

ICC/IHBS Care Plan Progress Note Downtime Form

Client Name: _____ Date of Service: _____ Date of Documentation _____

Client MRN: _____ Service Min: _____ Doc. Min: _____ Travel Min: _____ Total Min: _____

Face to Face Min: _____ Non Face to Face Min: _____ CPT Codes: ☐ Targeted Case Mgmt (70899-412-HK)

Language Service Provided: _____ Interp. ☐ Yes ☐ No ☐ TCM No Fee (70899-402)

Diagnosis(es): _____ ☐

Purpose of Service:

Date this plan was developed/discussed/agree upon with Client: _____

Did you complete the PWB/IS eligibility form and file in the chart: ☐ Yes ☐ No

Were other authorized health care decision makers consulted to develop goal/s? If yes, who was consulted:

Client's need for ICC and/or IHBS services based on client's strengths and needs:

Please check off all services that will be provided under this Care Plan:

☐ Intensive Care Coordination (ICC) ☐ Intensive Home Based Services (IHBS)

Treatment Objectives: Goals, treatment, service activities and assistance

(Complete a goal for all areas of functioning in which client has an impairment as identified in Psychosocial)

Living Arrangement Goal:

Financial Status/Money Management Goal:

Social/Communication Skills Goal:

Daily Activities Goal:

Educational/Vocational Goal:

Legal Goal:

Substance Abuse Goal:

Mental Health Management Goal:

Physical Health Care Goal:

Transition Plan for when Client has achieved goals of this CP:

Provider's Signature: _____ **Date:** _____

Co-Signature (if needed): _____ **Date:** _____

1st Annual Review: By signing, I certify that I have reviewed this plan at least once annually and made any necessary updates to meet the beneficiary/client's needs.

Provider's Signature: _____ **Date:** _____

Co-Signature (if needed): _____ **Date:** _____

2nd Annual Review: By signing, I certify that I have reviewed this plan at least once annually and made any necessary updates to meet the beneficiary/client's needs.

Provider's Signature: _____ **Date:** _____

Co-Signature (if needed): _____ **Date:** _____