**Section 2060.427 Continuing Recovery Planning and** **Discharge**

a) Organizations shall develop a continuing recovery plan for patients who are no longer actively receiving treatment in, or no longer require, an ASAM level of care.

b) The continuing recovery plan shall contain the following information as appropriate for individual patients:

1) a relapse prevention plan for patients who have obtained abstinence that also identifies actions to be taken if relapse should occur;

2) actions planned by the organization to support continuing recovery or reinitiation of active treatment services;

3) specific and measurable patient involvement in the event that accountability by the patient is required for any case management or monitoring organization (i.e., circuit courts, offices of probation, Office of the Illinois Secretary of State, parole officers, employers, etc.); and

4) community recovery support services that will maintain, support and enhance progress made in treatment.

 The continuing recovery plan shall be completed prior to the patient discharge from all ASAM levels of care within the organization for any patient no longer meeting the criteria for continued active treatment.

c) Organizations shall develop discharge and exclusionary criteria consistent with customary clinical standards accepted within the community. After the patient is discharged from all treatment, a discharge summary shall be entered in the patient record within 15 days. This summary shall include:

1) the reason for discharge and the progress of the patient relative to each goal and objective in the treatment plan;

2) a prognostic statement of the patient's condition at discharge, including any continued use of prescribed medications; and

3) the patient's continuing recovery plan.

(Source: Amended at 25 Ill. Reg. 11063, effective August 14, 2001)