# MSDP Addenda

| Data Field | Client Information |
|---|---|
| **Person's Name (First, MI, Last)** | Record first name, middle initial, and last name of the person served. Order of name is at agency discretion. |
| **Record Number** | Record agency's established identification number for the person. |
| **Date of Admission** | Record date the person served was admitted. |
| **Organization/ Program Name** | Record the organization and program for whom you are delivering the service. |
| **DOB** | Document date of birth of the person served. |
| **Gender** | Indicate person's gender by checking the appropriate box.  If checking "Transgender" box, also complete box of current gender designation for insurance purposes. |

| Data Field | Signatures |
|---|---|
| **Person's Signature** (Optional, if clinically appropriate) | The person served **should** be given the option to sign the IAP.  If the person served does not sign, list the reasons and an explanation on the IAP form, or document the reasons in a Progress Note and list the date here. |
| **Date** | Date of person's signature. |
| **Parent/Guardian Signature** | The signature of parent, guardian, or other legal representatives should be obtained when applicable. The provider should consult with his/her local provider agency's internal policies and procedures regarding the need for signatures of parents, guardians and other legal representatives. |
| **Date** | Date of Parent/Guardian Signature. |
| **Clinician/Provider – Print Name/Credential** | **Legible** clinician/provider name and credentials, according to agency policy, of the primary provider of services, coordinator of services, or the author of the plan. |
| **Date** | Date of this signature. |
| **Supervisor – Print Name/Credential (if needed)** | If applicable, **legibly** record signature and credentials of supervisor. |
| **Date** | Date of this signature. |
| **Clinician/Provider Signature** | **Legible** signature, according to agency policy, of the primary provider of services, coordinator of services, or the author of the plan. |
| **Date** | Date of this signature. |
| **Supervisor's Signature (if needed)** | **Legible** signature and credentials of supervisor. <br><br> **Example:  Jerry Smith, LMHC** |
| **Date** | Date of this signature. |
| **Physician/MD/DO Signature (if required)** | **Legible** physician's signature if required by agency policy. Please note certain payers do require physician's signature. <br><br> This is a requirement for Opiate Treatment Programs |

# Medication Addendum

| Data Field | Medication Information |
|---|---|
| **Medication** | Record past and current psychiatric and non-psychiatric medications, prescribed by a licensed prescriber or self-prescribed, as well as over the counter and/or herbal medications and supplements. The information should be captured even if the person does not know the name of the medication. If this is the case, in the Medication column list "unknown" and then list all other information the person remembers. This is especially important for current medications that the person is taking. Include what medications work well and have worked well previously, any adverse side effects, why person doesn't take medication as prescribed and/or which one(s) the person would like to avoid taking in the future. |
| **Rationale/ Condition** | Indicate the symptoms or diseases for which the medication was/is used. |
| **Dosage / Route / Frequency** | Record the dosage, route, and frequency for each medication taken by the person. It is suggested that dosage be recorded as unit/time of day. **Example: 50 mg by mouth @ 8 AM, 3 PM and 10 PM.** |
| **Reported Side-effects** | Record any reported side-effects. Document the degree of distress the person experienced or experiences due to each side-effect. |
| **Adherence** | Check the box that best indicates if the person takes the medication as prescribed or suggested, or if the person needs assistance to adhere to the medication regimen. |
| **Prescriber** | Record the name of the physician or other licensed prescriber who prescribed the listed medication. |
| Data Field | Comments on Medications |
| **Comments on Medications** | Note which medications have been tried in the past indicating which ones have worked well or not. Record relevant comments, including reasons for discontinuation of the medication, why person doesn't take meds as prescribed, side-effects and any specific medications the person would like to avoid taking in the future. |

# CANS Transition to Adulthood Addendum

| Data Field | Transition to Adulthood |
|---|---|
| **Independent Living Skills** | If the child/adolescent is approaching adulthood, record relevant history and current status of child's independent living skills. |
| **Transportation** | Record relevant history and current status of child's transportation skills. |
| **Personality Disorder** | If applicable, record relevant history and current status of child's personality disorder |
| **Parenting Roles** | "If applicable, record significant history regarding child's parenting roles." |
| **Medication Adherence** | If applicable, record relevant history and current status of child's medication adherence. |
| **Educational Attainment** | Record relevant history and current status of child's educational attainment. |
| **Financial Resources** | Record relevant history and current status of child's financial resources. |

