



## OHH Client Care Plan

Provider Name: \_\_\_\_\_

Plan Date: \_\_\_\_\_

Plan Type:           Initial           Continuation

Client Name: \_\_\_\_\_

Medicaid ID: \_\_\_\_\_

### OPIOID DIAGNOSIS PLAN

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

Diagnosed By:

Goal:

Objectives:

### OTHER SUD DIAGNOSIS PLAN (one per each diagnosis)

SUD Dx:

Diagnosed By:

Goal:

Objectives:

### MENTAL HEALTH DIAGNOSIS PLAN (one per each diagnosis)

Mental Health Dx:

Diagnosed By:

Goal:

Objectives:

**MEDICAL HEALTH RISK PLAN**

Risk Condition:

Identified By:

Goal:

Objectives:

**BEHAVIORAL HEALTH RISK PLAN**

Risk Condition:

Identified By:

Goal:

Objectives:

**GENERAL GOALS AND OBJECTIVES**

Goal:

Objectives: