



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

Opioid Use Disorder Assessment Tool			
Consumer Name:	DOB:	Record ID:	
Agency Name:	Service(s) Reviewed:		
Reviewer:	Review Date:		
Questions:			
	Yes	No	N/A
1. Is there a complete assessment including medical & psychiatric co-morbidity, psychosocial status, medications, inpatient history, suicide ideation and substance abuse involvement?			
2. If YES, was frequency of use and date of last use documented?			
3. Does the assessment support an Opioid Use Disorder diagnosis?			
4. Was the patient screened to determine if there is a dual MH/Opioid diagnosis?			
5. Does the assessment report patient participation in detox services?			
a. If YES, was there evidence of provider contact with patient within 7 days of detox services?			
6. Was Medically Assisted Treatment (MAT) recommended in the assessment?			
7. If YES, did provider follow-up to ensure patient was connected to MAT?			
8. Is there evidence that the patient attended a primary care visit within 6 months of starting Opioid treatment?			
9. Is there evidence of screening for Tobacco Use Disorder?			
10. Did patient initiate treatment for MAT within 14 days of assessment?			
11. Did patient continue Opioid treatment at least 2 times since initiation of treatment?			
12. If there is a dual diagnosis, is patient being treated for both MH and Opioids?			
13. If YES, is there evidence of coordination of care between MH and MAT providers?			
14. Is there documentation of other psychotropic medication management?			
a. If YES, is there evidence of coordination with prescribing physician?			
15. Is patient pregnant?			
16. If YES, is patient being prescribed Subutex instead of Suboxone?			
17. Is there evidence of a co-occurring prescription for Gabapentin/Neurontin?			
18. Does documentation include level of client compliance with therapy & medication?			
19. If client is 65 years or older, are they taking 4 or more medications total? (For medical and/or mental health reasons)			
20. Is assessment for risk of harm to self or others done each visit?			
21. Is there evidence of participation in Substance Abuse Therapy OPT?			
a. Individual Therapy?			
b. Group Therapy?			
c. Psycho-education?			
22. Is there evidence of coordination of care with other services/providers?			
23. Is there evidence of follow-up after an acute episode of care?			
a. Did follow-up occur within 7 days?			
b. If not, did follow-up occur within 30 days?			

P.O. Box 9, West End, NC 27376
24-Hour Access to Care Line: 800-256-2452
TTY: 1-866-518-6778 or 711

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Agency Name:	Service(s) Reviewed:		
Reviewer:	Review Date:		
Maintenance			
Questions:	Yes	No	N/A
1. Documentation of on-going assessment for:			
a. Clinical Status?			
b. Changes in Medical & Psych Co-morbidity (new medical issues reported, etc.)?			
c. Changes in Psychosocial Status (housing, changes in family circumstances, employment)?			
d. Observable, or client reported, side effects of meds?			
2. Is there evidence that there is a current substance user in the household?			
3. Is lab work being ordered to ensure therapeutic levels?			
4. Is there on-going assessment for side effects of medication?			
5. Is there on-going assessment for medication compliance?			
6. If non-compliant, were barriers addressed?			
		<i>Date Below</i>	
<i>(Printed Name of Clinical Reviewer above, if applicable)</i>			

HEDIS measures utilized: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
Clinical Practice Guidelines utilized: NGC-10299, Performance Measures: Applicable to the Addiction Specialist Physician, and Clinical Coverage Policy 1A-41

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