

SUD REVIEW TEMPLATE

INFORMATION SECTION - ASAM:

Individualized Treatment Plans (ITP's) are required with The ASAM Criteria;

Continued Service at the present Level of Care (LOC) is based on:

1. **Patient progress** towards **Goals** articulated in the **Individualized Treatment Plan** or;
2. **Non-progress** towards **Goals** articulated in the **Individualized Treatment Plan...** and/or;
3. **New Problems** (*interfering with treatment*) that have been identified and can be treated at the present LOC.

The ASAM Criteria Manual 2013 version, p.300; Continued Service/Transfer/Discharge Criteria Chapter:

Per ASAM Guidelines, Treatment Plans should be reviewed:

- Every Week for Residential LOC (3.5, 3.1) · Every Six (6) Sessions for Outpatient LOC (2.5, 2.1. 1.0)

The ASAM Criteria p.110 and The Train for Change Journal p.32:

INFORMATION SECTION - DEFINITIONS: Objective measures – Evidence or examples to allow the Patient, Counselor and MCO, to determine (see) when the Goal has been or will be completed. **Measurable criteria** – Data that can be counted; so that anyone looking at the Treatment Plan can tell if the patient has completed his/her objectives...

Treatment Plan Review Worksheet: (Completed by the UM)

PROBLEM STATEMENT As Evidenced By (AEB)	PRIMARY TX GOAL (AEB)	OBJECTIVES (AEB)	INTERVENTIONS																								
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Does it include specific PATIENT SPECIFIC EXAMPLES of the individual's problems? Yes No	Does it include objective measures to determine when the goal will be completed? Start Date: Target Date: Completion Date: Yes No	Do the objectives have measurable criteria to determine when they will be completed? Yes No	Are the Interventions listed helpful to the patient in completing their objectives? Yes No																								

UM Clinical Review: *[That will be copied into TrueCare]*

Admitted to: *What LOC on what date?*

Last Covered Day (LCD): *Date?*

Request: *# of Continued Stay days & Specific Dates:*

Records Reviewed: *Date?*

[Below Areas are Required for an Approved Tx Plan]

INITIAL Treatment Plan (ITP) Date:

Most recent (ITP) REVIEW Date: *(Concurrent Reviews Only)*

Discharge Plan Included: Yes No

PROBLEM STATEMENT: Does it include specific PATIENT SPECIFIC EXAMPLES of the individual's problems? Yes No

PRIMARY TX GOAL: Does it include Objective Measures to determine when the goal has been completed? Yes No

OBJECTIVES: Do they have Measurable Criteria to determine when they have been completed? Yes No

INTERVENTIONS: Are the Interventions listed helpful to the patient in completing his/her objectives? Yes No

Choose the statement below that applies to the "most recent" Treatment Plan or Update:

I **CAN** determine Progress in Treatment based on this Treatment Plan.

I **CANNOT** determine Progress or Non-progress in Treatment based on this Treatment Plan.

Reviewer's Summary / Comments: