



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

Major Depressive Disorder Monitoring 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. Is there documentation of medication management? (In ALPHA?)			
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?			
3. IF patient is on medication, are they 18 years or older ? (<i>Skip questions (a.) and (b.) if not on an antidepressant</i>). If YES ;			
a. Have they remained on medication for at least 12 weeks?			
b. Has patient remained on medication for at least 6 months?			
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 frequency of visits change based on symptoms?			
6. 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?			
7. Does documentation include level of client compliance with treatment recommendations?			
8. If non-compliant, were barriers addressed?			
9. Is there a documented history of cutting behaviors?			
10. Is assessment for risk of harm to self or others done each visit?			
11. What types of treatment are being utilized?			
a. Individual?			
b. Group?			
c. Family?			
d. Psycho-education?			
12. Does the treatment plan and notes include: (<i>mark NA if not specifically mentioned, and refer chart for EBP audit</i>) *For licensed clinical treatment providers only			
a. CBT			
b. DBT			
c. Psychodynamic Therapy			
d. Interpersonal Therapy			
13. Do notes contain details of patient's response to treatment?			

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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14. Is there evidence of follow-up after an acute episode of care?			
a. If YES , did follow-up occur within 7 days?			
b. If NO , did follow-up occur within 30 days?			
15. Is there evidence of coordination of care with other services/providers?			
16. If client is a child (1-17), are they on two or more antipsychotics?			
17. If client is 65 years or older, are they taking 4 or more medications total? (For medical and/or mental health reasons)			
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 Psycho-social Status (housing, changes in family circumstances, employment)?			
d. Observable, or client reported, side effects of meds?			
Questions:			
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 was informed of possible medication side-effects?			
4. Is there on-going assessment for medication compliance?			
a. If non-compliant, were barrier addressed?			
5. If client is a child, and is on two or more antipsychotics, is there evidence of metabolic testing? (Look for catchphrases like “VO ² and resting metabolic rate, weight loss/gain”)			
	<i>Date Below</i>		
<i>(Printed Name of Clinical Reviewer above, if applicable)</i>			
<i>(Signature of Clinical Review above, if applicable)</i>			

HEDIS measures utilized: Metabolic Monitoring of Children; Adolescents on Antipsychotics; Use of Multiple Concurrent Antipsychotics in Children and Adolescents. Clinical Practice Guidelines utilized: NGC-8093, NGC-10042, NGC-10889, NGC-10760