

## DIAGNOSIS-BASED TREATMENT GUIDELINES ADHERENCE INDICATORS

DIAGNOSIS	INPATIENT - Adherence Indicators
<b>MAJOR DEPRESSION</b>	The clinical record documentation indicates that the patient's psychiatric status and safety are monitored on every shift.
<b>296.2 or 296.3 Series</b>	Co-morbid problems are assessed upon initial evaluation (within 24 hours) for substance abuse, medical conditions, or other psychiatric diagnoses.
	Is there documentation of the patient's response to the initial treatment?
	If the patient is diagnosed Major Depressive Disorder with Psychotic features, there must be evidence that the physician has recommended an antidepressant plus an antipsychotic or ECT.
<b>SCHIZOPHRENIA 295 Series</b>	There is evidence of an assessment of positive signs of psychosis, e.g., delusions and/or hallucinations.
	Co-morbid problems are assessed upon initial evaluation (within 24 hours) for substance abuse, medical conditions, or other psychiatric diagnoses.
	Baseline levels of signs, symptoms and laboratory values relevant to monitoring effects of antipsychotic therapy must be assessed and documented.
<b>ADHD 314.00; 314.01; 314.9</b>	The record reflects the active involvement of the family/primary caretakers in the assessment and treatment of the enrollee, unless contraindicated.
	Co-morbid problems are assessed upon initial evaluation (within 24 hours) for substance abuse, medical conditions, or other psychiatric diagnoses.
	The record reflects psychoeducation about ADHD.
	When medication is prescribed, there is evidence of an evaluation of the patient's response to medication and adjustments as needed.
<b>BIPOLAR</b>	The clinical record documentation indicates that the patient's psychiatric status and safety are monitored on every shift
<b>296.0x, 296.40, 296.4x, 296.5x, 296.6x, 296.7, 296.89 Series</b>	Co-morbid problems are assessed upon initial evaluation (within 24 hours) for substance abuse, medical conditions, or other psychiatric diagnoses.
	When Lithium, Valproic acid, or Tegretol are prescribed, there is documentation that laboratory tests have been ordered and reviewed by the physician. If applicable, there is documentation of a medication adjustment based on laboratory results
<b>CO-OCCURRING DISORDERS</b> (for co-occurring licensed providers)	Treatment plan includes identification of barriers to adherence and interventions that address these barriers.
	Treatment plan includes relapse plan, including identification of relapse triggers, skills needed to deal with triggers, and contingency plan for difficult instances.
	Treatment plan includes both SA and psychiatric issues and interventions.