



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

Attention Deficit Hyperactivity Disorder (ADHD) Monitoring Tool			
Consumer Name:	DOB:	Record ID:	
Agency Name:	Service(s) Reviewed:		
Reviewer:	Review Date:		
Questions:	Yes	No	N/A
1. Was Consumer screened for ADHD as a part of MH assessment?			
2. Were at least 6 symptoms documented with age & frequency?			
3. 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?			
4. Is there evidence in the assessment, plan or notes that alternative and/or additional services were discussed with the member and/or guardian?			
5. Does documentation include level of client compliance with therapy & medication?			
6. Is there evidence of a co-morbid psychiatric disorder?			
7. If the client is a minor, is there evidence in service notes that the child member and guardian were engaged in treatment planning, and expressed understanding of the plan?			
8. Does treatment plan contain behavior therapy, psycho-education, and linkage to school and community?			
9. Is there evidence of periodic assessment to see if symptoms have decreased or have been absent for at least one (1) year?			
10. Is there documented evidence of weight loss/gain, increase in height, or increase in symptoms observed?			
11. If YES, is there documented evidence that patient was referred to their prescribing physician?			
12. If client is a child (1-17), are they on two or more antipsychotics?			
*For Prescribing Physicians Only (to be used in ADDITION to previous when reviewing E & M Codes)			
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 evidence that patient and or guardian was informed of possible medication side-effects?			
4. If client is a child, and is on two or more antipsychotics, is there evidence of metabolic testing? (Look for catchphrases like "CMP and resting metabolic rate, weight loss/gain")			
5. Is there on-going assessment for medication compliance?			
a. If non-compliant, were barriers addressed?			

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

Serving Anson, Guilford, Harnett, Hoke, Lee, Montgomery,
 Moore, Randolph & Richmond counties



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For patients ages 6-12 years ONLY:			
1. Is there evidence that the patient had a follow-up visit the first 30 days of being prescribed medication?			
2. If the patient remained on medication for 7 months (210 days), is there evidence that the patient was seen for at least 2 follow up visits during the 9 months after initially being prescribed medication?			

	<i>Date Below</i>
<i>(Printed Name of Clinical Reviewer above, if applicable)</i>	
<i>(Signature of Clinical Reviewer above, if applicable)</i>	

HEDIS measures utilized: Follow-up care for children prescribed ADHD medication, Metabolic Monitoring of Children; Adolescents on Antipsychotics; Use of Multiple Concurrent Antipsychotics in Children and Adolescents; Clinical Practice Guidelines utilized: NGC-11017, NCG-10476, NGC 9904 -- Updated 8/6/19 to reflect new HEDIS measure change

Monitoring QP Comments:

