



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. Does the individual have a behavior plan?				
a. If YES, are behavioral plan interventions incorporated into the service plan or short term goals?				
8. Is modeling incorporated as an intervention in the service plan or short term goals?				
9. Does documentation support training in the area of social skills occurring?				
10. 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)				
11. 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?				
12. Does the service plan contain a family-systems parent training component?				
13. Is there documentation of medication management?				
a. If YES; is there evidence of coordination with prescribing physician?				
b. If NO; was an evaluation recommended?				
14. Is there evidence of follow-up on recommendation status?				
15. Is there evidence of long-term planning with the family to support the individual?				
16. Is the treatment plan changed as the individual's needs & supports change?				
17. 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: 800-256-2452
 TTY: 1-866-518-6778 or 711

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



ACCREDITED
 Health Call Center
 Expires 05/01/2022



ACCREDITED
 Health Utilization
 Management
 Expires 05/01/2022



ACCREDITED
 Health Network
 Expires 05/01/2022

