

**Life Plan Template**

**Version :**

**Individual Name :**

**Status :**

**Date of Birth :**

**Life Plan / ISP**

**Member Address :**

**Phone:**

**Medicaid # :**

**Enrollment Date :**

**Medicate # :**

**Willowbooker Member:**

**Plan Effective Date : From :-**

**To :-**

**CCO**

**Address :**

**Phone :**

**Fax :**

**Provider ID :**

Meeting History			
Type Of Meeting	Plan Review Date	Reason For Meeting	Member Attendance
No Records			

Section I	
<b>ASSESSMENT NARRATIVE SUMMARY</b>	
<p>This section includes relevant personal history and appropriate contextual information, as well as skills, abilities, aspirations, needs, interests, reasonable accommodations, cultural considerations, meaningful activities, challenges, etc., learned during the person - centered planning process, record review and any assessments reviewed and / or completed.</p>	
My Home :	
My Work :	
My Health and My Medications :	
My Relationship :	

Section II								
<b>OUTCOMES AND SUPPORT STRATEGIES</b>								
<p>This section includes measurable/observable personal outcomes that are developed by the person and his/her IDT using person-centered planning. It describes provider goals and corresponding staff activities identified to meet the CCO goal / valued outcome. It captures the following information: goal description, valued outcomes, action steps, responsible party, service type, timeframe for action steps and Personal Outcome Measures. Evidence of achievement must be reflected in monthly notes from assigned providers.</p>								
CQL POMS Goal/Valued OutCome	CCO Goal/Valued OutCome	Provider Assigned Goal	Provider / Location	Service Type	Frequency	Quantity	Time Frame	Special Considerations
No Records								

Section III							
<b>Individual Safeguards/Individual Plan of Protection (IPOP)</b>							
<p>Compilation of all supports and services needed for a person to remain safe, healthy and comfortable across all settings (including Part 686 requirements for IPOP). This section details the provider goals and corresponding staff activities required to maintain desired personal safety</p>							
Goal Valued Outcome	Provider Assigned Goal	Provider/Location	Service Type	Frequency	Quantity	Time Frame	Special Considerations
No Records							

Section IV				
<b>HCBS Wavier and Medicaid State Plan Authorized Services</b>				
<p>This section of the Life Plan includes a listing of all HCBS Waiver and State Plan services that have been authorized for the individual.</p>				
Authorized Service	Provider/Facility	Effective Dates	Unit	Comments
No Records				

## Section V

### All Suports and Services; Funded and Natural/Community Resources

This section identifies the services and support givers in a person's life along with the needed contact information. Additionally, all Natural Supports and Community Resources that help the person be a valued individual of his or her community and live successfully on a day - to - day basis at home, at work, at school, or in other community locations should be listed with contact information as appropriate.

Name	Role	Address	Phone
No Records			