

## Updated Treatment Plan Instructions

### REQUIRED FORM:

An Individual Treatment Plan is a required document within the client file.

*(Residential Programs: Submit to Optum as part of ongoing authorization process, as needed.)*

### WHEN:

This form is to be completed in accordance with timeframes specified below:

- Outpatient Programs - when a change in problem identification or focus of recovery or treatment occurs, or no later than 90 calendar days after signing the initial treatment plan, and not later than every 90 calendar days thereafter. (Note: Remember to complete the ASAM Level of Care form whenever completing an Updated Treatment Plan)
- For Residential Programs - when a change in problem identification or focus of recovery or treatment occurs, or no later than 30 calendar days after signing the initial treatment plan, and not later than every 30 calendar days thereafter. (Note: Remember to complete the ASAM Level of Care form whenever completing an Updated Treatment Plan)

### COMPLETED BY:

To be completed jointly by LPHA/Counselor and client based upon the information obtained during the initial Intake, assessment and previous Treatment Plans along with information provided by the client and collateral sources over the course of treatment.

### REQUIRED ELEMENTS (do not leave any blanks):

- **Client Name:** Legibly print or type client's full name. (**NOTE:** to be entered on each page of the Treatment Plan)
- **Client ID#:** Legibly print or type client's SanWITS Unique Client Number (UCN). (**NOTE:** to be entered on each page of the Treatment Plan)
- **Admission Date:** Date client was admitted to program.
- **Primary Counselor Name:** Primary LPHA/Counselor's name.
- **Case Manager Name:** Case manager's name.
- **DSM-5 Diagnosis(es):** Enter the DSM-5 diagnosis. More than one diagnosis can be entered, but the *Primary diagnosis must be a Substance Use Disorder.*
  - *The SUD diagnosis (or diagnoses) as documented by the MD or LPHA on the DDN must match on the treatment plan(s) and language shall be identical.*
  - *ICD-10 codes are not required on the treatment plan; however, if ICD-10 codes are added to a treatment plan with the DSM-5 language for the diagnosis(es), they must match the verbiage of the DSM (and both language and codes must match the DDN).*
- **Date of the Last Treatment Plan:** Enter date of initial or previous Treatment Plan.
- **Date of Treatment Plan Update:** Enter date this treatment plan was completed.
- **Was a physical exam completed within the last 12 months?** Check the appropriate box.
  - If 'Yes' is checked, provide the date of the physical. Inform client that results of physical exam shall be submitted to program.

- If 'No' is checked, then the goal to obtain a physical exam shall remain on the treatment plan.
- **If Yes, has client provided a copy of physical exam results?**
  - If 'Yes' is checked, MD must review results per SUDPOH requirements.
  - If 'No' is checked, then goal to obtain a physical exam must remain on treatment plan until provided ***and*** MD has reviewed results.
  - Check 'N/A' if client has not had a physical exam in the last 12 months and has not provided a copy
- **Assessments/Forms Reviewed:** Check the appropriate boxes; if other, provide details.
- **If client's preferred language is not English, were linguistically appropriate services provided?** Check the appropriate box; if No, explain in detail.
- **What does the client want to change on their current treatment plan from the previous treatment plan?** Attempt to obtain client's expectations regarding continuing treatment services and document using the client's own words.
- **Client Strengths/Resources/Abilities/Interests (to be used to reach treatment plan goals):** Use Motivational Interviewing techniques to obtain strengths-based client information to use when creating treatment plan goals.
- **Current Needs at Time of Treatment Plan Update:** Check the appropriate box after assessing the client's progress on their treatment plan goals and appropriate level of care. Then, enter client's Recommended Level of Care and Actual Level of Care based on the information from the ASAM Level of Care form that was completed with this treatment plan update.

### **PROBLEM'S #1, #2, #3**

- **Select related ASAM Dimension:** Check appropriate box(s). Review all 6 ASAM Dimension criteria to assess which box(s) to check.
- **Problem Statement:**
  - Personalize problem(s) unique to the client.
  - Write problems in client language and *prioritize* (emergent, realistic for completion, what is needed to prevent relapse?)
  - If a physical health concern is identified (e.g., pregnancy or lack of a physical in the last 12 months), this needs to be addressed in one of the problem areas on the plan.
  - Multiple related issues may be combined into one problem statement that fall under the same ASAM dimension(s). For example, a client may have multiple Bio-medical issues, such as needing a physical exam, follow up care on diabetes, and dental work which could all be incorporated into one problem as they are all related to ASAM dimension 2.
  - If the client cannot demonstrate having had a physical exam within 12 months prior to admission to treatment, problem must identify lack/need for a physical exam.
  - Should a client demonstrate completion of a physical exam within 12 months prior to admission to treatment, and a significant medical illness has been identified; then a problem may be that the client needs to address appropriate treatment for the illness and a goal to address the health need must be included on the treatment plan.
- **Goal(s):** What do the client and program want to accomplish? Use "SMART" acronym (Specific, Measurable, Attainable, Realistic, Time-Related):

