

Recovery/Treatment Plan

REQUIRED FORM:

Based on Title 22 guidelines, a client file must include a treatment plan or a recovery plan. The Recovery/Treatment Plan is a required document in client file.

WHEN:

This form must be completed in accordance with the timeframe specified below:

Initial Plan:

- For outpatient programs, within 30 days from the client's admission date
- For long-term residential programs (31 days or more), within 14 days from the date of admission
- For short-term residential programs (30 days or less), within 10 days from the date of admission

Updated Plan:

- Plan shall be updated within 90 calendar days after signing the initial treatment plan, no later than every 90 calendar days thereafter, or when a change in problem identification or focus of treatment occurs, whichever comes first.

COMPLETED BY:

Developed by primary counselor with client, based on client's initial intake and assessment

REQUIRED ELEMENTS:

- **Check Box:** Indicate whether plan is the "initial" plan or an "update".
- **Client Name:** Complete client's full name.
- **Primary Counselor:** Complete primary counselor name.
- **Client ID#:** Complete the client ID number determined by agency guidelines.
- **Admission Date:** Complete date client was admitted to program.
- **Problem:** Complete statement of problem(s) experienced by the client to be addressed.
- **Goal:** Complete statement of goal(s) to be reached that address each problem.
NOTE: If a client has not had a physical examination within the twelve month period prior to the admission to treatment date, a goal that the client has a physical examination must be included. Additionally, if client has a significant medical illness, a goal that the clients obtain appropriate treatment for the illness must be included.
- **Short-Term/Long-Term:** A treatment plan must include short-term and long-term goals. The length of the term is determined by the modality of the agency.
- **Action Plan:** Complete action steps (include frequency) that will be taken by client and/or program to accomplish the identified goal and objectives. Include a description of the services to be provided.
- **Responsible (C=Client / P= Program)** - Complete the responsible party by specifying '**C**' for client and/or '**P**' for program for each action step.
- **Target Dates:** Complete target date(s) for accomplishment of each action step.
- **Resolution Date:** Complete with actual date of accomplishment of each action step.

- **Client Signature and Date:** Client is required to print name, sign and date each treatment plan
- **Counselor Signature and Date:** Counselor is required to legibly print or type name, sign and date when client plan is developed.
- **SUD and Significant Associated Diagnosis (DSM name/label and ICD-10 Code):** Document current DSM name/label with corresponding ICD-10 diagnosis code. Make sure ICD-10 code and DSM name/label match. List any other significant associated diagnosis.
- **MD Review Signature and Date (Required for Medi-Cal billing):** Medical Director must print name, sign and date within 15 days of counselor's signature to verify the review of the treatment plan and that services are medically necessary.
- **Program Manager Signature and Date (Optional):** Program Manager may print name, sign and date verifying review of treatment plan.