**Interdisciplinary Plan of Care (IPOC) for Office Based Addiction Treatment (OBAT) Providers and Opioid Treatment Programs (OTP)**

**Last Updated October 5, 2022**

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| **MEMBER INFORMATION** |
|  Name:       | Preferred Name:       |  DOB:       |
| MRN:       | If retroactively enrolled, provide enrollment date:       |
| Medical Record Number: |       |
| Name of Health Plan: |       |
| Family or Legally Authorized Representative:       |
| Primary Care Physician:       |  [ ]  Consent to Release Completed |
| **PRESENTING ISSUES / Primary diagnosis(es)** |
| 1.       | 2.       | 3.       |
| **recovery milestones / disharge plan**  |
|       |
| **Interdisciplinary Plan of Care (IPOC) INFORMATION** |
|  IPOC Review Date:      (within 30 calendar days of ISP assessment) | Next IPOC Review Due Date:      Ongoing every 30 calendar days |
| **ipoc participants At Interdisciplinary treatment team meetings – Designated substance use care coordinator must compete the IPOC** |
| **TITLE** | **PRINT NAME** | **SIGNATURE** | **team meeting and review date** |
| Designated Substance Use Care Coordinator |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **MEMBER/GUARDIAN/NEXT OF KIN/SIGNIFICANT OTHER INVOLVEMENT:** |

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| Staff will review the IPOC with the Member, Guardian, Next of Kin, and/or Significant Other as appropriate.Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| The Member: | [ ]  Agrees to the plan of care [ ]  Agrees to the plan of care, but does not wish to sign [ ]  Disagrees with the plan of care [ ]  Member is on precautions and verbally agrees /disagrees [ ]  Unable to discuss due to a psychiatric or medical condition [ ]  Other:       |
| The Guardian/Next of Kin/Significant Other: | [ ]  Is participating with the member’s plan of care [ ]  Is not participating with the member’s plan of care[ ]  Other:       |

|  |  |  |  |  |
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| **assessment/****focus area** | **problems/Needs**  | **objectives** | **Interventions** | **progress Since last interdisciplinary treatment team meeting** |
| Medical | [ ]  Referral to Primary Care[ ]  Referral to Specialty Care if needed (e.g., Hepatology)[ ]  Family Planning[ ]  Other |       |       |       |
| Psychological |        |       |       |       |
| Readiness to Change |       |       |       |       |
| Relapse, Continued Use, or Continued Problem Potential |       |       |       |       |
| Recovery/ Living Environment | [ ]  Housing[ ]  Employment[ ]  Legal[ ]  Food[ ]  Child Care[ ]  Finances[ ]  Transportation[ ]  Other       |       |       |       |
| Care Coordination | [ ]  Referral to AA/NA[ ]  Referral to Peer Services[ ]  Other |       |       |       |