**OHH Client Care Plan Template**

Provider Name: Plan Date:

Client Name: Medicaid ID:

Client Phone: Client Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Demographic section can be part of the care plan or included in separate fact sheet, registration or demographic page.
* Care Plan requirements are listed in OHH Handbook under section 3.3 Beneficiary Care Plans
* Diagnosis Code: List out ICD 10 code and description of diagnosis
* Diagnosed by: List OHH staff member with credentials that are confirming diagnosis.
* Objectives/Interventions: Include client interventions and interventions by health home staff that will be done to assist client or on behalf of the client to help improve their conditions and achieve better health outcomes.
* Care Plans should include all client conditions (SUD, behavioral health, medical and socio-economic that are identified through assessments, treatment needs questionnaire, client records and client reported.

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| **OPIOID DIAGNOSIS PLAN** |

Primary SUD Dx: F11.20 – Opioid Use Disorder, Moderate to Severe

Diagnosed By: (OHH staff name, credentials)

Goal: \*Example: Maintain Opioid Use Disorder Sustained Remission or

Stabilize Opioid Use Disorder

Objectives: \*Example: Attend Physician appointments as indicated by physician

\*Example: Participate in treatment services as indicated by treatment plan

\*Example: Monitor compliance with medication and treatment requirements

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| **OTHER SUD DIAGNOSIS PLAN (one per each diagnosis)** |

SUD Dx: (code – diagnosis)

Diagnosed By: (OHH staff name, credentials)

Goal: (goal)

Objectives: \* (objective)

\* (objective)

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| **MENTAL HEALTH DIAGNOSIS PLAN (one per each diagnosis)** |

Mental Health Dx: (code – description)

Diagnosed By: (name)

Goal: (goal)

Objectives: \*(objective)

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| **MEDICAL HEALTH RISK PLAN** |

Risk Condition: (code – description)

Identified By: (name)

Goal: (goal)

Objectives: examples: (objective – Monitor risk factors of condition)

\* (objective – Provide education on condition)

\* (objective – Coordinate care with PCP or specialists)

\* (objective – Provide education on medication and perform medication reconciliation)

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| **BEHAVIORAL HEALTH RISK PLAN** |

Risk Condition: (code – description)

Identified By: (name)

Goal: (goal)

Objectives: \* (objective)

\* (objective)

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| **GENERAL GOALS AND OBJECTIVES** |

Goal: incorporate z codes for socio-economic conditions as indicated, such as:

Z 59 Homelessness

Z 56.2 Threat of job loss

Z 60 Other Problems related to social environment

Objectives: examples: (objective – Provide resources on temporary housing options and work with client to obtain safe and affordable housing)

Examples: (objective – Refer client to resources for job coaching, training and education. Work with client to build resume.)