**Treatment Plan**

**The provider will complete this form and provide a copy to the client for their review and approval. The provider will obtain the client's signature on the electronic treatment plan signature page to document the client's agreement to the plan. The Provider will copy this form to the clieint's electronic medical records chart and add an addendum confirming the sharing of the plan with the client and the client's response to the plan.**

Diagnosis:

Risk Factor:

Indicate any of the identified risk factorsthat that are included in the HEDIS measures:

 \_ ADHD medications

 \_Antipsychotic medications

 \_Metabolic Monitoring for health conditions

 \_Psychiatric Hospitalization by history

Environmental Supports:

Current Assessment Scores/Level of Care:

If treatment plan varies from the recommended level of care, explain rational for current level of care:

Problem # 1:

Goal:

Target date:

Intervention/Frequency: (BHP, TCM, Medical, Natural Resources)

Problem # 2:

Goal:

Target date:

Intervention/Frequency: (BHP, TCM, Medical, Natural Resources)

Problem # 3:

Goal:

Target date:

Intervention/Frequency: (BHP, TCM, Medical, Natural Resources)

Medication Therapy ADHD medications require a follow up appointment 30 days after the start of medication and two follow up appointments in the following nine months. Psychotherapy must be provided 90 days prior to referral for an antipsychotic unless diagnosis is schizophrenia, bipolar or a psychotic disorder. All clients receiving psychotropic medications should be regularly monitored by a physician. [Click here for medication list.](https://www.transformationsllc.net/wp-content/uploads/2020/01/Medication-List-for-ADHD-and-Antipsychotics.docx)

Medication/dosage/prescriber name/start date/dates of follow-up appointments

Targeted Case Management provider/interventions/start date/target dates

Community Support Associate provider/interventions/start date/target dates

 Regulation skills:

 Crisis coping skills:

 Interpersonal skills:

 Daily living skills:

 Skills for self-monitoring of symptoms and side effects**:**

 Managing medication and follow up appointments:

 Other:

Crisis and Relapse Prevention Plan with Steps for telehealth & in-person

Next Treatment Plan Review Date:

Discharge and Aftercare Plan:

Client and/or guardian participation and response to the Plan: