

CARE AT HOME (CAH) Case Management Plan Plan of Services

___ INITIAL ASSESSMENT
___ REASSESSMENT PERIOD
___ / ___ / ___ TO ___ / ___ / ___ .

CAH WAIVER: ___ I ___ II ___ III ___ IV ___ VI
DDSO/LDSS: _____ .

CHILD'S NAME: _____ .
DOB: ___ / ___ / ___ .

MEDICAID #: _____ .

PRIMARY DIAGNOSIS:

ISSUE(S) OF CONCERN TO BE ADDRESSED IN THIS PERIOD:

- | | | | |
|--|---|---|----------------------------|
| 1A. <u>ASSISTIVE TECHNOLOGIES/EMODS (OMRDD).</u> | 5. <u>Medical/Health/Physical Development</u> | 10. <u>Fire Safety/Emergency Planning</u> | 15. <u>Family</u> |
| 1B. <u>HOME ADAPTATIONS/VEHICLE MODIFICATIONS (SDOH)</u> | 6. <u>Financial/Guardianship/Trust Planning</u> | 11. <u>Transition</u> | 16. <u>Mental Health</u> |
| 2. <u>CASE MANAGEMENT</u> | 7. <u>Education/Vocational Training</u> | 12. <u>Social/Leisure</u> | 17. <u>Other (Specify)</u> |
| 3. <u>RESPIRE</u> | 8. <u>ADL's</u> | 13. <u>Communication</u> | _____ . |
| 4. <u>Skilled Home Care</u> | 9. <u>Religion/Faith</u> | 14. <u>Community/Home Accessibility</u> | |

Issue # & Date Need Identified	Need – Problem to be Addressed	Goals	Actions to be Taken (Frequency/Duration of Services if Applicable)	Responsible Person(s) (Name, Title, Agency, Phone #)	Target Date for Resolution/Date Resolved/ or Ongoing
Issue # ____ ____ / ____ / ____					____ / ____ / ____ ____ Ongoing
Issue # ____ ____ / ____ / ____					____ / ____ / ____ ____ Ongoing

CHILD'S NAME: _____.

ASSESSMENT PERIOD / / TO / / .

Issue # ____. <u> </u> / <u> </u> / <u> </u> .					<u> </u> / <u> </u> / <u> </u> . <u> </u> Ongoing
Issue # ____. <u> </u> / <u> </u> / <u> </u> .					<u> </u> / <u> </u> / <u> </u> . <u> </u> x <u> </u> Ongoing
Issue # ____. <u> </u> / <u> </u> / <u> </u> .					<u> </u> / <u> </u> / <u> </u> . <u> </u> x <u> </u> Ongoing
Issue # ____. <u> </u> / <u> </u> / <u> </u> .					<u> </u> / <u> </u> / <u> </u> . <u> </u> x <u> </u> Ongoing

CHILD'S NAME: _____.

ASSESSMENT PERIOD / / TO / / .

Comments:

I verify that I have participated in the development of this plan to the extent I have requested and that I agree with the content of the plan. I understand that in signing this document, I consent to the sharing of all information necessary to the carrying out of this plan with the service providers mentioned therein.

PARENTS: _____.

PARENT SIGNATURE: _____ DATE: / / .

CASE MANAGER: _____.

CASE MANAGER/AGENCY SIGNATURE: _____ DATE: / / .

AGENCY: _____.

PHONE #: _____.

FAX #: _____.

NEXT REVIEW DATE: / / .