

# Quality of Documentation

## Individual & Group - Licensed Social Worker (LCSW-C)

<b>Provider:</b>	
<b>Participant Name:</b>	<b>Reviewer:</b>
<p><b>1. Has the social worker apprised the participant of the nature and extent of treatment services?</b>  <i>COMAR 10.42.03.03 A (1-2)</i></p> <p style="text-align: center;">YES / NO</p>	<p><b>Comments:</b></p>
<p><b>2. Has the participant given informed consent to receive services?</b>  <i>COMAR 10.42.02.02 B (9)</i>  <i>COMAR 10.21.25.03-1 H (1) (a)</i></p> <p style="text-align: center;">YES / NO</p>	<p><b>Comments:</b></p>
<p><b>3. Does the medical record contain a completed <i>MDH Documentation for Uninsured Eligibility Registration</i> and verification of uninsured eligibility status, or documentation of approval by MDH?</b>  <i>MDH Guidelines</i></p> <p style="text-align: center;">YES / NO / NA</p>	<p><b>Comments:</b></p>

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<p><b>4. Does the medical record contain a completed Maryland Medicaid/Maryland Department of Health/Optum Maryland <i>Authorization To Disclose Substance Use Treatment Information For Coordination of Care</i> form; or documentation that the participant was offered the form and refused to sign?</b> <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><b>YES / NO / NA</b></p>	<p><b>Comments:</b></p>
<p><b>5. Does the medical record contain an assessment?</b> <i>COMAR 10.42.03.03 A (5) (a)</i> <i>COMAR 10.21.25.03-1 H (1) (b)</i></p> <p><b>YES / NO</b></p>	<p><b>Comments:</b></p>
<p><b>6. Does the medical record contain a treatment plan?</b> <i>COMAR 10.42.03.03 A (5) (a)</i> <i>COMAR 10.42.03.06 A (3-4)</i> <i>COMAR 10.21.25.03-1 H (1) (c)</i></p> <p><b>YES / NO / NA</b></p>	<p><b>Comments:</b></p>

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<p><b>7. Does the medical record contain progress notes for each face-to-face service billed?</b> <i>COMAR 10.42.03.03 A (5) (a-e)</i> <i>COMAR 10.09.59.03 D</i> <i>COMAR 10.21.25.03-1 H (2)</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>
<p><b>8. Does the individual meet admissions and continuing stay medical necessity criteria for outpatient mental health services?</b> <i>Maryland Medical Necessity Criteria</i> <i>ICD-10 Crosswalk</i></p> <p>YES / NO</p>	<p>Comments:</p>