

# SUD TREATMENT PLAN

Beneficiary Name:		Clt ID#:	Assigned Primary Therapist/Counselor (legibly print name):	Intake Date:
<b>Initial Plan</b> <input type="checkbox"/> <b>Update</b> <input type="checkbox"/> <b>Date of Most Recent Plan:</b> _____ Date therapist/counselor signed previous plan (N/A if initial plan), plan updates due 90 days from date of most recent signed plan.		<b>Primary DSM-5 SUD Diagnosis</b> (code and name required):		<b>Secondary DSM-5 SUD Diagnosis</b> (code and name required):
<b>Current Stage of Change:</b> Pre-Contemplation (PC) Contemplation (C) Preparation (P) Action (A) Maintenance (M) Relapse (R)		<b>Index of Challenges:</b> 1) Substance Use Disorder 2) Mental Health 3) Physical Health 4) Employment/Education 5) Financial/Housing 6) Legal 7) Psycho-Social /Family 8) Spirituality 9) Deferred Challenge(s)		
Treatment Plan Action Steps must include a <b>description of services</b> , including type of counseling, to be provided. For example: Groups (Relapse Prevention, Anger Management, etc.); Collateral (Family concerns, Relationships, or Develop Support Network, etc.).				

<b>Indicate Scheduled Types of Services (Intake, treatment planning, crisis, and discharge planning are not required on the plan)</b>	
<input type="checkbox"/> <b>Group, frequency:</b> _____ times per _____ and as needed	<input type="checkbox"/> <b>Other Services and frequency:</b>
<input type="checkbox"/> <b>Collateral, frequency:</b> _____ times per _____ and as needed	

Date Goal Identified	Stage of Change	Index of Challenges	Identified Challenges ( <u>All</u> challenges from assessment)	Specific SUD Treatment Goals (Best if observable, Measureable, w/Timeframe) If deferred, MUST indicate reason	Action Steps-Include Description of Services (For each indicate responsible party; client or counselor)	Target Date	Date Completed

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Client Name	Client Signature	Date	For initial plan the client, therapist/counselor signature is due within 30 days from admission. For treatment plan updates therapist/counselor signatures are due every 90 days from most recent plan. If the client is unavailable to sign, state efforts to contact or reason why*
Therapist/Counselor Name, Title	Therapist/Counselor Signature, Credentials	Date	<u>This is the effective plan date.</u> Therapist/Counselor signature required within 30 days from date of admission OR 90 days from date of most recent plan*
Physician Name, Title	Physician Signature, Credentials	Date	Physician sig. required within 15 calendar days of therapist/counselor dated signature. If no meds are prescribed by the physician, a Lic. Psychologist may sign plan updates*

\*Narcotic Treatment Programs - Treatment plans are due 28 days from start of maintenance treatment and updates are due *at least* every 3 months from the date of admission. MD and supervising counselor must review the treatment plan within 14 days from the date counselor/therapist signs the plan and within specified timeframes.