1. Goals must be measurable and achievable.
  2. If multiple problems are grouped together, then include a specific goal to resolve each of the specific problems.
  3. If the client has not received a physical exam within 12 months prior to admission to treatment, a goal that the client completes a physical examination must be included.
  4. Should a client demonstrate completion of a physical exam within 12 months prior to admission to treatment, and a significant medical illness has been identified; a client goal to obtain appropriate treatment for the illness must be included.
- **Action Steps:** Action steps to be taken by the LPHA/Counselor and/or client to accomplish identified goals:
    1. Include specific actions the LPHA/counselor will do while providing treatment services to the client (e.g., individual counseling, group, etc.) to help the client reach their goals. Include the use of evidence-based treatment interventions (e.g., Motivational Interviewing, Relapse Prevention) to be utilized, if applicable.
    1. Include specific actions the client will do to reach their goals (e.g., Client will identify a list of potential doctors and contact at least 1 to schedule an appointment to complete a physical).
    2. If multiple problems are grouped together, then include a specific action step to accomplish each of the specific problem goals.
  - **Target Date(s):** Estimated date of completion per action step. Dates to reflect each of the specific goals and action steps (i.e., if there are 3 goals, there will be 3 target dates).
  - **Resolution Date(s):** Actual task completion date to be documented on the treatment plan after the treatment plan has been developed. Remember to document if the client did not complete a goal or action step when carrying over the same goal/action to the next plan. Dates to reflect each of the specific goals and action steps (i.e., if there are 3 goals, there will be 3 resolution dates).

**PROPOSED TYPE OF INTERVENTION/MODALITY FOR SUCCESSFUL GOAL COMPLETION**  
**(INCLUDE FREQUENCY AND DURATION)**

- **Check the appropriate Modality box and enter frequency and duration for each box checked:** List includes the following modalities: Outpatient Services (OS), Intensive Outpatient Services (IOS), Residential Treatment.
- **Indicate type of services below:** check appropriate type(s) of service(s) and indicate frequency of each service.

**Does this treatment plan include the Treatment Plan Addendum form for additional problems:** Mark Yes or No to indicate if a Treatment Plan Addendum form was utilized to complete this treatment plan.

**If yes, how many total problems are documented in this entire treatment plan?** If a Treatment Plan Addendum form was utilized, document the total number of problems documented on the entire treatment plan as there will be more than 3 problems.

**TREATMENT PLAN SIGNATURES**

- **Client was offered a copy of the plan:** Check Yes or No; if No, document why.

- **Client Printed Name, Signature, Date:** Client must legibly print name, sign, and date.
  1. The client must be present and participate in the treatment plan to bill for treatment plan services.
  2. Client signature provides evidence of client participation and agreement with the Individual Recovery/Treatment Planning process.
    - **For Outpatient:** Client must sign within 90 days from the previous treatment plan's completion date.
    - **For Residential:** All signatures must be in place within 30 days from the previous treatment plan.
    - If client **refuses to sign** the treatment plan, please document reason for refusal and the strategy that will be used to engage client for participation in treatment plan. Future attempts to obtain the client's signature on the treatment plan should be documented in progress notes.
- **Counselor/LPHA Name, Signature, and Date:** LPHA/Counselor's legibly printed or typed name, signature with degree and/or credentials, and date of completed Individual Treatment Plan.
  - **For Outpatient:** Counselors must sign the treatment plan within 90 days from the previous treatment plan's completion date.
  - **For Residential:** All signatures must be in place within 30 days from the previous treatment plan.
  - The date of LPHA/Counselor signature is considered the treatment plan completion date.
- **\*LPHA or MD Name, Signature, and Date:** LPHA or MD legibly printed or typed name, signature with credentials and date of completed Individual Treatment Plan.
  - **For Outpatient:** The MD or LPHA has up to 15 days after the counselor's signature date to sign the treatment plan.
  - **For Residential:** All signatures must be in place within 30 days from the previous treatment plan.