# Legal Status Addendum

| Data Field | Legal Status Addendum |
|---|---|
| **Rep Payee** | Note if person served has a designated Rep Payee. If so, document Rep Payee's name or name of the agency, phone number and relationship to person served. |
| **Legal Guardian** | Note if person served has a legally appointed guardian. If so, document guardian's name, phone number and relationship to person served. Note *Type* of guardianship by checking the appropriate box. Also, indicate if it is permanent or temporary by checking the appropriate box. If temporary, provide detail, including the expiration date. |
| **Conservatorship** | Note if person served has a Conservatorship. If so, document the name or name of the agency, phone number and relationship to person served. |

# Legal Involvement and History Addendum

| Data Field | Legal Involvement and History Addendum |
|---|---|
| **Legal Charges** | Indicate the past or current legal charge(s) brought against the person, if any. |
| **Designation** | Check the applicable box to record whether the charge was in adult juvenile or civil court. |
| **Status** | Check the applicable box(es) that describe legal status of each charge. |
| **Outcome** | Check the applicable box(es) that describe the outcome. |
| **Dates/Term** (If Known) | Indicate the beginning and end date of each charge's outcome listed. |
| **Name and phone number of court** (if applicable) | List the name and phone number of the court that processed the charge(s) against the person, if any. |
| **Name and phone number of Probation/ Parole Officer** (if applicable) | List the first and last name of the probation or parole officer and his/her phone number. If the person is on probation or parole in another county, identify the county. |
| **Domestic Relations Court Involvement** (i.e., Custody, Protective Services, Restraining Order) | Indicate all past and current domestic relations court involvement including dates for the person. Include any custody, protective services, legal guardian and/or restraining orders. |
| **Current** | Check applicable box and comment as needed. |
| **Past** | Check applicable box and comment as needed. |
| **Juvenile Court Involvement** (Related to Child Abuse, Neglect, or Dependency) | Indicate if the person has been involved in the juvenile court system for reasons of abuse, neglect, or dependency. |
| **Current** | Check applicable box and comment as needed. |
| **Past** | Check applicable box and comment as needed. |
| **Has a Child In Need of Services** (CHINS) petition been filed? | Check applicable box and comment as needed. |
| **Child Support Enforcement Orders** | Record if the person is remanded to pay child support through his/her employer or other means. Record the person's reaction to the order. |

# Education Addendum

| Data Field | Education Addendum |
|---|---|
| **Major/Degree(s)** | Complete the name of the *Major(s)/Degree(s)* obtained and the year(s) completed. |
| **Vocational Training** | Check if none reported. Provide details if person is receiving vocational training, regardless of whether or not a certificate is received. |
| **Vocational License(s)/ Certification(s)** | If person engaged in vocational training complete the name of the license(s) or certificate(s) obtained and year completed. |
| **Educational Interests/Skills** | Check all boxes that apply and comment on specific issues/skills identified. |
| **History of Learning Difficulties** | Check all boxes that are pertinent to person's identified difficulties. This information may come from a variety of sources, including, but not limited to, the clinician conducting the intake. Include sources of information under "other/comments". **Example: Learning Disability- Type: dyslexia.** Note if it is a past or a current issue for person served. Identify if any special communication needs are present as well as need for assisted verbal devices or communication boards. |
| **Barriers to Learning** | Check all boxes that apply, or indicate "other" and comment on any barriers that may/have interfered on person's ability to learn new information. Example: English is not Tom's native language, so he often has difficulty understanding the material presented in class. |

# Employment Addendum

| Data Field | Employment Addendum |
|---|---|
| **Current Employment** | Check all boxes that apply to record person's employment status. |
| **Is person served satisfied with job** | Check the appropriate box. |
| **Is person's served job in jeopardy** | Check the appropriate box. It is at the discretion of the agency as to whether or not to contact the person's supervisor if person's job is in jeopardy. |
| **Not in Labor Force** | If the person is not in the labor force, record the date last worked and check all boxes that apply to the person's situation. |
| **Is the person concerned that employment will effect current benefits** | Check the appropriate answer. If yes, explain the reason. |
| **Name of Most Recent Employer** | Identify the company name of the person's most recent employer, if any. |
| **Reason(s) for Leaving Jobs in the Last 5 Years** | Check all boxes that apply for all jobs in last five years, if any. Check Not Applicable (NA) if the person hasn't worked in the last 5 years. |
| **Attendance** | If the person has worked in the last 5 years, check the box that applies. |
| **Performance** | If the person has worked in the last 5 years, check the box that applies. |
| **Comments** | Can be used for any additional comments. |

