

MDwise Hoosier Alliance Attention Deficit Hyperactivity Disorder Disease Management Program

Purpose

MDwise Hoosier Alliance (MDHA) disease management programs are designed to empower members, family members, and their providers with knowledge and tools to better manage and reduce the interference of the disease on the members' daily activities and quality of life. The focus is on improving member health status by promoting member and provider compliance to evidence-based care guidelines, plans of care and self-management strategies. Strategies focus on providing proactive and personal support to create and sustain lifestyle behavior changes and self-management skills.

The purpose of the Attention Deficit Hyperactivity Disorder (ADHD) program is to guide the appropriate diagnosis and treatment of ADHD in children and adults. MDHA believes that the first step in effective treatment of ADHD is a valid diagnosis of the disease. It is important to gather evidence from multiple settings as this is one of the criteria for ADHD. It is important to determine if other psychiatric conditions also exist due to the high prevalence of comorbidity of ADHD with other conditions. Family history as well as family functioning should be assessed. Level of family functioning will contribute to understanding the psychosocial aspects of the disease and may help determine the efficacy of behavioral interventions. The goal of any type of ADHD treatment is to reduce symptoms and help the child function at an age-appropriate level. Given the multiple challenges facing children with ADHD, the most effective treatment is a multimodal model that involves some combination of psychoeducation, medication, behavioral interventions, parent training and school support.

ADHD is one of ten (10) chronic conditions that MDHA manages. The managed conditions are:

- Asthma
- Depression
- Pregnancy
- Attention Deficit/Hyperactivity Disorder (ADHD)
- Autism/Pervasive Developmental Disorder
- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Artery Disease (CAD)
- Chronic Kidney Disease
- Congestive Heart Failure
- Diabetes



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Hoosier Alliance Is An AmeriHealth Mercy Company

MDwise Hoosier Alliance
Suite N
5604 Fortune Circle South
Indianapolis, IN 46241

Toll Free: 1-888-961-3100
Fax: 1-888-465-5581
www.hoosieralliance.org

Rationale

“Overall, ADHD is one of the best-researched disorders in medicine, and the overall data on its validity are far more compelling than for many medical conditions.”¹ ADHD is also more prevalent today than ever before; this increase in prevalence has been measured worldwide as well. Rates of ADHD diagnosis in children range from 3% to as high as 12%. The Centers for Disease Control and Prevention conducted a survey of parents in 2003 and found a rate of 7.8%.²

The detrimental effects of ADHD on an individual have been well documented. ADHD can interfere with a child’s ability to perform in school and capacity to develop and maintain social relationships. ADHD can increase a child’s risk of dropping out of school or having disciplinary problems. Adults with a childhood history of ADHD have higher than expected rates of antisocial and criminal behaviors, injuries and accidents, employment and marital difficulties and health problems.³

The diagnosis of ADHD occurs in approximately 6% of the MDwise Hoosier Healthwise population. This diagnosis is primarily found in children and adolescents; their prevalence rate is 8%.⁴ MDHA recognizes that many of our members diagnosed with ADHD have psychosocial stressors, such as family instability or a parent who is mentally ill, that exacerbate symptoms.

Objectives

- Provide resources/recommendations to the member for proper diagnosis of ADHD when needed
- Ensure continuity of care following discharge from an inpatient hospitalization
- Link the member to the appropriate resources to meet identified needs; examples of resources include Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD) and About Special Kids (ASK)
- Member is engaged in medication management when prescribed
- Member and family are engaged in individual and family therapy
- Reduce recurrence of ADHD symptoms interfering with functioning
- Decrease use of ER and inpatient hospitalizations
- Improve self management related to positive activities, exercise, diet, and healthy behavior

¹ American Academy of Child and Adolescent Psychiatry. 2007. “Practice Parameter for the Assessment and Treatment of Children and Adolescents with ADHD.” *Journal of the American Academy of Child and Adolescent Psychiatry*. Vol. 46. Number 7. July 2007, p.894.

