

Recovery Services Individualized Recovery Plan Instructions

REQUIRED FORM:

A Recovery Plan is required for clients receiving Recovery Services.

WHEN:

This form is to be completed within the following timelines:

- **Initial Recovery Plan** – Within 30 days of admission into Recovery Services
- **Updated Recovery Plan** – Within 90 days of date the last Recovery Plan was completed **OR** as needed when a significant change occurs

COMPLETED BY:

To be completed jointly by LPHA/Counselor and client based upon the information obtained during client's transition/admission into Recovery Services.

REQUIRED ELEMENTS (do not leave any blanks):

- **Client Name:** Client's full name. (**NOTE:** to be entered on each page of the Recovery Plan)
- **Client ID#:** Client ID number as determined by SanWITS' Unique Client Number (UCN). (**NOTE:** to be entered on each page of the Recovery Plan)
- **Date of Recovery Plan:** Indicate date of completion of recovery plan
- **Proposed Intervention:** Case Management
 - **Frequency:** Indicate how many times CM Services will be provided per month
 - **Duration:** Indicate how long CM Services will be provided
 - **Identity the services and/or skills that will be accomplished:** Check any/all that apply and describe in box provided below
 - **Identify which supports will be required to achieve the plan:** Check any/all that apply and describe in box provided below
 - **Identify any other needs and/or assistance necessary to support the recovery plan:** Check any/all that apply and describe in box provided below
- **Proposed Intervention:** Individual Counseling Services
 - **Frequency:** Indicate how many times Individual Counseling Services will be provided per month
 - **Duration:** Indicate how long Individual Counseling Services will be provided
 - Describe individual counseling services in box provided
- **Proposed Intervention:** Group Counseling Services
 - **Frequency:** Indicate how many times Group Counseling Services will be provided per month
 - **Duration:** Indicate how long Group Counseling Services will be provided
 - Describe group counseling services in box provided

- **Client was offered a copy of the plan:** Check Yes or No (if no, document why)
- **Client Signature:** Client to sign and date.
 1. The client must be present and participate in the recovery plan to bill for recovery planning services.
 2. Client signature provides evidence of client participation and agreement with the Recovery Planning process.
 - If client **refuses to sign** the Recovery plan, please document reason for refusal and the strategy that will be used to engage client for participation in Recovery plan. Future attempts to obtain the client's signature on the Recovery 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 Recovery Plan.
- ***MD or LPHA Name, Signature, and Date:** MD/LPHA legibly printed or typed name, signature with credentials and date of signature.