Client: Jane Doe Medicaid E assessment DOB: xx/m/1996

Outs of Service: 06/06/2012 Group name: IOP Organization: Shady Meadows

Start Time: Sam Stop time: 10:15am Bof group members present: 8.

Group Facilitator: John Wilson LMHP LADC Location: Omaha South Campus

53/HO/Saflety Risk: None reported today.

Mood/affect observed: Jane appeared anxious for most of session also fame facial muscles, persistent fidgeting with papers, their, pencil. However, by the end of session she also more releved sets by facial expression, posture, and eye contact.

Substance Use: Jame reported emoking one pack of cigaretters and 2-3 cups of office per day, timor her last sension... Her last reported manipulate use is Visit 1, 2002. No effect substance use was reported.

Ancillary/social supports utilized: Jane reported attending 1 NA meeting spice (adjustion).

Goals/Objectives addressed from individualized freatment (flam. Goalst) Prevent Relayse Objective 1. Identify triggers to using marituans.

Therapeutic Intervention: Provider facilitated a discoular on relapse prevention interventions. Group was asked to identify what symptoms often protection if an uran 17 use.

Member's response to interventions have decided any symptoms that precipitate her desire to smalle marissens, at first. Especially, after intering to other group member's give examples of their triggers, she responded that "Lien Wagety Serling Member or areans about something when my desire to use is the strongest."

Progress Enwards goals, or section 2 Jane Mark Field a major trigger for her relayed prevention plan, anxiety

Plan for next group will be to display/practice tools/fee/hriques to minimize symptoms/triggers. Plan for individual session tomorrow at item and family session on Priday at 4pm. Provider will contact PCP to coordinate treatment and pre-minimize to rule out need for medication for symptoms and/or cravings.

Discharge Plan: Estimated length of stay: 4-6 weeks: Supports that will be in place upon discharge: NA. support group meetings. Parents will be home placement.

Group Facilitator Signature, credentials:

Dieta of Signature:

# **Sample Medicaid Billable Notes**

Jianjun Gao



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