² American Academy of Child and Adolescent Psychiatry. 2007. “Practice Parameter for the Assessment and Treatment of Children and Adolescents with ADHD.” *Journal of the American Academy of Child and Adolescent Psychiatry*. Vol. 46. Number 7. July 2007, p. 895.

³ American Academy of Child and Adolescent Psychiatry. 2007. “Practice Parameter for the Assessment and Treatment of Children and Adolescents with ADHD.” *Journal of the American Academy of Child and Adolescent Psychiatry*. Vol. 46. Number 7. July 2007, p. 895.

⁴ [MDwise Response to RFS 10-40](#). Section 5.8.2.



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Outcome Measurements

- Reduce inpatient admission per 1000 rate by 3% for identified population
 - Baseline = 2010 claims data for similar population (children with ADHD diagnosis)
 - Measurement is claims based and compared against baseline
- Reduce inpatient readmission rate by 1% for identified population
 - Baseline = 2010 claims data for similar population (children with ADHD diagnosis)
 - Measurement is claims based and compared against baseline
- Improvement in ADHD HEDIS measure:
 - Increase the percentage of children who received an initial prescription for ADHD medication and received at least one follow-up visit with a prescriber within 30 days of initiation of medication by 3%
 - Baseline = 2010 claims data for similar population (children with ADHD diagnosis)
 - Measurement is claims based and compared against baseline
 - Increase the percentage of children who received an initial prescription for ADHD medication and remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two more follow-up visits between four weeks and 9 months by 5%
 - Baseline = 2010 claims data for similar population (children with ADHD diagnosis)
 - Measurement is claims based and compared against baseline

These outcomes are reviewed and analyzed at least annually with opportunities for improvement identified and a plan for intervention and remeasurement established. No current measurement has occurred due to the recent initiation of the program. No opportunities for improvement have been identified.

Population Identification and Stratification

The criteria for enrollment in the MDHA ADHD Disease Management Program are: all members age 18 years and younger, with any service with an ADHD or ADHD, NOS diagnosis (ICD-9 codes: 314.00, 314.01, and 314.9).

Members are identified proactively and retroactively for care management needs. Referrals sources include:

- Internal referrals from the Utilization Management (UM) reviewers
- Provider discharge planners
- Utilization reports and data collected through the UM process
- Claims data mining (includes medical, Behavioral Health [BH] and pharmacy claims)
- Hospital discharge data
- Internal referrals from the medical team
- Provider referrals
- Member self-referral
- MDwise referrals



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MDHA integrates member information from the following systems to facilitate continuity of care:

- Disease and Case/Care Management System (Pre-certification, Concurrent, Hospital, Discharge and Claims, Data)
- UM System (Pre-certification, Concurrent Review and Discharge Data)
- ManagedCare.com
- Claims (Hospital Admission and Discharge Data) DxCG risk scoring

In accordance with National Committee for Quality Assurance (NCQA) requirements, MDwise systematically identifies members in the disease management program on at least a monthly basis from its claims warehouse as follows:

New Membership

- MDwise Customer Service administers the Indiana State Office of Medicaid Policy and Planning (OMPP) Health Risk Screener (HRS) to new MDwise members
- Each condition of interest utilizes a validated condition-specific questionnaire when available to assess the member's disease risk and clinical control and assign a risk status. These validated condition-specific questionnaires are incorporated into the HRS, as well as incorporated into follow-up clinical assessments by case and care management when applicable. Each questionnaire is described in the applicable Condition of Interest Program Description.
- New members are assigned to the risk status that corresponds to the score or result of the condition specific questionnaire
- New membership that qualifies under a predefined "trigger" will be assigned the corresponding follow-up action, some of which may include stratification to moderate or high risk interventions
- New members who are referred by themselves or providers, as well as, newly diagnosed members are stratified to moderate-risk for follow-up and assessment by a Health Advocate
- HRS scores of new membership are electronically communicated to the CM/DM programs registries every two weeks. The CM/DM team(s) subsequently extracts the data and assigns the membership to care management (high-risk), and case management (moderate-risk) interventions.

Existing Membership

- MDwise Quality Improvement, in coordination with MDwise Health Care Programs, contracts DxCG predictive modeling application and creates clinical data logic for use in stratifying existing members with available claims and data sources
- DxCG is utilized to identify membership risk status based on all available claim types (including pharmacy) and data regardless of condition of interest. Members are assessed an overall health risk score and are stratified into low, medium or high risk levels of intervention.
 - **Low Risk**—DxCG Score 0-240: Ability to manage current health care needs, stable environment, self-management goals met



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- **Moderate Risk**—DxCG Score 241-400: Members with newly diagnosed conditions, increasing health services or emergency services utilization, evidence of pharmacy non-compliance or quality issue for chronic conditions and identification of special health care needs
- **High Risk**—DxCG Score ≥ 401 : Members with complex care needs, recently discharged from facility, unstable conditions, acute deterioration in health status
- In addition to members being stratified by overall health status via the DxCG predictive modeling software, members with an applicable condition of interest are stratified according to clinical logic developed by MDwise Health Care Programs as described in the applicable Condition of Interest Program Descriptions
- Each condition of interest contains logic for stratification by claim AND assessment sources. Stratification is a dynamic process, and a stratification level can change as a member's condition changes. Therefore, change is captured via claims and assessment sources to best stratify the member to the appropriate level of risk and corresponding intervention(s).
- Additionally, MDwise develops pharmacy quality edits that are programmed into the Program Management Tool (PMT) for identification of members with pharmacy utilization that requires assessment and potential intervention. Pharmacy quality edits are developed for each Condition of Interest Program and address adherence and inappropriate utilization, or lack thereof, for pharmaceuticals for a specified condition of interest. These elements are refreshed monthly along with updates in member identification.

Stratification

- **Low risk (population based):** Members identified as having ADHD and not meeting criteria for moderate or high risk. These members receive population-based interventions by MDwise.
- **Moderate risk (case management):** Members identified with ADHD that require more intensive services due to but not limited to members with newly diagnosed conditions, increased health or emergency services utilization, evidence of pharmacy non-compliance for chronic conditions and identification of special health care needs. These members are identified based on DxCG levels 250-400, clinical and pharmacy utilization history, health risk screener information, clinical assessments and referrals. These members receive case management interventions by MDHA.
- **High risk (care management aka complex case management):** Members identified with ADHD and one of the following:
 - One or more behavioral health inpatient claims with ADHD as the primary diagnosis
 - One or more claims with both ADHD and a comorbid diagnosis of Oppositional Defiant Disorder (313.81), conduct disorders (312.81, 312.82, 312.89), anxiety disorder NOS (300.00), generalized anxiety disorder (300.02), depressive disorder NOS (311), major depression (296.2, 296.3), dysthymic disorder (300.4), bipolar disorders (296.4, 296.5, 296.6, 296.7, 296.8), schizoaffective disorder (295.7), substance abuse (305.0, 305.9, 305.7, 305.8, 305.4, 305.2, 305.6, 305.3 305.5), in rolling, 12-month period



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These members have experienced a critical event or diagnosis that requires the extensive use of resources and they need help navigating the system to facilitate appropriate delivery of care and services. These members are identified based on DxCG levels 401 and above, clinical and pharmacy utilization history, health risk screener information, clinical assessments and referrals. These members receive care management level interventions by PerformCare behavioral health case managers.

Member Participation

Members are educated about the disease management programs in their member handbook as well as on the MDwise and the MDHA Web sites. Members are informed about how they become eligible to participate in the disease management program, how to use the services and how to contact someone if they have questions.