# Military Service Addendum

| Data Field | Military Service Addendum |
|---|---|
| **Military Experience** | Check the appropriate box to indicate the branch(es) in which the person served in the past or is currently serving. Indicate dates of service, country served under, unit and major tasks of the unit, training and responsibilities, countries assigned to, number of deployments, and combat experience. If trauma is noted, complete the Trauma Addendum. |
| **Honors/Medals/Citations** | List all honors, medals and citations awarded. |

# Addictive Behaviors and Substance Use History Addendum

| Data Field | Addictive Behaviors and Substance Use History Addendum |
|---|---|
| **Have you ever used** | Place a check next to each substance that the person reports having used. If *other,* identify the substance. |
| **Age of First Use** | Record age the person first used the addictive substance or engaged in the addictive activity. |
| **Date of Last Use** | Record the date the person last used the substance or engaged in the addictive activity. |
| **Frequency** | Check the appropriate box to indicate frequency of substance use. |
| **Amount** | Amount of substance used or activity engaged in. If amount has changed over time, record the range. **Example: 1- 5 bags of heroin per day.** |
| **Method** | Check the appropriate box to indicate the method of use. If other is checked, provide more detail. |
| **Longest period of abstinence** | Record the longest period in which the person abstained from substance use/addictive behavior. |

# Addictive Behaviors and Substance Use Service History Addendum

| Data Field | Addictive Behaviors and Substance Use Service History |
|---|---|
| **None Reported** | If None Reported, skip to the next question. |
| **Substance Use Treatment** | Check all boxes that apply. |
| **Type of Service** | Record the type of service received; be as specific as possible. **Example: Inpatient, Detox, 30 Day Residential, Outpatient Group.** |
| **Dates of Service** | Record the approximate date range of service. |
| **Reason** | Record the reason that person received treatment. **Example: Cocaine addiction** |
| **Name of Provider/ Agency** | Record the name of the provider and/or agency. |
| **Completed** | Check if person completed the originally planned service. **Example: Check** *No* **if person left 30 day treatment program after 12 days.** |
| **Toxicology Screen Completed** | Check all boxes that apply. If yes, record the results of the screen. |
| **American Society of Addiction Medicine (ASAM) Degree of Severity at Admission (SU persons served only)** | The ASAM matrix has been included in the assessment for those agencies that choose to utilize it as part of the assessment process. If ASAM level of care has been determined prior to assessment, this area may be optional. If completion of the scale is not required or the scale has already been completed, check NA.  Refer to your agency's policies and procedures for completion of the ASAM Matrix. <br><br> The following websites provide additional information on the use of the ASAM matrix: <br><br> http://www.asam.org/PatientPlacementCriteria <br><br> http://mass.gov/dph/bsas <br><br> http://www.neias.org <br><br> **For Person's Readiness to Change, Prochaska's Stages are used as the scale.** |

| If under age 18 dates of two attempts to quit prior to today | Person must have made two previous documented attempts to attain sobriety from opiates prior to today to qualify for admission to an OTP. Note dates (or approximate) of two previous attempts |
|---|---|
| Evidence of two or more proofs of narcotic dependence | Note details of symptoms that indicate that person is opiate dependent |
| Other Comments Regarding Substance Use | Record SU by other family members/significant others, SU-related legal problems, and stage of treatment for providers information. Include any additional comments on Substance Use/Addictive Behavior History. |

# Trauma History Addendum

| Data Field | Trauma History Addendum<br>(Describe in Comments Section Each Element Checked) |
|---|---|
| Traumatic Events list | For each traumatic event, describe specifics of trauma in the comments section to the right. Note if experience was single event or sustained over time.<br><br>**\*An example of Community Violence is gang violence** |
| Current Involvement by | Check the box(es) that apply. Add comments if necessary. |
| Additional Mandated Report Required? | In the person reports any activity that requires interviewer to report to an oversight agency, check the box(es) that apply. Add comments if necessary. |