

**QUALITY OF DOCUMENTATION****Reviewer:****Individual & Group—MD Licensed Social Workers****Consumer Name:****Consumer M.A.#:**

<p><b>1. Has the social worker apprised the client of the nature and extent of treatment services?</b>  <i>10.42.03.03 A (1-4)</i></p> <p><i>Yes            No</i></p>	<p><i>Comments:</i></p>
<p><b>2. Does the consumer have a PMHS mental health DSM-IV diagnosis to support outpatient mental health services?</b>  <i>Maryland Medical Necessity Criteria: Level of Care VI: Outpatient Services  ICD-9 Crosswalk</i></p> <p><i>Yes            No</i></p>	<p><i>Comments:</i></p>
<p><b>3. Does the individual meet admissions and continuing stay medical necessity criteria for outpatient mental health services?</b>  <i>Maryland Medical Necessity Criteria</i></p> <p><i>Yes            No</i></p>	<p><i>Comments:</i></p>
<p><b>4. Does the medical record contain an assessment and a diagnosis?</b>  <i>10.42.01.02 B (4) (5) (a)</i></p> <p><i>Yes            No</i></p>	<p><i>Comments:</i></p>
<p><b>5. Does the client record contain treatment plans and treatment goals?</b>  <i>10.42.03.03 A (5) (a-b)</i></p> <p><i>Yes            No</i></p>	<p><i>Comments:</i></p>
<p><b>6. Does the client record contain progress notes?</b>  <i>10.42.03.03 A (5) (b-c)</i>  <i>10.42.01.02 B (5) (c-d)</i></p> <p><i>Yes            No</i></p>	<p><i>Comments:</i></p>