Identified, eligible members are considered enrolled in the program and receive interventions without having to specifically request participation. Participation is voluntary and members have the ability to “opt out” of disease-specific interventions. Information on how to opt out is provided to the member verbally. Members who opt out may re-enter the program at any time simply by contacting MDHA either by phone or in writing.

Any member with a discharge from a behavioral health inpatient admission will continue to be enrolled in high-risk care management for at least 180 days from the behavioral health inpatient discharge date.

During the initial assessment with the member, the member is informed about the program services provided and how to use them.

Interventions and Activities

- **Population-based Interventions**

Members with conditions of interest or the parents of children with conditions of interest will be engaged through disease-specific and preventive care population-based interventions, including educational materials and appointment and preventive care reminders. All pregnant members shall receive standard pregnancy care educational materials, OMPP approved tobacco cessation materials and access to information from 24-hour nurse call lines. All members receive materials no less than semi-annually. Materials may be delivered by mail, the MDwise Web site, member portal and telephonically. MDwise provides these interventions to all MDHA members.



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- **Case Management**

In addition to population-based disease management educational materials and reminders, these members receive more intensive services which assist them in navigating the health care system. Services include direct member contacts to assist with scheduling, location of specialists and specialty services, transportation needs, 24-hour nurse line, general preventive and disease specific reminders, pharmacy refill reminders, tobacco cessation information, referrals to community resources, interventions to assist with primary care provider reassignments and education regarding the use of primary care and emergency services. All members receive materials no less than quarterly. Materials may be delivered by mail, the MDwise Web site, member portal and telephonically. Members in case management will be reassessed at least annually with either general or disease specific screeners. MDHA provides all case management interventions for MDHA members enrolled in case management for any condition of interest.

- **Care Management**

In addition to population-based and case management interventions, members in care management have a single care management plan developed to address all identified conditions, including both behavioral and medical problems in order to decrease fragmented care and promote an interactive approach to care management. In compliance with OMPP, all care plans are reviewed, approved and signed by the medical director overseeing care management services.

Assessment

Members in care management are reassessed at least semi-annually. An initial complex assessment is completed no later than thirty (30) days from the date the member is referred for complex care management. Assessment results for each factor below are clearly documented in the care management notes, even if a factor does not apply to the member.

- Initial assessment of member health status, including condition-specific issues as well as comorbidities such as depression
- Documentation of clinical history, including medications
- Initial assessment of the activities of daily living
- Initial assessment of mental health, including cognitive functions
- Initial assessment of life-planning activities
- Assessment of health behaviors that may impede a member's ability to manage a condition (e.g., tobacco use)
- Assessment of psychosocial issues that may impede a member's ability to manage a condition (e.g., homelessness, religious beliefs, etc.)
- Evaluation of cultural and linguistic needs, preferences or limitations
- Evaluation of visual and hearing needs, preferences or limitations
- Evaluation of available benefits from the organization and from community resources
- Identification of barriers to meeting goals or complying with the plan



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- Development of a schedule for follow-up and communication with members
- Development and communication of member self-management plans
- Process to assess progress toward care management planned interventions
- Review of the member's claim history
- Contact with the member's family and health care providers, with permission from the member, to evaluate the caregiver resources and involvement
- Identification and communication of information regarding high risk, high cost members to delivery system leadership in order to allow for reinsurance evaluation
- Identification of HIP members who meet Enhanced Services Plan (ESP) screening guidelines and collection of provider signed ESP referral paperwork

Ongoing Management

- Goals and interventions are based on the above member assessment
- Development of an integrated care management plan, including prioritized goals that take into account member and caregiver goals, preferences and desired level of involvement in care management program
- Addressing the identified barriers to meeting goals and complying with the plans
- Facilitation of member referrals to resources, including follow-up process to determine whether members act on referrals
- Development of a schedule for follow-up and communication with members
- Development and communication of member self-management plans
- Assessment of progress against case management plans and goals and modification as needed
- Condition monitoring, including all identified medical and behavioral health comorbidities and other health conditions (e.g., cognitive deficits, physical limitations)
- Documented communications to members on the importance of communicating with their providers, including the development of a member-provider communication schedule

MDwise is committed to an integrated approach to manage our members. The care managers consult with the member's physical and behavioral health providers to facilitate the sharing of clinical information and the development of a coordinated physical/behavioral health treatment plan individualized to the member's needs.

