**Case Management Plan of Care**

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| **General Information** | | | | | |
| Member Name: | | | DOB: | UCare #: | |
| Date of POC development: | | | | Member has an Advance Directive (or POLST/5 Wishes, etc.)?  Yes  No Notes (if applicable) | |
| **Member specific SMART\* goal(s)** | | | | | |
| **Member’s Goal Priority**  **(High, Med, Low)** |  | | |  |
| **Member SMART\* Goal** |  | | |  |
| **Target Date for Goal**  ***(Update target date if member needs additional time)*** |  | | |  |
| **Achieved Date** |  | | |  |
| **Barriers to meet goal.** | Assessed, none noted.  Barriers include: | | | Assessed, none noted.  Barriers include: |
| **CM Interventions to achieve goal.**  **Member actions or self-management plan to reach goal.**  **Member acknowledgement**  **Statement** | CM Interventions:      Patient action/plan:  Member acknowledges / agrees with interventions & goal?  Yes  No | | | CM Interventions:      Patient action/plan:  Member acknowledges / agrees with interventions & goal?  Yes  No |
| **Review Date & Education Provided/Progress Toward Goal** |  | | |  |
| **\*SMART = Specific, Measurable, Attainable, Realistic, Timebound** | | | | |
| **Member’s Goal Priority**  **(High, Med, Low)** |  | | |  |
| **Member SMART\* Goal** |  | | |  |
| **Target Date for Goal**  ***(Update target date if member needs additional time.)*** |  | | |  |
| **Achieved Date** |  | | |  |
| **Barriers to meet goal.** | Assessed, none noted.  Barriers include: | | | Assessed, none noted.  Barriers include: |
| **CM Interventions to achieve goal.**  **Member actions or self-management plan to reach goal.**  **Member acknowledgement**  **statement** | CM Interventions:      Patient action/plan:  Member acknowledges / agrees with interventions & goal?  Yes  No | | | CM Interventions:      Patient action/plan:  Member acknowledges / agrees with interventions & goal?  Yes  No |
| **Review Date & Education Provided/Progress Toward Goal** |  | | |  |
| **CM Signature/Date** | | | | |
| Case Manager:       Signed electronically on: | | | | |

Form Template Updated Last 3/2024 JM