



SANDHILLS CENTER

Managing Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Services
 910-673-9111 (FAX) 910-673-6202 www.sandhillscenter.org Victoria Whitt, CEO

Alcohol and Other Drug Dependence (AOD) Assessment Tool			
Patient Name:	DOB:	Record ID:	
Agency Name:	Service(s) Reviewed:		
Reviewer:	Review Date:		
Questions:			
	Yes	No	N/A
1. Is there a complete MH assessment including medical & psychiatric co-morbidity, psychosocial status, medications, inpatient history, suicide ideation and substance abuse involvement?			
2. If YES, was substance type, frequency of use, and date of last use documented?			
3. Does the assessment report a past history of AOD treatment?			
4. Does CCA document continued abstinence from AOD?			
a. If NO, had patient reported a period of abstinence prior to relapse from AOD?			
5. Was AOD treatment recommended in the assessment?			
6. If YES, did provider follow-up to ensure patient was connected to AOD treatment?			
7. Did patient initiate treatment for AOD within 14 days of assessment?			
8. Did patient continue AOD treatment at least 2 times since initiation of treatment?			
9. If there is a dual diagnosis, is patient being treated for both MH and AOD?			
10. If YES, is there evidence of coordination of care between MH and AOD providers?			
11. Is there documentation of medication management?			
a. If YES; is there evidence of coordination with prescribing physician?			
b. If NO; was an evaluation recommended?			
c. Is there evidence of follow-up on recommendation status?			
12. Is patient pregnant?			
13. If YES, is there documentation to support abuse of prescription pain medication, or heroin use?			
14. Does frequency of visits change based on symptoms?			
15. Does documentation include level of patient compliance with therapy & medication?			
16. If patient is 65 years or older, are they taking 4 or more medications total? (For medical and/or mental health reasons)			
17. Is assessment for risk of harm to self or others done each visit?			
18. What types of therapy are being utilized?			
a. Individual Therapy?			
b. Group Therapy?			
c. Family Therapy?			
d. Psycho-education?			
19. Is there evidence of follow-up after an acute episode of care?			
a. Did follow-up occur within 7 days? (Circle one) Y N			
b. If not, did follow-up occur within 30 days? (Circle One) Y N			
20. Is there evidence of coordination of care with other services/providers?			

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 TTY: 1-866-518-6778 or 711

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Maintenance			
1. Is there documentation of on-going assessment for:			
a. Clinical Status?			
b. Changes in Medical & Psych Co-morbidity (new medical issues reported, etc.)?			
c. Changes in Psycho-social Status (housing, changes in family circumstances, employment)?			
d. Observable, or patient reported, side effects of meds?			
*For Prescribing Physicians Only (to be used in ADDITION to previous page)			
Questions:	Yes	No	N/A
1. Is lab work being ordered to ensure therapeutic levels?			
2. Is there on-going assessment for side effects of medication?			
3. Is there on-going assessment for medication compliance?			
a. If non-compliant, were barriers addressed?			
		<i>Date</i>	
<i>(Printed Name of Clinical Reviewer above, if applicable)</i>			
<i>(Signature of Clinical Review above, if applicable)</i>			

HEDIS measures utilized: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
Clinical Practice Guidelines utilized: NGC-10299

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