Care Plan Template

Client Name: DOB: Record #:

Address: Phone:

Guardian Name: Phone:

Client Emergency Contact: Phone:

Care Manager: Phone:

RISK LEVEL

Risk Score/Tier: Complex Care Team Assigned? ◉ YES ○ NO

LOC Assessment:

CARE TEAM MEMBERS

Peer Support: Phone:

Caregiver/Supporter: Phone:

PCP: Phone:

BH Physician: Phone:

Other Team Members (list):

Name: Role: Phone:

Name: Role: Phone:

CLINICAL NEEDS SUMMARY

List needs identified in the Comprehensive Assessment and whether immediate action is needed.

Identified Needs	Immediate?
Medical/Physical:	
Behavioral Health:	
I/DD:	
TBI:	
Dental:	
Active Medications & Date of Last Reconciliation:	

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INTERVENTIONS & INTENDED OUTCOMES

Medical/Physical:	1. 2.
Behavioral Health:	1. 2.
I/DD:	1. 2.
TBI:	1. 2.
Dental:	1. 2.
Other:	1. 2.

SOCIAL, EDUCATIONAL & OTHER SERVICES NEEDED

		Immediate?
Social:	1. 2.	
Educational:	1. 2.	
Other:	1. 2.	
Other:	1. 2.	

Care Plan Template

STRATEGIES TO INCREASE SOCIAL INTERACTION, EMPLOYMENT & COMMUNITY INTEGRATION

Social:	1. 2.
Employment:	1. 2.
Community Integration:	1. 2.

SUMMARY OF EMERGENCY/NATURAL DISASTER/CRISIS PLAN

Identify resources, supports and action steps	

STRATEGIES TO MITIGATE RISKS TO HEALTH, WELL-BEING & SAFETY OF CLIENT & OTHERS

Health:	1. 2.
Well-Being:	1. 2.
Safety:	1. 2.

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STRATEGIES TO IMPROVE SELF-MANAGEMENT & PLANNING SKILLS

Self-Management:	1. 2. 3.
Planning:	1. 2. 3.

RECOMMENDED SUPPORTS FOR FAMILY & CAREGIVERS

1.	
2.	
3.	

ADVANCED DIRECTIVES SUMMARY

Summarize advanced directives and key contacts. Attach a copy of signed directive

Care Plan Template

ACTION PLAN

List client-identified goals, action steps, measurement, responsible party and review date.

Goal	Action	How is it Measured?	Responsible Party	Review Date
1				
2				
3				
4				
5				
Date of Next Medication Reconciliation:				
Life Transition Plan: List specific goals, action steps, measurement, responsible party and review date.				
Employment:				
School:				
Caregiver:				
Social:				
Household:				
Foster Care:				

Print Name:	Signature	Title/Credentials	Date

Instructions: The Care Management Plan should be signed by the client/guardian, care manager and, if required per the TCM organization's oversight policies, the Supervising Care Manager.