SAMPLE FORM

Mental Retardation Community Medicaid Services

_____NEW FOR CSP YEAR **_____REVISION FOR CSP YEAR**

INDIVIDUAL SERVICE PLAN
MR Case Management

Estimated Duration: _____ Code:_____

Individual:_____Medicaid Number:_____

CSB:_____Provider Number: _____

Case Manager:_____Telephone: _____

Start Date:_____ End Date: _____ Quarterly Review Dates: _____ _____ _____ _____
Goals/objectives are based on up-to-date assessment information present in the file.

Case Management Goal*: _____ will share information about his/her needs, preferences, desires in order to help the team determine the supports that will best meet his/her needs.*

CASE MANAGEMENT OBJECTIVES *(Examples in italics. Complete, revise, delete or add any per individual's needs.)*	TARGET DATE	ACTIVITIES/ STRATEGIES *(Examples in italics. Complete, revise, delete or add any per individual's needs.)*
1) *Coordinate _____'s comprehensive assessment of strengths and needs in major life areas and identify supports and services needed in the community.* 2) *Coordinate the completion of the Consumer Service Plan.*		*Complete Social Assessment.* *Coordinate, at least annually, the completion or update of relevant assessments. Involve support providers and significant others in gathering assessment information.* *Meet with _____, service providers, and family member(s)/caregiver(s) at least annually to discuss _____'s goals and objectives/strategies for achieving those goals.* *Assist in the development of and review all completed Individual Service Plans (ISPs) from providers selected by _____.*

Case Management Goal*: _____ will achieve his/her goals as noted on the CSP through coordination of the appropriate supports.*

CASE MANAGEMENT OBJECTIVES *(Examples in italics. Complete, revise, delete or add any per individual's needs.)*	TARGET DATE	ACTIVITIES/ STRATEGIES *(Examples in italics. Complete, revise, delete or add any per individual's needs.)*
3) *Link _____ with the following needed community resources and supports, and coordinate service provision with personnel of other agencies:* ● ● ● 4) *Coordinate the implementation of the Consumer Services Plan.*		*Complete any needed referrals for newly identified services and ensure termination of services no longer desired by _____.* *Obtain needed authorizations/approvals for funding of services from identified agencies.* *Distribute needed communication to providers (pended ISARs, DMAS 122s, etc.).* *Complete at least one activity monthly with/for _____, i.e., phone calls, correspondence, face-to-face visits, etc. to ensure/obtain needed supports (as related to the assessment).*

Individual's Name _____ Date _____

Case Management Goal: _____ *will receive the supports necessary to continue to live in the community.*		
CASE MANAGEMENT OBJECTIVES *(Examples in italics. Complete, revise, delete or add any per individual's needs.)*	TARGET DATE	ACTIVITIES/ STRATEGIES *(Examples in italics. Complete, revise, delete or add any per individual's needs.)*
5) _____ *will receive the following supports for these known health/safety issue(s):*		
6) _____ *will receive the following supports for these known behavioral issue(s):*		
7) _____ *will receive the following supports for these known communication/language barriers:*		
8) *Monitor the following services to ensure the identified supports being delivered meet* _____*'s needs and satisfaction and revise the CSP as needed:* ● ● ●		*At least quarterly (every 90 days), review supports being provided, satisfaction with services, and identify any changes or additions requested by* _____*. Meet with* _____ *and significant others as needed to complete the quarterly review and modify the CSP.*
9) *Complete required documentation and maintain in* _____*'s CM record.* (NOT A BILLABLE ACTIVITY, IN AND OF ITSELF)		*Complete at least monthly case documentation of activities; quarterly reviews of services provided, documentation of visits/meetings with* _____*, and collateral contacts.*

Individual's Name _____ Date _____

CASE MANAGEMENT OBJECTIVES	TARGET DATE	ACTIVITIES/ STRATEGIES

**Attach a signature page that includes, at a minimum, the signatures of the individual/legal guardian and the provider's responsible staff member.*