DEPARTMENT OF HEALTH SERVICES

Division of Medicaid Services F-20445A (03/2017)

## **INDIVIDUAL SERVICE PLAN – INDIVIDUAL OUTCOMES**

1. Waiver Program:     CLTS Waiver (Indicate Target Group):     DD     CIP 1A     CIP 1B     BIW     CIP II     COP-W     COR     3. Name - Applicant/Participant				2. Name - Support and Service Coordinator/Care Manager, Agency 4. Medicaid ID Number		
s. Name - Applicant/Participant				4. Medicaid ID Number		
5. Outcome Number	6. Desired Ou	tcome(s) Addresse	d in Service Plan		7. Outcome Status or Progress Update	8. Date

## INSTRUCTIONS – INDIVIDUAL SERVICE PLAN – INDIVIDUAL OUTCOMES

No.	Title	Description		
1	Waiver Program	Indicate the waiver program serving the applicant/participant		
2	Support and Service Coordinator/Care Manager, Agency	Enter the Support and Service Coordinator/Care Manager and Agency Name		
3	Participant Name	Enter the full legal name: last name, first name, middle initial and any suffix (e.g. Jr.)		
4	Medicaid ID Number	Enter the ten digit Medicaid Number		
5	Outcome Number	Assign a number corresponding to each individual outcome listed. The outcomes should be listed in order of their priority (as designated by the applicant/participant)		
6	Desired Outcome(s) Addressed in Service Plan	Describe the individual outcome identified by the applicant/participant. Each SPC code or paid/unpaid informal support listed on the 20445 should support the pursuit o an individual outcome.		
7	Outcome Status or Progress Update	Note any progress or update status of the individual outcome. Note 'new' if this is a new outcome being added. Indicate person(s)/agency responsible or who have a role in the attainment of the outcome.		
8	Date	Enter the date the outcome was developed, updated or achieved, as applicable.		