



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) Clinical Monitoring Self-Report 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. Has an ASAM screening been completed and appropriate level assigned?			
3. Has possibility of co-morbidity been examined throughout course of treatment? (Mood or anxiety disorders, etc.)			
4. If there is a dual diagnosis, is patient being treated for both MH and AOD?			
5. If YES , is there evidence of coordination of care between MH and AOD providers?			
6. Was a recommendation made to a primary care physician to screen for non-psychiatric medical conditions?			
7. Were barriers to sobriety identified?			
8. Has an initial risk assessment been completed for suicidal and/or aggressive behaviors?			
9. Is assessment for risk of harm to self or others done each visit?			
10. Is there documentation to support a discussion of risks to self (physical health, legal involvement), and others (impaired driving, impact on loved ones)			
11. Is there documentation of medication management?			
12. If YES , is there evidence of coordination with prescribing physician?			
13. Does documentation include level of patient compliance with therapy & medication?			
14. Is there evidence that patient is also involved in a Community 12-Step program?			
15. If alcohol is an identified abused substance, is there evidence of screening for Tobacco Use Disorder?			
16. Is there documentation of client agreement to initial goals, (ex: abstinence versus reduction of use)?			
17. Does the treatment plan include steps for addressing factors such as acute intoxication, ongoing monitoring, and behavioral health and pharmacological interventions, as indicated?			
18. Has there been a change in patient's treatment needs leading to revision/addition of goals?			
a. If YES , has an addendum to the assessment been completed?			
19. Has there been a change in patient's behaviors leading to revision/addition of diagnosis?			
a. If YES , has an addendum to the assessment been completed?			
20. Is an assessment for risk of harm to self or others done each visit?			

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21. Were types of therapies utilized in treatment recommended in the CCA (Individual, Group, Family, etc.)?			
22. Is psychoeducation included as part of treatment plan?			
23. Does the treatment plan include relevant evidence-based modalities for each goal?			
24. Do the service notes reflect interventions from the modality specified in the plan?			
25. Are interventions utilized in the session easily identified in the notes?			
26. Do notes contain details of patient's response to treatment?			
27. Has client shown progressive improvement throughout course of treatment?			
a. If NO , has patient been re-assessed to determine a more effective modality?			
b. Was the treatment plan updated with patient to reflect changes made?			
28. Does the treatment plan include discharge plan?			
<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 (2017)

- 165-175 Exceeds Expectation**
- 155-164 Meets Expectations- Possible TA required**
- 0-154 Below Expectations- TA and 60-day review required**