

# SUD Golden Thread Review

Presented by:

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Advancing Healthcare  
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# Overview of the Golden Thread

- ◆ There are documented assessed needs.
- ◆ Needs lead to specific goals.
- ◆ There are treatment goals with measurable objectives.
- ◆ There are specific interventions ordered by the practitioner.
- ◆ Each intervention is connected to the assessed need, ordered by the treatment plan, and documents what occurred as well as the outcome.



# Qualis Health's Role

- Qualis Health staff conducts a full SUD chart review utilizing a DBHR-approved tool.
- Qualis Health hosts a team meeting with DBHR to go over results of the clinical chart reviews.
- Qualis Health's review team includes the results in the individual BHO reports.
- Qualis Health's review team analyzes and synthesizes the results of all BHOs' SUD Golden Thread reviews and reports the statewide findings in the annual technical report.



# SUD Golden Thread Tool

## 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 individual's 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 individual's 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 measurable?  
 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

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#### 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:

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# Assessments

1. Medical necessity based on the presence of a DSM 5 substance-related diagnosis:
  - a. What is the primary diagnosis?
2. Does the assessment contain enough information to justify diagnosis?
3. Recommendation based on ASAM criteria?
4. Are the individual's concerns clear?
5. Is client voice present throughout?



# Individual Service Plans (ISP)

1. Are all of the concerns in the assessment addressed on the service plan?
2. Is the service plan individualized?
3. Does the service plan include the following:
  - all substance use needing treatment, including tobacco
  - the individual's 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 measurable?
5. Are the interventions aligned with the problems in the assessment?



# ISP, continued

6. If the individual service plan includes assignment of work to an individual, does the assignment have therapeutic value?
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 three months and at least quarterly thereafter?
8. Was the plan updated to identify achievement of goals and/or objectives?



# WAC and ISP

## **WAC 388-877B-0220**

(2) In addition to the requirements in (1) of this section, an agency must ensure the following for each individual service plan. The individual service plan must:

- (a) Be personalized to the individual's unique treatment needs.
- (b) Be initiated with at least one goal identified by the individual during the initial assessment or at the first service session following the assessment.
- (c) Include individual needs identified in the diagnostic and periodic reviews, addressing:
  - (i) All substance use needing treatment, including tobacco, if necessary;
  - (ii) Patient bio-psychosocial problems;
  - (iii) Treatment goals;
  - (iv) Estimated dates or conditions for completion of each treatment goal; and
  - (v) Approaches to resolve the problem.



# WAC and ISP, continued

(d) Document approval by a chemical dependency professional (CDP) if the staff member developing the plan is not a CDP.

(e) Document that the plan was updated to reflect any changes in the individual's treatment needs, status, and progress towards goals, or as requested by the individual, at least weekly.

(f) Document that the plan has been reviewed with the individual.



# Progress Notes

1. Were the progress notes written in a timely manner in accordance with WAC 388-877B-0350?
2. Does the documentation clearly state the focus of each session?
3. Does the documentation clearly state the interventions described in the service plan?
4. Does the documentation describe the individual's response to the intervention?
5. Are the interventions directed toward the goals and objectives in the service plan?
6. Does the documentation indicate any progress, or lack thereof, toward meeting the goals and objectives in the service plan?
7. Do the services provided align with the level of care?



# Levels of Care

**WAC 388-877B-0250 (Intensive inpatient):** (2) Conduct and document at least weekly, one face-to-face individual substance use disorder counseling session with the individual. (5) Provide a minimum of twenty hours of treatment services each week to each individual. At least ten hours of these services must be substance use disorder counseling. The agency may provide an individual up to ten hours of education each week to meet the minimum requirements.

**WAC 388-877B-0260 (Recovery house):** (1) Provide an individual a minimum of five hours of treatment each week consisting of individual or group counseling and education regarding drug-free and sober living, and general re-entry living skills.



# Levels of Care, continued

**WAC 388-877B-0270 (Long-term treatment services):** (1) Provide an individual a minimum of two hours each week of individual or group counseling.

(2) Provide an individual a minimum of two hours each week of education regarding alcohol, other drugs, and other addictions. (4) Provide an individual, during the course of services, with:

- (a) Education on social and coping skills;
- (b) Social and recreational activities;
- (c) Assistance in seeking employment, when appropriate; and
- (d) Assistance with re-entry living skills to include seeking and obtaining safe housing.



# Levels of Care, continued

## **WAC 388-877B-0280 (Youth residential services):**

(4) Provide group meetings to promote personal growth.

(5) Provide leisure, and other therapy or related activities

(6) Provide seven or more hours of structured recreation each week, that is led or supervised by staff members.

(7) Provide each youth one or more hours per day, five days each week, of supervised academic tutoring or instruction by a certified teacher when the youth is unable to attend school for an estimated period of four weeks or more. The agency must:

(a) Document the individual's most recent academic placement and achievement level; and

(b) Obtain school work from the individual's school, or when applicable, provide school work and assignments consistent with the individual's academic level and functioning.

(8) Conduct random and regular room checks when an individual is in their room, and more often when clinically indicated.



