



## Individualized Care Plan

I. Member Information		
Name		Date
Date of Birth	Gender	Phone
Medicaid ID#	Eligibility start date	Eligibility end date
NFLOC	Eligibility start date	Eligibility end date
Medicare ID#		
Level of Care Coordination	Contact frequency	Last CNA date
Care Coordinator		Phone

II. Contacts		
Legal representative/guardian	Phone	Relationship to member
Primary Care Provider		Phone
Behavioral Health Therapist		Phone
Care Team		Phone
Emergency Contact	Phone	Relationship to member
Other (please specify)		Phone
Persons authorized by the member to have access to health care information and to assist with healthcare related services and support		
Name	Phone	Relationship to member

III. Communication Needs	
Primary spoken language	Translation services required
Primary written language	Communication equipment required

**IV. Health History (physical and behavioral)**

Issue	Date of onset

**Disease Management Needs**

Disease	Intervention	Member action

**Surgeries**

Surgery	Date

**Hospitalizations/Emergency Department Utilization**

Issue	Date

**Medications**

Medication	Dose and frequency	Start date

<b>Allergies</b>
<b>Strengths</b>
<b>Barriers</b>
<b>Functional needs</b>
<b>Medical equipment in use</b>
<b>Medical equipment needed</b>
<b>Physical environment (be sure to explain any challenges)</b>
<b>Environmental modifications necessary to ensure health and safety</b>

Treatment/Services							
Service	Amount	Frequency	Scope	From	To	Medicaid	Medicare

<b>Back-up plan for situations when regularly scheduled providers/caregivers are not available</b>
<b>Current community resources and services</b>
<b>Needed community resources and services</b>
<b>Disaster preparedness plan</b>
<b>Member goals</b>

V. Plan of Care	
<b>Opportunity – gap in care (short-term; 0-3 months)</b>	
<b>Goal</b>	
<b>Intervention</b>	
<b>Progress status/outcome</b>	
<b>Date initiated</b>	<b>Target date</b>

<b>Opportunity – gap in care (long-term; 3-12 months+)</b>	
<b>Goal</b>	
<b>Intervention</b>	
<b>Progress status/outcome</b>	
<b>Date initiated</b>	<b>Target date</b>

<b>Opportunity – self-management</b>	
<b>Goal</b>	
<b>Intervention</b>	
<b>Progress status/outcome</b>	
<b>Date initiated</b>	<b>Target date</b>

<b>Future opportunities</b>

<b>VI. Member/Guardian Consent</b>	
The member/guardian has acknowledged that this Individualized Care Plan has been developed in part with their personal participation, cooperation and input. The member/guardian has also reviewed this document with their Care Coordinator, and has consented to the contents and guidelines outlined in this Individualized Care Plan.	
<b>Signature of Member/Guardian</b>	<b>Date</b>
<b>Care Coordinator</b>	<b>Date</b>