Practice Name

Service Plan

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| --- | --- | --- | --- | --- | --- | --- |
| **Consumer :** | | | **Record Number** | | | **Date:** |
| **DIAGNOSIS(ES)** | |  | | | | |
| **Code**  **Code**  **Type** | | **Description** | | | | |
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| **Supports/ Strengths** | | | | | | |
| **Date** |  | | | **Date** |  | |
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| **Preferences (to include cultural, spiritual, etc.)** | | | | | | |
| **Date** |  | | | **Date** |  | |
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| **Problem(s)/ Need(s)** | | | | | | |
| **Date** |  | | | **Date** |  | |
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| **Consumer :** | | | | **Record Number** | | **Date:** | |
| **Goal** | | **Service(s) Modalities/Intervention (including frequency and duration)** | | | | | **Responsible Person/Position** |
|  | |  | | | | |  |
| **Target Date (not to exceed 12 months)** | **Reviewed Date** | | **Status Code** | | **Justification for Continuation/Discontinuation of Goal** | | |
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| **Status R= Revised O= Ongoing A= Achieved D= Discontinued Codes:** | | | | | | | |

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| **Consumer :** | | **Record Number** | | | **Date:** |
| **Staff and Consumer /Legally Responsible Person sign below whenever the plan is implemented/reviewed/revised.** | | | | | |
| **Date** | **Staff Signature** | | **Date** | I have participated in the development of the Service Plan and I agree with the plan. (Consumer /Legally Responsible Person Signature) | |
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**Rules/Regulations**

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|  |  | **Title** | **Version Date** |
| APSM 10-5 |  | Record Retention and Disposition Schedule for Providers | 10/26/2011 |
| APSM 30-1 |  | Rules for Mental Health, Developmental Disabilities and Substance Abuse Facilities and Services | 11/1/2011 |
| APSM 45-1 |  | Confidentiality Rules | 1/1/2005 |
| APSM 45-2 |  | Records Management and Documentation Manual | 8/1/2014 (under revision) |
| 42 CFR Part 2 |  | Confidentiality of Alcohol and Drug Abuse Patient Records | 1987 (under revision) |
| NCGS 122C 52-56 |  | Article 3 Client's Rights and Advanced Instruction, Part 1. Consumer s Rights | Various |
|  |  | DHHS Records Retention and Disposition Schedule for Grants |  |
| 45 CFR parts 160 and 164 |  | HIPAA- Health Information Portability and Accountability Act |  |
|  |  | ONC, HHS-OCR Risk Assessment tool |  |
| 07 NCAC 04M.510 |  | Office of Archives & History, Division of Archives & Records, Methods of Destruction | 6/1/2014 |
| DMA CCP 8C |  | Division of Medical Assistance Clinical Coverage Policy 8C | 10/1/2015 |
|  |  | Alliance Provider Operations Manual | 2/5/2016 |