



Audit Findings Summary - 3rd and 4th Quarter 2020

This *Audit Findings Summary* reflects findings for eighty-two (82) total provider audits, conducted in the 3rd and 4th Quarters of 2020.

The summary reflects audit data, in terms of averages both by quality line item and overall score.

A Program Improvement Plan (PIP) was required of a provider for any quality line item that resulted in an average score of less than 85%, calculated across total records reviewed.

Certain audit findings result in the recommended recovery of funds and/or referral to the Office of Inspector General (OIG).

#	Individual Provider: LCPC / LCADC / LCMFT / LCPAT	Frequency Passed	Frequency Failed (PIP)
1	Has the participant given informed consent to receive counseling services?	11%	89%
2	Has the counselor provided sufficient information to a participant to allow them to make an informed decision regarding treatment?	0%	100%
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?	0%	100%
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?	0%	100%
5	Does the medical record contain a comprehensive assessment?	21%	79%
6	Does the medical record contain a treatment plan?	0%	100%
7	Does the medical record contain progress notes for each face-to-face service billed?	5%	95%
8	Does the participant meet admissions and continuing stay medical necessity criteria for outpatient mental health services?	11%	89%
9	Does the medical record contain documentation of the counselor referring the participant to and collaborating with informational and community resources?	33%	67%
Overall Average		9%	91%

#	Individual Provider: LCSW-C	Frequency Passed	Frequency Failed (PIP)
1	Has the social worker apprised the participant of the nature and extent of treatment services?	0%	100%
2	Has the participant given informed consent to receive services?	0%	100%
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?	0%	100%
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?	0%	100%
5	Does the medical record contain an assessment?	26%	74%
6	Does the medical record contain a treatment plan?	0%	100%
7	Does the medical record contain progress notes for each face-to-face service billed?	3%	97%
8	Does the participant meet admissions and continuing stay medical necessity criteria for outpatient mental health services?	11%	89%
Overall Average		5%	95%

#	Outpatient Mental Health Center (OMHC)	Frequency Passed	Frequency Failed (PIP)
1	Has the participant or parent/guardian consented to treatment?	50%	50%
2	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?	NA	NA
3	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?	0%	100%
4	Is there documentation present indicating that the participant, over the age of 18, has been given information on making an advance directive for mental health services?	25%	75%
5	Was a comprehensive assessment completed by the 2 nd visit?	50%	50%
6	If the participant is a minor and the comprehensive assessment does not contain the required elements for a minor, does the record contain an additional face-to-face assessment completed by the minor's fifth visit?	50%	50%
7	Does the diagnosis match the Utilization Guidelines for the Target Population and is there supporting documentation for establishing medical necessity?	50%	50%
8	If the assessment indicates a secondary co-occurring substance use disorder, is there evidence of integration or collaboration with Substance Abuse services?	33%	67%
9	Was the initial ITP completed by the participant's 5 th visit, and is it comprehensive?	0%	100%
10	Is the ITP reviewed at a minimum of every 6 months?	0%	100%
11	Are the progress/contact notes complete, and do they reflect implementation of goals and interventions from the ITP, and progress towards goals on the ITP?	0%	100%
12	Does record documentation reflect recommendations for and/or collaboration with other mental health services to support the participant's recovery?	0%	100%
13	Is there documentation of the participant's past and current somatic/ medical history and documentation of ongoing communication and collaboration with the Primary Care Physician?	0%	100%
14	Was a discharge summary completed within 10 working days of the participant's discharge from the program?	25%	75%
Overall Average		18%	82%

#	SUD Level 1 Outpatient Program (OP)	Frequency Passed	Frequency Failed (PIP)
1	Has the participant consented for treatment or with the consent of the participant, a parent or guardian has consented for treatment?	67%	33%
2	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?	NA	NA
3	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?	33%	67%
4	Has the program established an interview date that falls within 10 working days of the participant's initial contact?	67%	33%
5	Was a comprehensive assessment completed within 2 weeks of admission?	0%	100%
6	Does the participant meet American Society of Addiction Medicine (ASAM) criteria for Level 1?	0%	100%
7	Was the initial ITP completed within 7 working days of the comprehensive assessment, and is it individualized and comprehensive?	0%	100%
8	Is the ITP updated every 90 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?	0%	100%
9	Are the progress/contact notes complete?	0%	100%
10	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?	0%	100%
11	If the program utilizes an Electronic Medical Record (EHR) is a companion hard copy file maintained?	50%	50%
Overall Average		17%	83%

