EXAMPLE: OBAT Navigator Psychosocial Care Plan

Intake Care Plan

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Patient Name |  | | DOB |  | |
| Medicaid Plan |  | | ID Number |  | |
| PCP |  | | OBAT Navigator |  | |
| Date MAT Service Initiated: | |  | | | |
| Phase of Medical Care (Initiation, Stabilization, Maintenance) | |  | Weeks in Phase | |  |
| Care Plan Last Updated: | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Background:*** | | | |
| ***Connecting Tasks with Vision:*** What is your patient’s motivating goal (s) / vision for their life? (why do they want to be in recovery) | | | |
| ***Patient strengths / resources:*** | | | |
| **Top priorities / barriers the patient wants to work on**? (up to three) | | | |
| ***Need*** | ***Next Steps*** *(for navigator and patient depending on patient’s ability to self-navigate)* | ***Timeframe*** *(if applicable)* | **Notes** |
|  | ***Navigator:***  ***Patient:*** |  |  |
|  | ***Navigator:***  ***Patient:*** |  |  |
|  | ***Navigator:***  ***Patient:*** |  |  |
| ***Identified needs to work on later:*** | | | |
| ***Other Providers, Community Resources, etc. the patient is working with:*** | | | |
| **Patient Education**   * **Harm Reduction Resources Discussed YES NO**   **(***Depending on SUD dx may involve referrals to local harm reduction centers, syringe exchange programs, training on how to administer Narcan, etc)*  **Notes:**   * **Emergency Resources Discussed YES NO**   ***(****Who to call/where to go if have a medication issue after hours, crisis hotlines, 211 for emergency housing, etc)*  **Notes:** | | | |
| ***Date:***  ***Visit Notes:*** | | | |
|  | | | |

Subsequent Visit Notes:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Patient Name |  | | DOB |  | |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Current Need*** | ***Next Steps*** *(for navigator and patient depending on patient’s ability to self-navigate)* | | ***Timeframe*** *(if applicable)* | **Notes** |
|  | ***Navigator:***  ***Patient:*** | |  |  |
|  | ***Navigator:***  ***Patient:*** | |  |  |
|  | ***Navigator:***  ***Patient:*** | |  |  |
| ***Date:***  ***Visit Notes:*** | | | | |
| ***Any identified needs to work on later?*** | | | | |
| **Completed Goals Tracking** | | | | |
| **Completed Goals** | | **Notes** | | |