 D  COMAR 10.58.01.02 B (9)  COMAR 10.21.25.03-1 H (2)	Comments:
YES / NO / NA	
8. Does the participant meet admissions and continuing stay medical necessity criteria for outpatient mental health services?  Maryland Medical Necessity Criteria ICD-10 Crosswalk  YES / NO	Comments:

9. Does the medical record contain documentation of the counselor referring the participant to and collaborating with informational and community resources?  COMAR 10.58.01.02 B (8) (e)  COMAR 10.58.03.05 A (1) (c and e)	Comments:
YES / NO / NA	