

EQR CLINICAL RECORD REVIEW

SUD Golden Thread



Agency Name: [Click here to enter text.](#)
BHO: [Click here to enter text.](#)
Program/level of care: [Click here to enter text.](#)

CID/MRN: [Click here to enter text.](#)
Name: [Click here to enter text.](#)
DOB: [Click here to enter text.](#)

Review Date: [Click here to enter a date.](#)
Reviewed By: [Click here to enter text.](#)

Golden Thread Review

Assessment

1. Medical Necessity based on the presence of a DSM 5 substance related diagnosis
 - a. What is the primary diagnosis?
DX: [Click here to enter text.](#)
2. Does the assessment contain enough info to justify diagnosis?
 Yes No
3. Recommendation based on ASAM criteria ?
 Yes No
4. Are the individuals concerns clear?
 Yes No
5. Is client voice present throughout?
 Yes No

Individual Service Plan

1. Are all of the concerns in the assessment addressed on the service plan?
 Yes No
2. Is the service plan individualized?
 Yes No
3. Does the service plan include the following:
 All substance use needing treatment, including tobacco
 The individuals bio-psychosocial problems
 Treatment goals
 Estimated dates or conditions for completion of each treatment goal
 Approaches to resolve the problem(s)
4. Are the goals and/or objectives measureable?
 Yes No
5. Are the interventions aligned with the problems in the assessment?
 Yes No
6. If the individual service plan includes assignment of work to an individual, does the assignment have therapeutic value?
 Yes No
7. Was the plan updated to address applicable changes in identified needs, or as requested by the individual, at least once a month for the first 3 months and at least quarterly thereafter?
 Yes No
8. Was the plan updated to identify achievement of goals and/or objectives?
 Yes No

Progress Notes:

1. Were the progress notes written in a timely manner in accordance to WAC 388-877B-0350?
 Yes No
2. Does the documentation clearly state the focus of each session?
 Yes No
3. Does the documentation clearly state the interventions described in the service plan?
 Yes No
4. Does the documentation describe the individual's response to the intervention?
 Yes No
5. Are the interventions directed towards the goals and objectives in the service plan?
 Yes No
6. Does the documentation indicate any progress, or lack thereof, towards meeting the goals and objectives in the service plan?
 Yes No
7. Do the services provided align with the level of care?
 Yes No

Comments: