

QUALITY OF DOCUMENTATION		Reviewer:
Individual & Group—MD Licensed Professional Counselors (LPC)		
Consumer Name:		Consumer M.A.#:
1. Has the consumer given informed consent to receive counseling services? <i>10.58.03.04 A (5-6)</i> <i>Yes No</i>	<i>Comments:</i>	
2. Has the counselor provided sufficient information to a client to allow a client to make an informed decision regarding treatment? <i>10.58.03.08 A (5)</i> <i>Yes No</i>	<i>Comments:</i>	
3. Does the consumer have a PMHS mental health DSM-IV diagnosis to support outpatient mental health services? <i>Maryland Medical Necessity Criteria: Level of Care VI: Outpatient Services</i> <i>ICD-9 Crosswalk</i> <i>Yes No</i>	<i>Comments:</i>	
4. Does the individual meet admissions and continuing stay medical necessity criteria for outpatient mental health services? <i>Maryland Medical Necessity Criteria</i> <i>Yes No</i>	<i>Comments:</i>	
5. Does the medical record contain an evaluation/assessment? <i>10.58.03.04 A (10)</i> <i>Yes No</i>	<i>Comments:</i>	
6. Does the medical record contain a treatment plan? <i>10.58.01.02 B (8) (a-e)</i> <i>10.58.03.05 A (1) (a)</i> <i>Yes No N/A</i>	<i>Comments:</i>	
7. Does the medical record contain evidence of face-to-face client contact hours in the form of progress/contact notes? <i>10.58.01.02 B (9)</i> <i>Yes No</i>	<i>Comments:</i>	
8. Does the medical record contain documentation of the counselor referring the consumer to and collaborating with informational and community resources? <i>10.58.01.02 B (8) (e)</i> <i>Yes No N/A</i>	<i>Comments:</i>	