

<b>Community Mental Health Partnership of Southeast Michigan/PIHP</b>	<b><i>Policy Individual Treatment and Planning Process</i></b>
<b>Department: Substance Use Services</b>	<b>Regional Operations Committee Review Date 8/23/2021</b>
<b>Implementation Date 10/29/2021</b>	<b>Oversight Policy Board Approval Date 10/28/2021</b>

**I. PURPOSE**

The purpose of this policy is to establish the requirements for individualized treatment and recovery planning. Consistent with a recovery oriented system of care, treatment and recovery plans must be a product of the individual’s active involvement and informed agreement. Direct individual involvement in establishing the goals and expectations for treatment is required to ensure appropriate level of care determination, identify true and realistic needs and increase the individual’s motivation to participate in treatment. By participating in the development of their recovery plan, individuals can identify resources they already are familiar with in their community and begin to learn about additional available services. Treatment and recovery planning requires an understanding that each individual is unique and each plan must be developed based upon the individual needs, goals, desires and strengths of each consumer/individual .

The planning process can be limited by the information that is gathered in the assessment or by actual treatment planning forms. These planning forms should be reviewed on at least an annual basis to ensure that the information being gathered, or the manner in which it is recorded, continues to support the individualized treatment and recovery planning process.

**II. REVISION HISTORY**

<b>DATE</b>	<b>MODIFICATION</b>
03/2012	
08/26/2016	Language updates
11/2019	Language updates
04/03/2020	Language updates
9/23/2021	Language updates
10/28/2021	Update to “individual” from “consumer/individual”

**III. APPLICATION**

This policy applies to all staff, students, volunteers, and contractual organizations receiving any funding directly or sub-contractually, within the provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

**IV. DEFINITIONS**

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

**V. POLICY**

All individuals for treatment and recovery services shall have an individualized, person-centered treatment and recovery plan developed within the defined timelines and reviewed throughout the treatment process.

**VI. STANDARDS**

Treatment and recovery planning begins at the time the individual enters treatment – either directly or based on a referral from an access system, and ends when the individual completes formal treatment services. Planning should be a dynamic process that evolves beyond the first or second session when required documentation has been completed. Throughout the treatment process, as the individual's needs change, the plan must be revised to meet the new needs of the individual.

Recovery Planning is undertaken as a component of the treatment plan and should progress as the individual moves through the treatment process. It is important that the recovery plan be a viable and workable plan for the individual and that upon discharge he/she is able to continue along his/her recovery path with guidance from his/her plan. It is not acceptable that the recovery plan be developed the day before a individual's planned discharge from treatment services.

The treatment and recovery plans are not limited to just the individual and the counselor. The individual can request any family members, friends or significant others to be involved in the process. Once each plan is completed, the individual, counselor and other involved individuals must sign the form indicating understanding of the plan and the expectations.

Establishing Goals and Objectives

The initial step in developing an individualized treatment and recovery plan involves the completion of a biopsychosocial assessment. This is a comprehensive assessment that includes current and historical information about the individual. From this assessment, the needs and strengths of the individual are identified and it is this information that assists the counselor and the individual in establishing the goals and objectives that will be focused on in treatment. The identified strengths can be used to help meet treatment goals. After strengths are identified, the counselor assists the individual in using these strengths to accomplish the identified goals and objectives. Identifying strengths of the individual can provide motivation to participate in treatment and may take the focus off any negative situations that surround the individual getting involved in treatment-- such as legal problems, work problems, relationship problems, etc.

Writing the Plan

Once the goals and objectives are jointly decided on, they are recorded in the planning document utilized by the provider. Goals must be stated in the individual's words. Each goal that is written down should be directly tied to a need that was identified in the assessment. Once a goal has been identified, then the objectives – the steps that need to be taken to achieve the goal – are recorded. The objective must be developed with the individual but do not have to be recorded in the individual's exact words. The objectives need to be written in a manner in which they can be measured for progress toward

completion along with a targeted completion date. The completion dates must be realistic to the individual or the chances of compliance with treatment are greatly reduced.

#### Establishing Treatment Interventions

The next component of the plan is to determine the intervention(s) that will be used to assist the individual in being able to accomplish the objective. What act or actions will the individual take to achieve a goal and what action will the counselor take to assist the individual in achieving the goal. Again, these actions must be mutually agreed upon to provide the best chance of success for the individual.

#### Framework for Treatment

The individualized treatment and recovery plan provides the framework by which the services should be provided. This framework includes scope, frequency and duration of services. Scope, frequency and duration of services should relate to the appropriate ASAM level of care. Any individual or group sessions that the individual participates in must address or be related to the goals and objectives in the plan. When progress notes are written, they reflect what goal(s)/objective(s) were addressed during a treatment session. The progress notes, recorded by the clinician, should document any adjustments/changes to the treatment and recovery plan. Once a change is decided on, it should then be added to the plan in the format described above and initialed by the individual or with documentation of individual approval.

