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0 Date of Review: 01/00/00	MEMBER NAME:	MEMBER NAME:	MEMBER NAME:	MEMBER NAME:	MEMBER NAME:	MEMBER NAME:	MEMBER NAME:	TOTALS	
MEMBER DOE	3:							ITOTALS	Reviewer Comments
Primary Diagnosis	<u>;:</u>								
Major Depressive Disorder  A. The provider found sufficient evidence to support the diagnosis of MDD by ruling out medical conditions		1	I	MDD Total		1	I	0	
that might cause depression and/or complicate the treatment.								0	
B. The provider delivered education about MDD and its treatment to the member, and if appropriate, to the								0	
family.  C. If psychotic features were found, the treatment plan included the use of either antipsychotic medication or								0	
ECT, or clear documentation why not.								0	
D. If MDD was of moderate severity or above, the treatment plan used a combination of psychotherapy and antidepressant medication, or clear documentation why not.								0	
E. The psychiatrist delivered education about the medication, including signs of new or worsening suicidality,									
and the high risk times for this side effect.  F. If provider was not an M.D., there was documentation of a referral for a medical/psychiatric evaluation if any	v.							0	
of the following are present: psychotic features, complicating medical/psychiatric conditions, severity level of moderate or above.								0	
ADHD				ADHD Total				0	
A. Diagnosis was determined based on input/rating scales from family members/caregivers, teachers, and other									
adults in the member's life.  B. Record indicated that the medical evaluation was reviewed to rule out medical causes for the signs and								U	
symptoms.								0	
C. Psychoeducation was delivered to all members with ADHD and in the case of minors, to the parents/caregivers.								0	
D. The treatment plan and rationale as well as available treatments, including medications and their benefits,									
risks, side effects, were discussed with the member and the parent/caregiver in the case of minors.  E. Record indicated the use of family interventions that coach parents on contingency management methods.								0	
F. Record indicated a comprehensive assessment for comorbid psychiatric disorders was conducted.								0	
								0	
				CLID To L				0	
A. Education was delivered about substance-use disorders.				SUD Total				0	
B. A plan for maintaining sobriety, including strategies to address triggers was developed, and the role of									
substance use in increasing suicide risk was discussed.								0	
C. The treatment plan included a referral to self-help groups such as AA, Al-Anon, and NA.  D. Evaluation included the consideration of appropriate psychopharmacotherapy.								0	
E. For MD providers, evidence that abstinence-aiding medications were considered.								0	
F. If provider was not a MD, there was evidence that a referral for abstinence-aiding medication or a diagnostic									
consultation was considered.								0	
								0	
Schizophrenia				Schizophrenia Total				0	
A. Education was delivered about substance-use disorders.								0	
B. A plan for maintaining sobriety, including strategies to address triggers was developed, and the role of substance use in increasing suicide risk was discussed.								0	
C. The treatment plan included a referral to self-help groups such as AA, Al-Anon, and NA.								0	
D. Evaluation included the consideration of appropriate psychopharmacotherapy.								0	
<ul><li>E. For MD providers, evidence that abstinence-aiding medications were considered.</li><li>F. If provider was not a MD, there was evidence that a referral for abstinence-aiding medication or a diagnostic</li></ul>								0	
consultation was considered.								0	
								0	
Generalized Anxiety Disorder-Adult/Children				GAD-Adult Total				0	
A. Diagnosis for GAD based on DSM-5 criteria								0	
B. Member received education from physician about GAD, options for treatment and general prognosis								0	
C. CBT based psychotherapy and/or psychopharmacotherapy considered as first line treatment.  D. Ongoing monitoring of symptoms that are accessed for severity								0	
B. Orgonig momenting of symptoms that are accessed for severity								0	
								0	
Bipolar Disorder		T		Bipolar Disorder Tota				0	
A. Diagnosis is documented by type (acute manic, hypomania, mixed, or acute depressive episode)  B. Complete psychological assessment documented First-line treatment: psychotherapy using trauma-focused								0	
therapy or stress management and/or pharmacotherapy								0	
C. Psychoeducation, psychotherapy and family intervention provides as indicated  D. Evidence of monitoring medication and managing adverse affects								0	
D. Evidence of monitoring medication and managing adverse effects								0	
								0	
Suicide Risk				Suicide Risk Total				0	
A. High to intermediate level of acute risk for suicide and Risk Assessment documented  B. Psychosocial evaluation completed								0	
C. Assessment of lethal means and limited access to lethal means if needed								0	
D. Assessment for indications for inpatient admission								0	
E. Safety plan development if risk is not imminent including social support								0	
F. Continued monitoring of patient status and reassessment of risk in follow-up contacts								0	
								0	
Oppositional Defiant Disorder				ODD Total				0	
A. Diagnosis is documented  B. Comprehensive avaluation looking for physical or other mental health issues that may cause problems of								0	
B. Comprehensive evaluation looking for physical or other mental health issues that may cause problems of behavior from multiple sources								0	
C. Identification of other treatable mental health and/or learning conditions, as applicable.								0	
D. Evaluation considered treatment of combination therapy, parent-management training programs, family therapy, congitvie problem-solving skills training, social-skills program and school based programs, and									
medication therapy.								0	
E. Evidence of ongoing monitoring and improvement/ decline in condition								0	
								0	
Post-Traumatic Stress Disorder		<u> </u>	<u>I</u>	PTSD Total		<u> </u>	<u> </u>	0	
A. Diagnosis is documented, including the traumatic event and prevailing symptoms								0	
B. Complete assessment is documented, including triggers and intensity of symptoms								0	
C. Evidence of assessment of self-harm and/or risk of harm to others  D. Evaluation for appropriate psychopharmacotherapy								0	
ען. ביימום appropriate psychophatmaconicrapy								0	
E. Psychotherapy and/or other therapies provided			+					0	
								<u> </u>	
								0	
E. Psychotherapy and/or other therapies provided		0	0	0	0	0	0	0	
	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	