



APPENDIX A

Appendix A

INITIAL NOTIFICATION and TREATMENT PLAN

Person's Name:	Date of Birth:
Insurance ID:	
Diagnosis:	Date of Admission:
LOCADTR3 Report (Attached)	

Detoxification / Stabilization Initial Treatment Plan

Adhere to OASAS approved detoxification taper/protocol:			
Medication(s)		Planned Taper Duration:	
Initial Discharge Plan:	To Home outpatient	Inpatient	Residential
Other:			
Crisis Stabilization:			
Date of Assessment:		Med Orders:	
Medical Stabilization:			
Date of Assessment:		Med Orders:	
Psychiatric Stabilization			
Date of Assessment:		Med Orders:	
Clinician Assigned:			
Signature			Date



Inpatient / Residential Rehabilitation Initial Treatment Plan

Individual Goal(s):	Individual	Group	Family Sessions
Skills/Medication to reduce urges/cravings			
Motivational Interviewing to increase internal commitment			
Coping skills building to improve emotional regulation, self-soothing			
Facilitate engagement with others – social skills to support recovery			
Other:			
Case Manager Assignment:			
Education about, orientation to, and the opportunity to participate in, relevant self-help			
Assessment and referral services for the person and significant others			
HIV and AIDS education, risk assessment, and supportive counseling and referral			
Date of Medical Consultation:			
Date of Psychiatric Consultation (as needed):			
Signature		Date	

Reintegration Initial Service/Recovery Plan

Individual skill building Goal(s):	
Self-Reliance for medication administration/management	
Motivational Interviewing to increase internal locus of control	
Increase coping skills to improve emotional regulation	
Facilitate engagement and social skills to support community recovery	
Increase autonomy in adult daily living skills	
Other:	
Case Manager Assignment:	
Education about, orientation to, and the opportunity to participate in, community recovery and wellness support.	
Employment Supports	
Transition to Independent Living	
Assessment and linkage to community services for the person and significant others	
Hep C, HIV and AIDS education, risk assessment, and supportive counseling and referral	
Linkage for Medical Consultation:	
Linkage for Psychiatric Consultation (as needed):	
Signature	Date