

TEN COMMON OVERSIGHTS IN GRRS EDITING

1. Omitting client requests from the recommendations for the various ASAM dimensions.
2. Not referencing other sources of information that would be consulted (Evaluation Procedure).
3. Over-interpretation of the information provided (e.g., tying events together without cause or making presumptions with no evidence base.).
4. Not considering prior treatment/service utilization records and/or lessons learned. This can apply for any ASAM dimension.
5. Summary Recommendation Section does not include acknowledgment of barriers.
6. Summary Recommendation Section does not include other systems of care for coordination of services.
7. Axis V rating not determined.
8. Suspected over-reporting; under-reporting; or symptom suppression not stated in GRRS.
9. Recency, breadth and prevalence measures not used for prioritizing treatment needs.
10. Not considering the most common regulatory and policy dictates (matters related to priority populations and/or typical regulatory requirements) in the treatment plan. For example:
 - Dual diagnosis (If any abuse/dependence AND any other axis I diagnosis)
 - Pregnant (If B1=2 and P5b1=5)
 - Child welfare system involvement (If B4g=1 or E4a_4=1)
 - Homelessness (If E1b=6)
 - Unemployment (If V7=5 or 6)
 - TANF benefit recipient (If V10b=1)
 - Publicly-funded health insurance (If B5b=1)
 - No health insurance (If B5=0)
 - Below poverty line (POPI<1)
 - Physical disability (If any of P4_3, or P4_5, or P4_7, or P4_8 = 1)
 - SSI, SSDI or other disability compensation (V10=3 or V11d>0 or V11e>0)
 - Involvement with legal system (L7>0)
 - Veteran of the U.S. armed forces (If V4=1 and V4c>2)