**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