

Community Mental Health Partnership of Southeast Michigan/PIHP	<i>Policy Individual Treatment and Planning Process</i>
Department: Substance Use Services	Regional Operations Committee Review Date 09/11/2024
Implementation Date 09/26/2024	Oversight Policy Board Approval Date 09/26/2024

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 consumer's/individual's served active involvement and informed agreement. Direct consumer/individual served 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 consumer's/individual's served motivation to participate in treatment. By participating in the development of their recovery plan, individuals/consumers served 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 consumer/individual served is unique and each plan must be developed based upon the consumer/individual served 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

DATE	MODIFICATION
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"
09/26/2024	Language Updates

III. APPLICATION

This policy applies to:

<input type="checkbox"/> CMHPSM PIHP Staff, Board Members, Interns & Volunteers
<input type="checkbox"/> Regional Partner CMHSP Staff, Board Members, Interns & Volunteers
Service Providers of the CMHPSM and/or Regional CMHSP Partners:
<input type="checkbox"/> Mental Health / Intellectual or Developmental Disability Service Providers
<input checked="" type="checkbox"/> SUD Treatment Providers <input type="checkbox"/> SUD Prevention Providers

Other as listed: All Substance Use Service Providers

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 consumer/individual served for treatment and recovery services shall have an individualized, person-centered treatment and recovery plan that addresses cultural needs, is non-stigmatizing and developed within the defined timelines and reviewed throughout the treatment process.

VI. STANDARDS

Treatment and recovery planning begins at the time the consumer/individual served enters treatment – either directly or based on a referral from an access system and ends when the consumer/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 consumer's/individual's served needs change, the plan must be revised to meet the new needs of the consumer/individual served.

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

The treatment and recovery plans are not limited to just the consumer/individual served and the counselor. The consumer/individual served can request any family members, friends or significant others to be involved in the process. Once each plan is completed, the consumer/individual served, 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 the ASAM Continuum assessment. This is a comprehensive assessment that includes current and historical information about the consumer/individual served. From this assessment, the needs and strengths of the consumer/individual served are identified, and it is this information that assists the counselor, and the consumer/individual served 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 supports the consumer/individual served in using these strengths to accomplish the identified goals and objectives. Identifying strengths of the consumer/individual served can provide motivation to participate in treatment and may take the focus off any negative situations that surround the consumer/individual served 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/consumer's served 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 consumer/individual served but do not have to be recorded in the individual's/consumer's served 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 consumer/individual served 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 consumer/individual served in being able to accomplish the objective. What act or actions will the consumer/individual served take to achieve a goal and what action will the counselor take to assist the consumer/individual served in achieving the goal. Again, these actions must be mutually agreed upon to provide the best chance of success for the consumer/individual served.

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 consumer/individual served or group sessions that the consumer/individual served 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 consumer/individual served or with documentation of consumer/individual served approval.

Treatment Plan Progress Reviews

Plans must be reviewed, and this review must be documented in the consumer/individual served 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 consumer/individual served as well as any other individuals/consumers served the consumer/individual served involved in their plan. This review should reflect on the progress the consumer/individual served 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 consumer/individual served. Treatment plan reviews should include information on updated scope, duration and frequency of treatment services. As with the initial plan, the

consumer/individual served, clinician and other relevant individuals should sign this review. If consumer/individual served 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 consumer/individual served, they also 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, number of services attended 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 Michigan Department of Health and Human Services (MDHHS), and Substance Use Gambling and Epidemiology (SUGE) during site visits. SUGE 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 ASAM Continuum and supplemental (if applicable) assessment are reflected in the goals on the plan
 2. Goals are in the consumer's/individual's served words and are unique to the consumer/individual served. No standard or routine goals that are used by all individuals/consumers served
 3. Measurable objectives – the ability to measure 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 consumer/individual served, 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, consumer/individual served therapy, cognitive behavioral therapy, didactic groups, etc.
 6. Signatures – consumer/individual served, 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 consumer/individual served input
 5. Consumer/individual served participation/feedback present in the review

6. Signatures, i.e., consumer/individual served, 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)* [MDHHS Treatment and Recovery Planning Policy](#)

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

Scott, D. Miller, Barry L. Duncan. (2000). *Paradigm Lost: From Model-Driven to Individual-Directed, Outcome Informed Clinical Work*. **Institute for the Study of Therapeutic Change, Chicago, Illinois.**