



Colorado Health Partnerships, LLC
Pikes Peak ♦ SyCare ♦ West Slope Casa ♦ ValueOptions

Client Name: _____
Medicaid ID: _____
DOB: _____

The client meets Colorado Health Partnership's criteria for enhanced care management because:

- Client has diagnosis of Attention Deficit Hyperactivity Disorder
- Client has had greater than ten (10) psychotherapy sessions
- Client has no evidence of medication evaluation or management in your encounter data

Please review provider records and respond following items. Please check all that are true:

- Attention Deficit Hyperactivity is NOT an active diagnosis. If ADHD is not an active diagnosis, sign and date the form at the bottom, no other information is required.
- Attention Deficit Hyperactivity is still an active diagnosis
- There is documentation of a medication evaluation or management services
- By CMHC Provider
 - By primary care physician/pediatrician/ or other non-CMHC Provider
- There is a medication evaluation scheduled
- With CMHC provider
 - With non-CMHC provider
- Medication evaluation refused
- By client
 - By parent/guardian

Other explanatory information: _____

Reviewer's Name: _____
Date: _____
Reviewer's Signature: _____

Supervisor's Name: _____
Date: _____
Supervisor's Signature: _____
Telephone #: _____