



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) Monitoring Tool

Patient Name:	DOB:	Record ID:		
Agency Name:	Service(s) Reviewed:			
Reviewer:	Review Date:			
Questions:				
1. Is there a complete MH assessment including medical & psychiatric co-morbidity, psychosocial status, medications, inpatient history, suicide ideation and substance abuse involvement?	Yes	No	N/A	
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?				
a. If YES , did provider follow-up to ensure patient was connected to AOD treatment?				
6. Is there documentation to support a discussion of risks to self (physical health, legal involvement), and others (impaired driving, impact on loved ones)				
7. Did patient initiate treatment for AOD within 14 days of assessment? (NA if unknown)				
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?				
a. If YES , is there evidence of coordination of care between MH and AOD providers?				
10. 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 medication recommendation status?				
11. Is patient pregnant?				
a. If YES , is there documentation to support abuse of prescription pain medication, or heroin use?				
12. If client is a child (1-17), are they prescribed antipsychotics?				
a. If "YES" , is there evidence that client received MH treatment before being prescribed an antipsychotic medication (i.e., such as behavioral interventions, psychological therapies, and crisis intervention.)				
b. Is the child prescribed two or more antipsychotics?				
13. Does frequency of visits change based on symptoms?				
14. Does documentation include level of patient compliance with therapy & medication?				
15. If patient is 65 years or older, are they taking 4 or more medications total? (For medical and/or mental health reasons)				
16. Is assessment for risk of harm to self or others done each visit?				
17. What types of treatment are being utilized?				
a. Individual?				
b. Group?				
c. Family?				
d. Psycho-education?				
18. Is there evidence of follow-up after an acute episode of care?				
a. Did follow-up occur within 7 days?				
b. If NO , did follow-up occur within 30 days?				

P.O. Box 9, West End, NC 27376
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19. Is there evidence of coordination of care with other services/providers?			
20. Is there evidence that patient is also involved in a Community 12-Step program?			
*Answer ONLY if Alcohol is an Identified Substance			
Questions:	Yes	No	N/A
21. If alcohol is an identified abused substance, is there evidence of screening for Tobacco Use Disorder?			
22. Is there documentation of client agreement to initial goals, (ex: abstinence versus reduction of use)?			
23. Is patient prescribed a benzo (Xanax, etc.)?			
a. If YES , is there a MH dual diagnosis?			
24. Is patient prescribed an antidepressant?			
a. If YES , is there a dual-diagnosis of depression?			
Maintenance			
Questions:	Yes	No	N/A
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:			
1. Is lab work being ordered to ensure therapeutic levels			
2.			
3. Is there on-going assessment for side effects of medication?			
4. Is there on-going assessment for medication compliance?			
a. 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; Percentage of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment. APA Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder

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