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	Comments:
YES / NO	
2. 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 Accreditation Standard	Comments:
YES / NO / NA	
3. 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? Accreditation Standard MDH Guidelines 42 CFR, Part 2 Optum Behavioral Health Provider Alert Release of Information (ROI) For MCO's, November 7, 2019	Comments:
YES / NO	

4. Has the program established an interview date that falls within 10 working days of the participant's initial contact? Accreditation Standard	Comments:
YES / NO	
5. Does the record contain a preliminary medical assessment within 36 hours of admission? Accreditation Standard YES / NO	Comments:
TES / NO	
6. Was a comprehensive substance use disorder assessment completed within 2 days of admission? COMAR 10.63.03.13 A Accreditation Standard	Comments:
YES / NO	
7. Does the participant meet American Society of Addiction Medicine (ASAM) criteria for Level 3.5? COMAR 10.09.06.04 B (1 & 2) COMAR 10.09.06.05 B COMAR 10.09.80.04 B (1) COMAR 10.63.03.13 A (4) Accreditation Standard	Comments:
YES / NO	

8. Was the initial ITP completed within 2 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:
9. 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? COMAR 10.09.06.04 B (9) Accreditation Standard YES / NO / NA	Comments:
10. Does the record contain documentation of infectious disease education within the first 30 days of treatment? Accreditation Standard YES / NO / NA	Comments:

11. 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 YES / NO	Comments:
12. Does the record contain weekly progress notes? COMAR 10.09.06.04 B (8 & 9) Accreditation Standard YES / NO	Comments:
13. Does documentation in the record support that the participant has received at least 36 hours per week of therapeutic activities, including at least weekly individual counseling? COMAR 10.09.06.04 E (2) COMAR 10.09.06.06 C (1) COMAR 10.63.03.13 A (2) Accreditation Standard YES / NO	Comments:

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