**Section 380.210 Individualized Treatment Plan**

a) Each individualized treatment plan that is implemented by a facility shall be developed with the following principles:

1) The consumer shall be an active participant in the development and evaluation of the treatment plan and progress.

2) All diagnoses and treatment recommendations and options shall be shared and explained to the consumer, within clinical limits.

3) The facility shall seek and honor the consumer's preferences as the treatment plan is developed.

4) The individualized treatment plan shall focus on developing self-reliance, personal decision making, and resiliency.

5) The consumer's strengths shall be identified, and all treatment strategies shall build upon and use these strengths to support the consumer's recovery.

6) The consumer's needs shall be identified for home, community and work environments.

7) The consumer's expressed values and culture shall be considered in the development of the plan.

b) For triage, the treatment plan shall be initiated on admission and shall be updated prior to discharge. For crisis stabilization, the treatment plan shall be updated at least once every seven days. For transitional living, the treatment plan shall be updated at least once every 30 days. For recovery and rehabilitation supports, the treatment plan shall be updated at least quarterly. For crisis stabilization, transitional living, and recovery and rehabilitation supports, the treatment plan shall be updated whenever there has been a change in the consumer's clinical function that has prompted a re-assessment. When updated, the treatment plan shall reflect:

1) Any new interventions that are required to promote stabilization and recovery; and

2) Any changes in the consumer's needs and preferences, including his or her desire to move to a community-based setting.

c) For recovery and rehabilitation supports units only, if a consumer declines to move to a community-based setting, the new individualized treatment plan shall incorporate appropriate services to assist in the acquisition of activities of daily living and illness self-management.

d) The treatment plan shall be reviewed by the treating psychiatrist, the medical doctor, and the IDT, and signed by a physician.