# Levels of Care, continued

## **WAC 388-877B-0350 (Level II intensive outpatient services):**

(2) Provide individual substance use disorder counseling sessions with each individual at least once a month or more if clinically indicated. (6) Ensure that individuals admitted under a deferred prosecution order, under chapter 10.05 RCW:(a) Receive a minimum of seventy-two hours of treatment services within a maximum of twelve weeks, which consist of the following during the first four weeks of treatment:

- (i) At least three sessions each week, with each session occurring on separate days of the week.
- (ii) Group sessions must last at least one hour.
- (b) Attend self-help groups in addition to the seventy-two hours of treatment services.



# Levels of Care, continued

## **WAC 388-877B-0360 (Level I outpatient treatment services):**

(2) Conduct group or individual substance use disorder counseling sessions for each individual, each month, according to an individual service plan.

## **WAC 388-877B-0370 (Substance use disorder counseling subject to RCW 46.61.5056):**

(1) Treatment during the first sixty days must include:

(a) Weekly group or individual substance use disorder counseling sessions according to the individual service plan.

(b) One individual substance use disorder counseling session of not less than thirty minutes duration, excluding the time taken for a substance use disorder assessment, for each individual, according to the individual service plan.



# Levels of Care, continued

(c) Alcohol and drug basic education for each individual.

(d) Participation in self-help groups for an individual with a diagnosis of substance dependence. Participation must be documented in the individual's clinical record.

(e) The balance of the sixty-day time period for individuals who complete intensive inpatient substance use disorder treatment services must include, at a minimum, weekly outpatient counseling sessions according to the individual service plan.

(2) The next one hundred twenty days of treatment includes:

(a) Group or individual substance use disorder counseling sessions every two weeks according to the individual service plan.

(b) One individual substance use disorder counseling session of not less than thirty minutes duration, every sixty days according to the individual service plan.



# Practitioner Responsibility

It is the practitioner's responsibility to ensure that medical necessity is firmly established and that the Golden Thread is easy to follow within the documentation.



# Medical Necessity Contract Definition

- The service is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction.
- There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable.
- This course of treatment may include mere observation, or where appropriate, no treatment at all.
- Bottom line: the treatment interventions must help the person get better, or at the very least, prevent a worsening of the person's health.



# [www.qualishealth.org/healthcare-professionals/eqro-washington-medicaid/events](http://www.qualishealth.org/healthcare-professionals/eqro-washington-medicaid/events)

The screenshot shows a web browser window with the URL <http://www.qualishealth.org/healthcare-professionals/eqro-washington-medicaid/events>. The page title is "External Quality Review - Washington Medicaid" and the main heading is "Events". A blue arrow points from the "Events" link in the left sidebar to the "Spring 2017 Medicaid Quality Forum" link in the main content area, which is circled in orange. The event description states: "The Spring Medicaid Quality Forum, hosted by HCA, DBHR and Qualis Health, will be held on April 6 in Olympia. Forum materials will be posted following the event." Below this, there are sections for "Fall 2016 DBHR Medicaid Quality Forum", "Agenda", and "Presentations". The "Presentations" list includes: "CMS Update and 2017 EQR Agenda", "SHB in WA 1115 Medicaid Transformation Waiver", and "Providing and Documenting Medically Necessary Behavioral Health Services". At the bottom, there is a section for "Spring 2016 Medicaid Quality Forum" with its own agenda and presentations. The left sidebar contains a navigation menu with various state Medicaid and program links. The right sidebar has a "Questions or Concerns" section with contact information for mental and physical healthcare services.

Alabama Medicaid  
Alaska Medicaid - Behavioral Health  
Alaska Medicaid - Division of Health Care Services  
Alaska Medicaid - TEFRA  
AMCCI  
DC Medicaid  
EQRO - Washington Medicaid  
Events  
Our Team  
Publications  
Healthy Hearts Northwest  
Medicare QIN-QIO  
New Mexico Medicaid  
Practice Transformation  
Regional Extension Center  
Safety Net Medical Home Initiative  
Washington Labor & Industries  
Washington Medicaid - UM  
Washington Practice Transformation Support Hub  
Wyoming Medicaid  
Other Insurance Plans  
Award of Excellence in Healthcare Quality

## External Quality Review - Washington Medicaid

### Events

#### Medicaid Quality Forums

Qualis Health is pleased to host Medicaid Quality Forums for the state's Behavioral Health Organizations and managed care organizations. Presented via webinar and in person, these training events provide an opportunity for MCO, BHO, HCA and DBHR representatives to network with peers, gain insight into the latest news from HCA and DBHR, and develop shared understanding about improving healthcare quality.

Find information from past forums below, including presentations and agendas.

**Spring 2017 Medicaid Quality Forum**

The Spring Medicaid Quality Forum, hosted by HCA, DBHR and Qualis Health, will be held on April 6 in Olympia. Forum materials will be posted following the event.

#### Fall 2016 DBHR Medicaid Quality Forum

#### Agenda

#### Presentations

- CMS Update and 2017 EQR Agenda
- SHB in WA 1115 Medicaid Transformation Waiver
- Providing and Documenting Medically Necessary Behavioral Health Services

#### Spring 2016 Medicaid Quality Forum

#### Agenda

#### Presentations

- Apple Health Foster Care Update
- Statewide Conversations on Integration
- MCO Breakout Session: 2015 Apple Health Performance Measurement Results
- MCO Breakout Session: The 1519/5732 Performance Measure Set
- RSN Breakout Session: EDV Training

#### Fall 2015 Medicaid Quality Forum

#### Agenda

#### Presentations

