Provider:	
Participant Name:	Reviewer:
1. Has the participant consented for treatment or with the consent of the participant, a parent or guardian has consented for treatment? Accreditation Standard YES / NO	Comments:
2. Does the medical record contain a completed <i>MDH</i> <i>Documentation for Uninsured Eligibility Registration</i> and verification of uninsured eligibility status, or documentation of approval by MDH? <i>MDH Guidelines</i> <i>Accreditation Standard</i> YES / NO / NA	Comments:
3. Does the medical record contain a completed Maryland Medicaid/Maryland Department of Health/Optum Maryland <i>Authorization to Disclose Substance Use Treatment</i> <i>Information for Coordination of Care</i> 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</i> <i>(ROI) For MCO's, November 7, 2019</i> YES / NO	Comments:

4. Has the program established an interview date that falls within 10 working days of the participant's initial contact? Accreditation Standard YES / NO	Comments:
5. Was a comprehensive substance use disorder assessment completed within 1 week of admission? COMAR 10.63.03.12 A Accreditation Standard YES / NO	Comments:
6. Does the participant meet American Society of Addiction Medicine (ASAM) criteria for Level 3.3? COMAR 10.09.06.04 B COMAR 10.09.80.04 B (1) COMAR 10.63.03.12 A (3) (a) Accreditation Standard YES / NO	Comments:

7. Was the initial ITP completed within 3 working days of the comprehensive assessment, and is it individualized and comprehensive? COMAR 10.09.06.04 B (8) (a) Accreditation Standard YES / NO / NA	Comments:
8. Is the ITP updated every 30 days; completed and signed and dated by the alcohol and drug counselor and participant; and reviewed and approved by a licensed practitioner of the healing arts? <i>COMAR 10.09.06.04 B (9)</i> <i>Accreditation Standard</i> YES / NO / NA	Comments:
9. Does the record contain documentation of infectious disease education within the first 30 days of treatment? Accreditation Standard	Comments:
YES / NO / NA	

10. Are the progress/contact notes complete? COMAR 10.09.06.04 B (8 & 9) COMAR 10.09.80.01 B (16) COMAR 10.09.80.03 C Accreditation Standard	Comments:
YES / NO	
11. Does the record contain weekly progress notes? COMAR 10.09.06.04 B (8 & 9) Accreditation Standard YES / NO	Comments:
12. Does documentation in the record support that the participant has received 20-35 hours per week of therapeutic activities? COMAR 10.09.06.04 D (2) COMAR 10.09.06.06 B COMAR 10.63.03.12 A (2) Accreditation Standard YES / NO	Comments:

13. If referrals have been made, does the record contain documentation of the referral? <i>Accreditation Standard</i>	Comments:
YES / NO / NA	
14. 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>COMAR</i> 10.09.06.04 D (3) <i>Accreditation Standard</i>	Comments:
YES / NO / NA	
15. If the program utilizes an Electronic Medical Record (EHR) is a companion hard copy file maintained? Accreditation Standard	Comments:
YES / NO / NA	