

Client: Jane Doe

Medicaid #: xxxxxxxxx

DOB: xx/xx/1999

Date of Service: 06/06/2012

Group name: IOP

Organization: Shady Meadows

Start Time: 9am

Stop time: 10-11am

#of group members present: 8

Group Facilitation: John Wilson (MHP LADC)

Location: Omaha South Campus

SI/HU/Safety Risk: None reported today.

Mood/affect observed: Jane appeared anxious for most of session with furrowed facial muscles, persistent fidgeting with papers, chair, pencil. However, by the end of session she seemed to be more relaxed with a facial expression, posture, and eye contact.

Substance Use: Jane reported smoking one pack of cigarettes and 2-3 cups of coffee per day since her last session... Her last reported marijuana use is May 1, 2012. No other substance use was reported.

Ancillary/social supports utilized: Jane reported attending 1 NA meeting since last session.

Goals/Objectives addressed from individualized Treatment Plan: Goal#2 Prevent Relapse Objective 1. Identify triggers to using marijuana.

Therapeutic Intervention: Provider facilitated discussion on relapse prevention interventions. Group was asked to identify what symptoms often precipitated an urge to use.

Member's response to interventions: Jane denied any symptoms that precipitate her desire to smoke marijuana, at first. However, after listening to other group member's give examples of their triggers, she responded that "I am usually feeling stressed or anxious about something when my desire to use is the strongest."

Progress towards goals/objectives: Jane identified a major trigger for her relapse prevention plan, anxiety.

Plan for next group will be to discuss/practice tools/techniques to minimize symptoms/triggers. Plan for individual session tomorrow at 9am and family session on Friday at 4pm. Provider will contact PCP to coordinate treatment and refer member 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:

Date of Signature:

# Sample Medicaid Billable Notes

**Sherry Borcharding, Marie J. Morreale**



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