

## Withdrawal Management Treatment Plan Instructions

### REQUIRED FORM:

Based on Intergovernmental Agreement guidelines, a Treatment Plan is a required document within the client file.

### WHEN:

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

- Withdrawal Management – within 72 hours of admission to program
- Level of Care Changes - If the client is assessed to meet criteria for a new level of care in the same program, the treatment plan must be updated **within 7 calendar days (date of assessment 6)** to match the Actual Level of Care indicated on the LOC Recommendation Form, or as part of the next service attended by the client if no service is attended in 7 calendar days
- DDN Updates - If the DDN is updated, the treatment plan must be updated **within 7 calendar days (date of assessment + 6)** or as part of the next service attended by the client if no service is attended in 7 calendar days

### COMPLETED BY:

To be completed jointly by LPHA/Counselor and client based upon the information obtained during the initial intake, assessment and treatment planning sessions with the client.

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

#### CLIENT INFORMATION

- **Client Name:** Client's full name. (**NOTE:** to be entered on each page of the Treatment Plan)
- **Client ID#:** Client ID is SanWITS number (**NOTE:** to be entered on each page of the Treatment Plan)
- **Admission Date:** Date client was admitted to program.
- **Primary Counselor:** Enter the primary LPHA/SUD Counselor's name.
- **Case Manager:** Enter the 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 and must match the DDN.*
  - *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 Initial WM Treatment Plan:** Enter date the 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 must 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.
  - Since WM programs are short term in nature, and the physical exam goal may not be met while client is enrolled, the goal may also include language about linkage for physical exam as part of discharge planning. Please individualize the goal to each specific client's needs.
- 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 obtain after Withdrawal Management services:** Document the client's expectations regarding treatment services and what the client hopes to gain from receiving services at the program. You may use 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.

### **Goals Short Term and Long Term:**

- **Select related ASAM Dimension:** Check appropriate box(es). 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* (withdrawal concerns, medical condition, emergent, realistic for completion, what is needed for safety of client)
  - If a physical health concern is identified (e.g., pregnancy or medical condition such as diabetes), this needs to be addressed in one of the problem areas on the plan. Individualize per each client's needs.
  - 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, medical condition that may be of a concern while detoxing and dental work which could all be incorporated into one problem as they are all related to ASAM dimension 2. Indicate what may be included as part of discharge planning if problems cannot be resolved during WM services.
  - If the client cannot provide the physical exam results within the 12 months prior to admission to treatment, then a problem must identify lack/need for a physical exam or to obtain and review the results while in the WM program. Document attempts to obtain the physical exam results in progress notes during the client's treatment episode.
  - If the client has demonstrated 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. Indicate what may be included as part of discharge planning if problems cannot be resolved during WM services.
- **Goal(s):** What does 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 client has been identified as having a medical condition, a goal must be included for the client to address the condition.
  4. 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.
  5. 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.
    2. Include specific actions the client will do to reach their goals (e.g., Client will follow medical advice during withdrawal and take medication as prescribed).
    3. 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).

#### **WITHDRAWAL MANAGEMENT PROPOSED SERVICES (INCLUDE FREQUENCY)**

**(Observation should be every 30 minutes for at least 24 hours and then based on medical necessity)**

- **Check the appropriate services box and enter frequency for each box checked:** List includes observation and medication services, individual services, case management, collateral services, patient education, and group services.
- **Reminder:** Check the box for "Observation" if WM observation is occurring or is anticipated to occur at the time of or after the creation of the treatment plan.

#### **TREATMENT PLAN SIGNATURES**

- **Client was offered a copy of the plan:** Check Yes or No; if No, document why.
- **Client Printed Name, Signature, and Date:** Client's legibly printed or typed name, signature and date of signature.
  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 Treatment Planning process.
    - **For Withdrawal Management:** Client must sign within 72 hours of admission to the program or counselor must document why the client did not sign the treatment

plan.

- **Counselor Name, Signature, and Date:** Counselor's legibly printed or typed name, signature with degree and/or credentials, and date of signature.
  - **For Withdrawal Management:** Counselor must sign within 72 hours of client's admission to the program.
  - The date of Counselor signature is considered the treatment plan completion date.
- **\*LPHA or MD Name, Signature, and Date:** MD/LPHA legibly printed or typed name, signature with credentials and date of signature.
  - **For Withdrawal Management:** All signatures must be in place within 72 hours of client's admission to the program.

\*Licensed Practitioner of the Healing Arts (LPHA) includes: MD, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT) and licensed-eligible practitioners working under the supervision of licensed clinicians.