#	SUD Level 2.1 Intensive Outpatient Program (IOP)	Frequency Passed	Frequency Failed (PIP)
1	Has the participant consented for treatment or with the consent of the participant, a parent or guardian has consented for treatment?	50%	50%
2	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?	100%	0%
3	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?	50%	50%
4	Has the program established an interview date that falls within 10 working days of the participant's initial contact?	50%	50%
5	Was a comprehensive assessment completed within 2 weeks of admission?	0%	100%
6	Does the participant meet American Society of Addiction Medicine (ASAM) criteria for Level 2.1?	0%	100%
7	Was the initial ITP completed within 5 working days of the comprehensive assessment, and is it individualized and comprehensive?	0%	100%
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?	0%	100%
9	Are the progress/contact notes complete?	0%	100%
10	Does the record contain evidence that toxicology tests were ordered, and the results?	50%	50%
11	Does the record contain documentation that positive toxicology results were addressed by staff with the participant, and appropriate action was taken?	0%	100%
12	Does the record contain documentation that IOP services were received by the adult participant for 9 or more hours per week at a minimum of 2 hours per day, or by the adolescent participant for 6 or more hours per week at a minimum of 2 hours per day?	0%	100%
13	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?	0%	100%
14	If the program utilizes an Electronic Medical Record (EHR) is a companion hard copy file maintained?	0%	100%
Overall Average		6%	94%

#	Opioid Treatment Service (OTS)	Frequency Passed	Frequency Failed (PIP)
1	Has the participant consented for treatment or with the consent of the participant, a parent or guardian has consented for treatment?	100%	0%
2	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?	NA	NA
3	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?	100%	0%
4	Was a comprehensive assessment completed by a licensed physician or practitioner, and prior to services being rendered?	0%	100%
5	Does the participant meet American Society of Addiction Medicine (ASAM) criteria for OTP services?	50%	50%
6	Was the initial ITP completed within 7 working days of the comprehensive assessment, and is it individualized and comprehensive?	0%	100%
7	Is the ITP updated every 90 days for the first year of treatment, and every 180 days thereafter?	0%	100%
8	Does the record document the participant's dosing schedule, and that medications were administered or dispensed according to the licensed practitioner's medication order?	100%	0%
9	If guest dosing was utilized, is there documentation to support guest dosing between the home and guest OTP provider?	50%	50%
10	Are progress/contact notes complete, and do they reflect that individual and/or group therapy services were rendered based on the individualized treatment plan?	0%	100%
11	Does the record contain evidence that an initial, and ongoing monthly random toxicology tests were ordered, and the results?	100%	0%
12	Does the record contain documentation that positive toxicology results were addressed by staff with the participant, and appropriate action was taken?	0%	100%
13	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?	50%	50%
14	Does the record document referral(s) to community resources and/or informational services as requested by the participant or recommended by the program?	50%	50%
15	If the program utilizes an Electronic Medical Record (EHR) is a companion hard copy file maintained?	0%	100%
Overall Average		39%	61%

#	Psychiatric Rehabilitation Program for Adults (PRP-A)	Frequency Passed	Frequency Failed (PIP)
1	Has the participant or legal guardian consented to psychiatric rehabilitation services?	0%	100%
2	When required, does the medical record document the participant's choice to receive only off-site or only on-site PRP services?	40%	60%
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?	NA	NA
4	Has the PRP documented the participant's eligibility for Federal or State entitlements and assisted the individual in applying for all entitlements for which he/she may be eligible, if he/she does not currently have entitlements?	0%	100%
5	Is there documentation present indicating that the participant (over the age of 18) has been given information on making an advance directive for mental health services?	0%	100%
6	Does the record contain a referral for PRP services by a licensed mental health professional who provides services to the participant, that includes a PBHS specialty mental health DSM-V diagnosis and date of diagnosis?	0%	100%
7	Was a screening assessment completed within 10 working days of the program's receipt of a PRP referral to determine medical necessity for rehabilitation services?	0%	100%
8	Is there a comprehensive, face-to-face PRP Rehabilitation Assessment that was completed within 30 calendar days of initiation of PRP services?	0%	100%
9	Was an initial IRP completed within 30 calendar days of initiation of PRP services?	0%	100%
10	Are IRP reviews completed at a minimum of every 6 months?	0%	100%
11	Does the record contain complete contact/monthly progress notes which reflect goals and interventions on the IRP are being implemented, participant response to the interventions and progress towards goals, and justification for the need for ongoing PRP services?	0%	100%
12	Is there evidence that the program organizes services and supports to promote the use of community resources and self-help organizations, and documents recommendations for and collaboration with other services to support the individual's recovery?	33%	67%
13	Does the record contain documentation of coordination and/or collaboration, including the participant's needs and progress, with the licensed treating and referring mental health provider?	0%	100%
14	Is there documentation of the participant's past and current somatic/medical history, and documentation of ongoing communication and collaboration with a Primary Care Physician?	33%	67%
15	Within 10 working days after an individual is discharged from a program, was a signed discharge summary completed?	0%	100%
Overall Average		7%	93%

#	Psychiatric Rehabilitation Program for Minors (PRP-M)	Frequency Passed	Frequency Failed (PIP)
1	Has the minor participant, 16 years or older, or parent/guardian consented to psychiatric rehabilitation services?	56%	44%
2	When required, does the medical record document the participant's choice to receive only off-site or only on-site PRP services?	63%	38%
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?	NA	NA
4	Has the PRP documented the participant's eligibility for Federal or State entitlements and assisted the individual in applying for all entitlements for which he/she may be eligible, if he/she does not currently have entitlements?	11%	89%
5	Does the record contain a referral for PRP services by a licensed mental health professional who provides services to the participant, that includes a PBHS specialty mental health DSM-V diagnosis and date of diagnosis?	22%	78%
6	Was a screening assessment scheduled within 5 working days of the program's receipt of a PRP referral to determine medical necessity for rehabilitation services?	44%	56%
7	Is there a comprehensive, face-to-face PRP Rehabilitation Assessment that was completed within 14 calendar days of initiation of PRP services?	56%	44%
8	Was an initial IRP completed within 30 calendar days of the initiation of PRP services?	0%	100%
9	Are IRP reviews completed at a minimum of every 3 months?	11%	89%
10	Does the record contain complete contact/monthly progress notes which reflect goals and interventions on the IRP are being implemented, participant response to the interventions and progress towards goals, and justification for the need for ongoing PRP services?	11%	89%
11	Is there evidence that the program provides rehabilitation activities directed toward the development of restoration of skills, and information and referrals for additional services?	56%	44%
12	Does the record contain documentation of coordination and/or collaboration, including the participant's needs and progress, with the licensed treating and referring mental health provider?	11%	89%
13	Is there documentation of the participant's past and current somatic/medical history, and documentation of ongoing communication and collaboration with a Primary Care Physician?	78%	22%
14	Within 10 working days after an individual is discharged from a program, was a signed discharge summary completed?	29%	71%
Overall Average		33%	67%

#	Therapeutic Behavioral Services (TBS)	Frequency Passed	Frequency Failed (PIP)
1	Has the participant or parent/guardian consented to rehabilitation services?	50%	50%
2	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?	NA	NA
3	Was an initial therapeutic behavioral assessment completed, and is it comprehensive?	0%	100%
4	Is the Behavioral Plan updated every 60 days?	50%	50%
5	Are the progress notes complete, and do they reflect implementation of goals and interventions from the behavioral plan, and progress towards goals?	0%	100%
Overall Average		25%	75%