The elements of the ADHD Disease Management Program serve to engage, educate and empower the member and the family. Education focuses on the importance of controlling contributing factors, medication safety and compliance, counseling and therapy, and coping skills. Members and their families are encouraged to participate in parent training, social skills training and a healthy lifestyle that includes sufficient rest and a proper diet. The care manager facilitates a team approach that includes teachers, parents, therapist and the prescribing provider. Education about comorbid conditions and the warning signs of the same is provided. The family is connected with relevant supports in the community (e.g., CHADD) and MDwise resources that are found on the MDwise Web site. Preventive care is emphasized.



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Care Management for Members at Risk for or Discharged from Psychiatric Inpatient

Care management services are provided for any member at risk for inpatient psychiatric or substance abuse hospitalization, and for members discharged from an inpatient psychiatric or substance abuse hospitalization, for no fewer than 180 calendar days following the inpatient hospitalization.

Upon receiving notification of a member's inpatient behavioral health hospitalization, the Clinical Care Manager collaborates with the inpatient and aftercare providers to schedule an outpatient follow-up appointment to occur no later than seven (7) calendar days following the inpatient behavioral health hospitalization discharge.

Upon notification of the member's hospitalization, care managers notify the primary medical provider (PMP) when a member is hospitalized for behavioral health issues, including substance abuse within five (5) calendar days of the hospital admission. The PMP is also sent a copy of the discharge review including diagnosis, aftercare appointments and medication prescribed on discharge.

The member's utilization is monitored to determine whether the member is under- or over-utilizing behavioral health services and a plan is implemented to address the utilization. Over- or under-utilization is defined as members who are more than two (2) standard deviations outside the MDwise mean utilization for behavioral health services.

- **Priority Interventions**

- Assess presence of ADHD symptoms in members enrolled in ADHD care management
 - Refer to appropriate outpatient providers to perform further assessments/testing to confirm ADHD diagnosis
 - Collaborate with outpatient providers in regard to monitoring symptoms of ADHD
 - Administer Vanderbilt Assessment to guide interventions
 - Re-administer Vanderbilt Assessment every six (6) months to assess progress

- **Medication Management**

- If symptoms are moderate to severe, member is evaluated for psychotropic therapy; refer for psych evaluation with psychiatrist/clinical nurse specialist/PMP
- If a new medication is prescribed, the member should have a follow up appointment within thirty (30) days to reassess and adjust; refer for follow-up medical check with prescribing provider
- Maintenance phase: Identification and intervention to avoid drug interactions and ensure appropriate pharmacy management of antidepressants

- **Behavioral Risk Management**

- Ongoing education and support for the member from behavioral health specialists to help them follow treatment protocols recommended by the member's provider
- Discuss the need for mental health therapy referral with member and prescribing provider



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- **Self Management**

- Consistent message to encourage member's self-management skills related to the chronic illness
- Member should develop an individualized safety or crisis plan that includes how the member will identify individual signs/symptoms of increasing ADHD/decrease in functioning
- Member should develop a wellness and recovery plan
- Member should know baseline activity/exercise tolerance
- Member should attend scheduled appointments
- Member should take medications as prescribed

Documentation System

All interaction with the member and provider is documented in the integrated case management documentation system, which automatically includes the staff member's name and credentials as well as the date and time of the action in the member's medical record. Automated prompts for follow-up contacts with the member are addressed in the member's plan of care. Clinical Care Guidelines are used to develop assessments with algorithms in the case management documentation system. The staffing ratio for care management is 1:200.

Provider Notification and Involvement

In-network providers are notified about the program in several ways:

- The MDwise Provider Manual
- The MDwise Hoosier Alliance Web site, www.hoosieralliance.org
- The MDwise provider Web site, www.mdwise.org/providers.html
- Indiana Health Coverage Programs (IHCP) Provider Bulletins
- Case management outreach encounters and updates with the provider
- Notification to the provider of psychiatric inpatient admission

Providers receive the following written notification regarding their patients' participation in the ADHD Disease Management Program:

- Notification of high-risk member enrollment in one-on-one care management, along with a copy of the plan of care goals
- Notification of a change in risk level of members enrolled in care management
- Notification of members eligible for ADHD disease case management that the care manager was unable to contact, either initially or for follow-up to collaborate on patient demographics and update of any relevant clinical findings
- Notification of members upon graduation from the ADHD Disease Management Program



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Annual Evaluation

The ADHD Disease Management Evaluation is conducted collaboratively by the Senior Director of Clinical Services, Case and Disease Management Supervisor, Supervisor of Quality Improvement and the Chief Medical Officer. The program is evaluated annually and presented in the first quarter of the following year to the Physician Advisory Committee. Quarterly statistics are reported to the Physician Advisory Committee.

Objectives, activities, processes and outcomes are evaluated at a minimum of annually in order to:

- Calculate annual active member participation rate
- Determine whether the ADHD Disease Management Program has demonstrated improvement in the services and quality of care provided to members
- Evaluate the overall effectiveness of the ADHD Disease Management Program
- Allow for exploration of barriers and limitations of the ADHD Disease Management Program
- Revise areas as needed to improve effectiveness of the ADHD Disease Management Program
- Obtain feedback from members regarding satisfaction with care management as well as to analyze member complaints and inquiries
- Implement intervention(s) to improve performance

MDHA also reviews and updates its case management processes and resources to address member needs. Policies are reviewed annually during the Quality Service Committee.

Supporting Clinical Guidelines and References

- [MDwise Clinical Care Guidelines for Attention Deficit Hyperactivity Disorder](http://www.mdwise.org/docs/providerbehavioralhealth/gl-adhd.pdf)
<http://www.mdwise.org/docs/providerbehavioralhealth/gl-adhd.pdf>
- [American Academy of Pediatrics Clinical Practice Guideline for Diagnosis of ADHD](http://aappolicy.aappublications.org/cgi/content/full/pediatrics;105/5/1158)
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;105/5/1158>
- [American Academy of Pediatrics Clinical Practice Guideline for Treatment of the School Aged Child with ADHD](http://aappolicy.aappublications.org/cgi/reprint/pediatrics;108/4/1033.pdf)
<http://aappolicy.aappublications.org/cgi/reprint/pediatrics;108/4/1033.pdf>
- [American Academy of Child and Adolescent Psychiatry Practice Parameter for Assessment and Treatment of Children and Adolescents with ADHD](http://www.aacap.org/galleries/PracticeParameters/JAACAP_ADHD_2007.pdf)
http://www.aacap.org/galleries/PracticeParameters/JAACAP_ADHD_2007.pdf
- [American Academy of Child and Adolescent Psychiatry Practice Parameter for the Use of Stimulant Medications in the Treatment of Children, Adolescents and Adults](http://www.aacap.org/galleries/PracticeParameters/JAACAP%20Stimulant%20meds%202002.pdf)
<http://www.aacap.org/galleries/PracticeParameters/JAACAP%20Stimulant%20meds%202002.pdf>
- [American Academy of Child and Adolescent Psychiatry Practice Parameter on the Use of Psychotropic Medications in Children and Adolescents](http://www.aacap.org/galleries/PracticeParameters/JAACAP%20Psychotropic%20Meds%202009.pdf)
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