## ADDICTION TREATMENT CENTER



POLICY MANUAL

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## 1. Standard Assessment

a) [COMPANY NAME] will conduct a confidential and free assessment process on all potential clients with a representative so as to determine an individual's eligibility for pain and addiction treatment or the type of care they will require.

| Α. | Client history   |
|----|--|
| a) | The nurse practitioner at [COMPANY NAME] will collect                    |
|    |  |
|    |  |
|    | The following  |
|    | The following  |
|    | information will be collected, then reviewed by the physician:           |
|    |  |
|    |  |
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|    |  |
| В. | Medical records and health history                                       |
| a) | [COMPANY NAME] will require a medical history from the potential client. |
|    |  |
|    |  |
|    |  |
|    |  |

| The needed      | information sha   | all be        | -                |            | - |
|-----------------|-------------------|---------------|------------------|------------|---|
|                 |                   |               |                  |            |   |
| Potential clies | nts shall be requ | ired to produ | ce all medical i | nformation |   |
| i.              |                   |               |                  |            |   |
|                 |                   |               |                  | -          |   |
|                 |                   |               |                  |            |   |
|                 |                   |               |                  |            |   |
|                 |                   |               |                  |            |   |
|                 |                   |               |                  |            |   |

- e) The above information will be documented on the potential client's Fact Sheet, and if the information will not be availed, a file notification will be generated.
- C. Medical examination
- a) [COMPANY NAME]will make sure that each supported individual at [COMPANY NAME] will be given medical examinations.
- b) An immediate medical examination of a supported individual will be required if:
  - i.

|    | ii.  |
|----|--|
|    |  |
|    |  |
|    |  |
| D. | Support strategies assessment for abnormal behavior  If a supported individual presents with abnormal behavior and it seems the approved |
|    | interventions from previous medical providers are not effective, it becomes important to   |
|    |  |
| b) | [COMPANY NAME] recognizes that abnormal behavior is a way of communication from  |
|    | the supported individual. It's challenging to understand an individual's problems, and it  |
|    | requires the involvement of many factors. If there are several possibilities as to the root of   |
|    | the observed problem, it is the responsibility of  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |

- c) The key measure of a support strategy's success is the improvement the support strategy will have on the supported individual's quality of life.
- d) The aims of a support strategy assessment shall be:

| e) The si | pport strategy assessment shall entai  | l getting information from the following |
|-----------|--|--|
|           | pport strategy assessment shart entail | r getting information from the following |
|           |  |  |
|           |  |  |
|           |  |  |
| f) The al | ove-mentioned individuals shall pro    | vide the following information:          |
|           |  |  |
|           |  |  |
|           |  |  |
|           |  | nselor shall review the collected inform |

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| ∠.           | HLCG | $\sim$ |

| a)        | [COM   | [PANY NAME]shall employ two techniques to ascertain the most effective                                  |
|-----------|--------|---|
|           | placen | nent for incoming potential clients:  |
|           | i.     | The first technique is  |
|           |        |   |
|           |        | . As per the provided information, if the   |
|           |        | potential client is eligible, the physician, with the help of the nurse practitioner and                |
|           |        | counselor, offers   |
|           |        |   |
|           | ii.    | The second technique is   |
|           | 11.    | The second technique is   |
|           |        |   |
|           |        |   |
|           |        |   |
|           |        |   |
| A.<br>a)  |        | e criteria<br>riteria used to inform the intake process is collected when a potential client seeks help |
| <i>a)</i> |        |   |
|           | at [CC | OMPANY NAME] and includes information on the supported individual's:                                    |
|           |        |   |
|           |        |   |
| В.        | Agree  | ment for service  |
| a)        | [COM   | [PANY NAME] shall require a   |
|           |        |   |
|           |        |   |

| The a | agreement for service shall include the following:                                |
|-------|---|
|       | The authorization and consent for [COMPANY NAME]:                                 |
|       |   |
| •     | Provisions to review the agreement as requested by:                               |
| ļ     |   |
|       | Financial arrangements with respect to medications and other forms of treatme     |
|       | that will be offered.   |
|       | During intake, in situations where individuals have the full intellectual capacit |
|       | [COMPANY NAME] shall make sure  |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |

b)

| v.    | The agreement for service shall be signed by:   |
|-------|---|
|       |   |
| l     |   |
|       |   |
|       |   |
| vi.   | In cases where the provisions for the agreement of service shall not be met, the          |
|       | reasons will be noted in the supported individual's case record.                          |
| vii.  | In cases where an agreement for service is not entered at the time of intake,             |
|       |   |
|       |   |
| viii. | When a supported individual is presented under these situations, [                        |
|       |   |
|       |   |
|       |   |
|       | tment Planning the intake of a supported individual in [COMPANY NAME], treatment planning |
| shall | take place in collaboration with all key parties, including:                              |
|       |   |
|       |   |
|       |   |

a)

b) The treatment planning shall include the following:

| _                    | _              |  |
|----------------------|----------------|--|
|                      |                |  |
|                      |                |  |
|                      |                |  |
|                      |                |  |
|                      |                |  |
|                      |                |  |
|                      |                |  |
| l parties will be re | nuired to sign |  |

## 4. Discharge Planning

a) [COMPANY NAME] shall make sure that supported individuals leave the facility smoothly and safely and get appropriate care after that. To achieve this:

|               | cases of frequent visits by supported individuals with no improvement, [COMI |
|---------------|--|
|               |  |
|               |  |
| 5. <b>C</b> c | onsumer Progress   |
|               | onsumer Progress review of the treatment planning shall be done              |

| c) | Supported individuals will be given a chance for expressing their treatment plan during |
|----|---|
|    | follow-up sessions with the physician.  |
| d) | The counselor shall conduct counseling sessions with the supported individuals          |
| e) | The physician, in support of the nurse practitioner, shall conduct                      |
|    |   |
|    |   |