

TOOL 4

Treatment Plan Review

Name: _____ Date: _____

Client Strengths/Abilities: _____

Primary Issues:

1. _____ (D: 1 2 3 4 5 6)
2. _____ (D: 1 2 3 4 5 6)
3. _____ (D: 1 2 3 4 5 6)

Objectives/Treatment Services: _____

Progress Toward Objectives: _____

Current Level of Care (LOC):

- LI** Outpatient (fewer than nine hours per week for adults, fewer than six hours per week for teens)
- LII.1** Intensive Outpatient (at least nine hours per week for adults, at least six hours per week for teens, but fewer than twenty hours)
- LII.5** Partial Hospitalization (twenty or more hours per week)
- LIII.1** Clinically-Managed Low-Intensity Residential
- LIII.3** Clinically-Managed Medium-Intensity Residential (adult clients only)
- LIII.5** Clinically-Managed High-Intensity Residential
- LIII.7** Medically-Monitored Intensive Inpatient Services
- LIV** Medically-Managed Intensive Inpatient Services

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Update and Review

Client meets the following *ASAM PPC-2R* Continued Stay criterion:

The client is (making progress or not yet making progress but has the capacity to resolve treatment plan issues at the current LOC), but the client has not yet achieved the goals articulated in the treatment plan. Continued care at present LOC is needed for the client to complete identified treatment goals.

AND/OR

New issues have been identified at this review that meet current LOC placement:

1. _____ (D: 1 2 3 4 5 6)
2. _____ (D: 1 2 3 4 5 6)

Clinician Signature: _____

Client Signature: _____

Significant Other(s) Signature(s): _____

