**BHH Client Care Plan**

Provider Name: Plan Date:

Client Name: Medicaid ID:

Client SSN: Client Phone:

Client Address:

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

Primary SUD Dx: (ADD Applicable Diagnosis Codes as indicated in BHH Handbook)

Diagnosed By: (name)

Goal: (goal – example:

Stabilize

Objectives: \* (Objective– example: )

 \* (Objective– example: )

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

SUD Dx: (code – diagnosis)

Diagnosed By: (name)

Goal: (goal) – Stabilize Opioid Use Disorder or SUD Disorder

Objectives: \* (objective –example: Attend Physician appointments as indicated by physician)

 \* (objective – Participate in treatment services as indicated by treatment plan )

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| **MEDICAL HEALTH RISK PLAN** |

Risk Condition: (code – description)

Identified By: (name)

Goal: (goal)

Objectives: \* (objective)

 \* (objective)

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| **GENERAL GOALS AND OBJECTIVES** |

Goal: (goal)

Objectives: \* (objective)

 \* (objective)

**Z CODE GOALS AND OBJECTIVES Socio-Economic and Environmental Conditions**

Risk Condition: (code – description)

Goal: (goal)

Objectives: \* (objective)

 \* (objective)

Z55-Z65 (Socio-Economic Conditions) Persons with potential health hazards related to socioeconomic and psychosocial circumstances
o Z77-Z99 (Environmental Conditions)
o Z780-Z99 (Persons with potential health hazards related to family and personal history and certain conditions influencing health status