



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

Autism Spectrum Disorders (C & A) Monitoring Tool			
Consumer Name:	DOB:	Record ID:	
Agency Name:	Service(s) Reviewed:		
Reviewer:	Review Date:		
Questions:	Yes	No	N/A
1. Did the assessment include questions related to social, communication, sensory, and behavioral concerns? (NA if Innovations member)			
2. Were psychological or medical evaluation(s) completed to confirm diagnosis? (NA if Innovations member)			
3. Is there documentation of co-morbid disorder(s)?			
4. Is there evidence of coordination of care between service providers?			
5. Is there evidence of data collection regarding difficult behaviors? (Functional Behavioral Assessment)			
a. If YES, is behavior data analyzed for patterns, triggers, antecedents, etc.?			
6. Is there evidence of changing the setting or situation to address problem behaviors as part of supports/interventions for this individual? (Antecedent Based Interventions)			
7. Is there evidence in the assessment, plan or notes that alternative and/or additional services were discussed with the member and/or guardian?			
8. Does the individual have a behavior plan?			
a. If YES, are behavioral plan interventions incorporated into the service plan or short term goals?			
9. Is modeling incorporated as an intervention in the service plan or short term goals?			
10. 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?			
11. Does documentation support training in the area of social skills occurring?			
12. Does the service plan/short term goals incorporate structure, physical organization, scheduling and/or routine as a method to support achievement of goals? (Structured Education)			
13. Is there documentation to show a communication plan based on ability? (i.e., interventions to improve communication through alternative communication such as pictures, signs, gestures, etc.)			
a. If YES, is there evidence that individual is working with a speech therapist?			
14. Does the service plan contain a family-systems parent training component?			
15. Is there documentation of medication management?			
a. If YES; is there evidence of coordination with prescribing physician?			
b. If NO; was an evaluation recommended?			
16. Is there evidence of follow-up on recommendation status?			
17. Is there evidence of long-term planning with the family to support the individual?			
18. Is the treatment plan changed as the individual's needs & supports change?			
19. If client is 65 years or older, are they taking 4 or more medications total? (For medical and/or mental health reasons)			

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



*For Prescribing Physicians Only (to be used in ADDITION to the above when reviewing E & M Codes)			
Questions:	Yes	No	N/A
1. Are appropriate lab work completed & any abnormal values addressed?			
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?			
4. Is there evidence that patient was informed of possible medication side-effects?			

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

Clinical Practice Guidelines utilized: NGC-9273, NGC-9777, NGC-10029, NGC-10489

Monitoring QP Comments:
