

10A NCAC 26D .0904 TREATMENT OR HABILITATION PLAN

- (a) Each service delivery site shall develop an individualized treatment or habilitation plan for each client based upon:
 - (1) an evaluation of his condition, assets and needs; and
 - (2) information gathered during the admission assessment process.
- (b) The treatment or habilitation plan shall be documented in the client record as follows and shall:
 - (1) provide a systematic approach to the treatment or habilitation of the client;
 - (2) substantiate the appropriateness of treatment or habilitation goals;
 - (3) designate clinical responsibility for the development and implementation of the plan;
 - (4) include at least the diagnosis to ensure consistency;
 - (5) include time-specific measurable goals; and
 - (6) provide a summary of client, and if appropriate, family strengths and weaknesses.
- (c) The plan shall be reviewed at least annually; and when medically or clinically indicated, the plan shall be revised accordingly.
- (d) The client shall have the opportunity to participate in the development and implementation of the treatment and habilitation plan.

History Note: Authority G.S. 148-19(d);

Eff. January 4, 1994;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 20, 2015.