Plan of Care Attachment: BH HCBS Individualized Service Plan

Name of Individual:	____________	*MCO:*	____________
Medicaid CIN:	____________	*Member ID:*	____________
Date of Birth:	____________	*Lead Health Home:*	____________
BH HCBS Eligibility:	____________	*HH CMA or RCA:*	____________

This document is completed by each Adult Behavioral Health Home & Community Services provider. Attaching it to the Plan of Care supports integration and coordination of services and is important for meeting CMS requirements.

Date of ISP Development: ____________

Service Specific Information

Service Type:
Provider:
Provider Agency Contact:
Alternate Contact:
Provider Address:
Frequency & Duration:

Individualized Life Role Goal & Intended Outcomes

The information below should come from the Plan of Care document. The Individual's Life Role Goal is a personalized goal related to how the individual wants to live, work, learn, or socialize. An individual may have more than one life role goal. Write the goal statement using the individual's language.

Life Role Domain: O Living O Working O Learning O Socializing

Goal:*

Strengths, Talents, Resources, & Abilities

Using information from the Plan of Care, service-specific intake evaluation, and feedback from the individual and family members, describe the individual's strengths, talents, resources, and abilities, as they relate to attainment of the goal.

Behavioral Health Barriers & Level of Support

Using information from the Plan of Care, service-specific intake evaluation, and feedback from the individual and family members, describe the behavioral health barriers and needs related to attainment of the individualized goals. Describe the level of support that will be required in order to achieve intended outcomes (e.g. staff modeling, role play, supervision, instruction, etc.).

HCBS Objectives & Scope

Document measurable objectives for HCBS that will support the individual in moving toward his or her goal and intended outcomes. Describe the scope of services (interventions and staff activities) that will support attainment of the objectives.

HCBS Objectives	Scope of HCBS (Service Components/ Interventions/ Modality)

Signatures

Signature of Individual Receiving Services: Date:

Signature of Adult BH HCBS Service Provider: Date:

Signature, Credentials (if applicable), & Title