MetroPlusHealth
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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:	

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: