Magellan HEALTHCARE®

# Attention-Deficit/Hyperactivity Disorder CPG Audit Tool

Patient ID (SSN+suffix)_____ Provider Last Name and/or Group_____ Provider ID_____

**During evaluation, the provider found sufficient evidence to support the diagnosis of attention-deficit hyperactivity disorder (ADHD):**

| | DOMAIN 1: DIAGNOSTIC ASSESSMENT | Yes | No | N/A |
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| 1. | Screened for presence and duration of symptoms meeting DSM-5 criteria for ADHD and persisting for at least six months, including predominantly inattentive presentation, predominantly hyperactive/impulsive presentation, or combined presentation (Note: children and adolescents must meet six or more of the DSM-5 symptoms and older adolescents and adults age 17 and older must meet at least five of the DSM-5 symptoms) | | | |
| 2. | Screened for presence of several inattentive or hyperactive-impulsive symptoms present prior to age 12 years | | | |
| 3. | Screened for presence of several inattentive or hyperactive-impulsive symptoms present in two or more settings (home, work, school) | | | |
| 4. | Confirmed symptoms across settings received from multiple informants, e.g., parents, guardians, teachers, clinicians involved in care of individual (including results of symptom-focused rating scales from self, parents, teachers, clinicians) | | | |
| 5. | Noted clear evidence that the symptoms result in clinically significant impairment in social, academic or occupational functioning | | | |
| 6. | Noted clear evidence that symptoms of older adolescents and adults (age 17 and older) reflect inattention causing problems with executive functions | | | |
| 7. | Assessed whether fewer than full criteria have been met for the past six months when full criteria were previously met (partial remission) | | | |
| 8. | Assessed whether few or many symptoms are in excess of those required to make diagnosis of ADHD (based on DSM-5) specifying level of severity (mild, moderate or severe) with the use of screening tools | | | |
| 9. | Assessed whether symptoms are not better explained by another mental disorder (e.g., substance use disorder, personality disorder, mood disorder, anxiety disorder, dissociative disorder) | | | |
| 10. | Assessed whether symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions | | | |
| 11. | Coordinated care with medical provider and medical evaluation during diagnostic process ruled out medical causes of symptoms of ADHD and assessed cardiovascular functioning (if treatment with stimulants considered) | | | |
| 12. | Assessed for suicidal thoughts or behaviors with potential for injury to self or others , especially if atomoxetine (Straterra®) treatment is considered | | | |
| 13. | If suicidal thoughts or behaviors were present, appropriate actions were taken to intervene | | | |

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| 14. | If provider is not a physician, reviewed findings from consultation with psychiatrist or primary care physician | | | |
| | **DOMAIN 1 SUBSCALE (TOTAL # OF "NO" ITEMS)** | | | |

**During treatment, the provider implemented a comprehensive and individualized treatment plan, which at a minimum included documentation of:**

| | DOMAIN 2: THERAPEUTIC INTERVENTIONS | Yes | No | N/A |
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| 15. | If referral for a physical health/psychiatric evaluation, provider included the results of the evaluation in the treatment planning | | | |
| 16. | Conducted education about ADHD and its treatment including behavioral intervention, pharmacological intervention, family therapy delivered to parents, guardian, and if applicable, to the patient | | | |
| 17. | Discussed diagnostic findings, treatment options and goals and treatment plan with parents, guardians, and if applicable, with patient | | | |
| 18. | Provided evidence that provider actively involved parent, guardian, teacher(s), and patient in treatment planning | | | |
| 19. | Comorbid medical and psychiatric conditions discussed with parents, guardians, and if applicable patient | | | |
| 20. | Provider assessed if psychotherapy is indicated | | | |
| 21. | Provider prescribed a stimulant (methylphenidates such as Concerta, Ritalin, Quillivant XR, Daytrana; and amphetamines such as Adderal and Adderal XR), atomoxetine (Straterra®), extended release guanfacine (Intuniv and Tenex) or extended release clonidine (Catapres, Catapres-TTS, Kapvay, Clonidine ER), bupropion (Wellbutrin, Wellbutrin XL, Wellbutrin SR, Zyban), tricyclic antidepressants (Asendin, Norpramin, Sinequan, Anafranil, Surmontil, Tofranil, Elavil, Silenor, Adapin, Pamelor, Vivactil, Vanatrip, Aventyl Hydrochloride, Tofranil-PM) or other agents deemed appropriate or explained why medication was not prescribed | | | |
| 22. | If provider is a prescriber, treatment plan explains the rationale of the selection of pharmacological intervention including risks, benefits, and side effects | | | |
| 23. | Education delivered to parents, guardian, and if applicable, patient, about pharmacological treatment, including risks, benefits, side effects of medicine | | | |
| 24. | Parents and guardians were educated about follow up within 30 days of initial prescription and two more times within 270 days (HEDIS) | | | |
| 25. | Evidence of ongoing/continued assessment of patient response to medication, side effects, adverse effects, and any laboratory monitoring that is necessary | | | |
| 26. | Rationale for any changes in medication, if any changes or augmentation | | | |
| 27. | If any evidence of a comorbid substance use disorder, provider developed plan to support sobriety | | | |
| 28. | If antidepressants prescribed, provider delivered education about a possible increased risk of suicidal behavior, including early warning signs | | | |

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| 29. | If patient is preschool-aged (4-5 years), provider prescribed parent-and/or teacher-administered behavior therapy as first line of treatment or explained why this was not prescribed | | | |
| 30. | If patient is elementary-aged (6-11 years), provider prescribed FDA-approved medication and/or parent- and/or teacher-administered behavior therapy or explained why this was not prescribed | | | |
| 31. | If patient is adolescent (12-18 years), provider prescribed FDA-approved medication for ADHD with assent of the adolescent or explained why this was not prescribed | | | |
| 32. | If patient is adolescent, provider gave special consideration to provide medication coverage for symptom control while driving | | | |
| 33. | If behavior therapy is prescribed, ongoing assessment of treatment progress using clinical observation, interviews, and/or rating scales from parent, guardian, teacher, and if applicable, self | | | |
| 34. | If behavior therapy is prescribed, training provided to parents in specific techniques to improve their abilities to modify and shape child's behavior while improving the child's ability to regulate own behavior | | | |
| | **DOMAIN 2 SUBSCALE (TOTAL # OF "NO" ITEMS)** | | | |