



Providers are expected to endorse their use of Clinical Practice Guidelines based interventions as part of their treatment with this member. This applies to all Behavioral Health conditions and includes additional interventions for Diagnosis Specific conditions /populations as appropriate. This information is required as part of the review process. Please complete both sides of this page as applicable.

The patient's chart reflects that:

1. I am treating this patient according to VO treatment guidelines.  
 Y  N  NA
2. I am coordinating this patient's case with other providers as appropriate.
  - Behavioral:  Y  N  NA
  - Medical:  Y  N  NA
3. The treatment plan was developed with the patient and has measurable, time-limited goals.  Y  N  NA

#### GUIDELINE BASED INTERVENTIONS FOR ALL BEHAVIORAL HEALTH CONDITIONS :

- Co-occurring medical conditions have been assessed and addressed, if applicable in treatment plan
- For primary psychiatric disorders, co-occurring substance use conditions have been assessed and addressed, if applicable, in treatment plan
- For primary substance abuse disorders, co-occurring psychiatric conditions have been assessed and addressed, if applicable, in treatment plan
- For conditions where Evidence Based Practice guidelines recommend pharmacological treatment, appropriate options have been evaluated and/or prescribed by the member's PCP/Psychiatrist.
- Treatment process includes one or more evidenced based psychosocial treatment modalities:
  - Cognitive behavioral therapies including social skills training, destablization prevention, relapse prevention, standard cognitive therapy
  - Motivational Enhancement therapy
  - Illness management skills
  - Family interventions/ therapy as indicated
  - Community based self-help organizations and peer support groups
- Clinical impairment rating and treatment plan reflects either improvement in symptoms within 90 days of treatment onset, or, if not, patient's condition has been re-evaluated and adjustments in treatment plan made accordingly
- Risk issues have been assessed and addressed in treatment plan and addressed in treatment plan and are continually monitored during treatment.

Patient Name: \_\_\_\_\_ ID# \_\_\_\_\_  
(name and ID are needed to ensure that both pages are for same individual)

#### DIAGNOSIS SPECIFIC ADDITIONAL GUIDELINE BASED INTERVENTIONS— complete as indicated for the following diagnosis specific conditions/populations:

##### Alcohol related disorders

- To promote abstinence and prevent relapse, Pharmacotherapy options have been presented to member including:
  - Acamprosate (Campral)
  - Disulfiram (Antabuse)
  - Oral Naltrexone (ReVia, Depade)
  - Extended-release injectable naltrexone (Vivitrol)
- Relapse contingency planning is incorporated in treatment process
- Aftercare support is incorporated in the treatment process

##### Child and Adolescent

- Available ancillary and/or supportive services have been evaluated and are utilized as needed
- Cognitive disorders**
  - Caregivers are encouraged to seek support, if applicable, including education programs, respite care and support groups
  - The use of pharmacologic treatment for cognitive impairment has been discussed with the member or their proxy
  - Medical explanations have been considered/ruled out in reaching this diagnosis

##### Eating Disorder:

- Treatment plan includes monitoring and documentation of target weight and rate of progress.
- Patient is receiving nutritional counseling by a trained provider.

##### Psychotic Disorders:

- The treatment plan continues to reinforce adherence with psychopharmacological interventions.