#### Treatment Plan Progress Reviews

Plans must be reviewed and this review must be documented in the individual record. The frequency of the reviews can be based on the time frame in treatment (14, 30, 60, 90 days). The reviews must include input from all clinicians/treatment/medical staff and recovery providers involved in the care of the individual as well as any other individuals the individual involved in their plan. This review should reflect on the progress the individual has made toward achieving each goal and/or objective, the need to keep specific goals/objectives or discontinue them, and the need to add any additional goals/objectives due to new needs of the individual. Treatment plan reviews should include information on updated scope, duration and frequency of treatment services. As with the initial plan, the individual, clinician and other relevant individuals should sign this review. If individual signatures are unable to be obtained, documentation explaining why must be provided.

The plan and plan reviews not only serve as tools to provide care to the individual, they help in the administrative function of service authorizations. All decisions concerning, but not limited to, length of stay, transfer, discharge, continuing care and authorizations by the PIHP must be based on individualized determinations of need and on progress toward treatment and recovery goals and objectives. Such decisions must not be based on arbitrary criteria such as pre-determined time or payment limits.

#### Policy Monitoring and Review

The PIHP will monitor compliance with individualized treatment and recovery planning and these reviews will be made available to the MDHHS, Michigan Department of Health and Human Services, and Office of Recovery Oriented Systems of Care (OROSC) during site visits. OROSC will also review for individualized treatment and recovery planning during the provider site visits. Reviews of plans will occur in the following manner:

- A review of the biopsychosocial assessment to determine where and how the needs were identified
- A review of the ASAM placement dimensions

- A review of the plan to check for:
  1. Matching goals to need – Needs from the assessment are reflected in the goals on the plan
  2. Goals are in the individual’s words and are unique to the individual. No standard or routine goals that are used by all individuals
  3. Measurable objectives – the ability to determine if and when an objective will be completed
  4. Target dates for completion – the dates identified for completion of the goals and objectives are unique to the individual, and not just routine dates put in for completion of the plan
  5. Intervention strategies – the specific types of strategies that will be used in treatment- group therapy, individual therapy, cognitive behavioral therapy, didactic groups, etc.
  6. Signatures – individual, counselor and other involved individuals
  7. Recovery planning activities are taking place during the treatment episode
  
- A review of progress notes to ensure documentation relates to goals and objectives
  
- An audit of the treatment and recovery plan progress review to check for:
  1. Progress note information matching what is in the review
  2. Rationale for continuation/discontinuation of goals/objectives
  3. Rationale for continuation at the appropriate ASAM level of care
  4. New goals and objectives developed with individual input
  5. Individual participation/feedback present in the review
  6. Signatures, i.e., individual, counselor, and involved individuals, or documentation as to why no signature.

**VII. EXHIBITS**

None

**VIII. REFERENCES**

Reference:	Check if Applies	Standard Numbers:
42 CFR Parts 400 et al. (Balanced Budget Act)	X	
45 CFR Parts 160 & 164 (HIPAA)	X	
42 CFR Part 2 (Substance Abuse)	X	
Michigan Mental Health Code Act 258 of 1974	X	
Michigan Department of Community Health (MDHHS) Medicaid Contract	X	
MDHHS Substance Abuse Contract	X	
Michigan Medicaid Provider Manual	X	

**ADDITIONAL REFERENCES:**

MDHHS Substance Use Disorder Services Policies, *Individualized Treatment and Recovery Planning (2012)*

[https://www.michigan.gov/documents/mdch/Policy\\_Treatment\\_06\\_Invd\\_Tx\\_Planning\\_175180\\_7.pdf](https://www.michigan.gov/documents/mdch/Policy_Treatment_06_Invd_Tx_Planning_175180_7.pdf)

Mee-Lee, D., Shulman, G.D., Fishman, M., Gastfriend, D.R., & Griffith, J.J. (Eds.) (2001). *ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition-Revised (ASAM PPC-2R)*. **Chevy Chase, MD: American Society of Addiction Medicine, Inc.**

Miller, Scott, Mee-Lee, David, Plum, Bill and Hubble, Mark. (2005). *Making Treatment Count: Individual-Directed, Outcome Informed Clinical Work with Problem Drinkers*. **John Wiley & Sons, Inc., Hoboken, N.J.**

Mee-Lee, David, Shulman, G.D., Fishman, M., Gastfriend, D.R., et.al. (2013). *Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions*: **Chevy Chase, MD: American Society of Addiction Medicine, Inc.**

National Institute on Drug Abuse (2000). *Principles of Drug Addiction Treatment*. Washington D.C.: NIDA

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