



**PART D: BEHAVIORAL HEALTH SERVICE PLAN**

Name: ~~XXXXXXXXXX~~ DOB: ~~XXXXXXXXXX~~ CIS Client ID: ~~XXXXXXXXXX~~ Program: SMI  
 Today's Date: 04/23/2012  
 Individuals at Service Planning Meeting: ~~XXXXXXXXXX~~, ~~XXXXXXXXXX~~

**RECOVERY GOAL/PERSON-FAMILY VISION:** "I want to be able to get back to work and social with people in my community."  
 Client/family say the following needs to have happened in order for them to feel ready to leave services: I need to maintain my sobriety, get a job and feel more stable.

Type	Involved	List	How to Involve
Anyone	Yes	My roommates	they help me out

**CUTURAL PREFERENCES:**  
 Mbr is motivated to stay clean and sober. "I believe in God." Mbr reports that he likes to listen to classic rock and Mo-town music.

**PERSON'S STRENGTHS:** I am persistent, I am motivated to feel better, I am intelligent, I am courageous, I am determined, Natural Support: My roommates, My sister,

Review Date (Objective Target Date): 04/23/2013

**IDENTIFIED NEEDS and SPECIFIC OBJECTIVES (to address these needs)**

Need	Objectives	Current Measure
I want to maintain my positive outlook on my depression"	"I will listen to Classic Rock when I start to feel blue	Currently listening to music 7/7 days.
I want to improve my overall wellness by taking care of my physical and mental health	"I will apply to jobs to find meaningful employment	I will enroll and engage in Whole Health by meeting with my Whole Health Care 1/180 days
Coordinator to complete my TRAC assessment and then follow up with the TRAC assessment every 6 months	"I will attend the CRJ to gain job skills and training.	1/7 days
I want to continue to maintain my sobriety.	"I will attend the bus and socialize with others on the bus.	taking bus 2/7 days
I want to be able to work and back into my community.	"I will take the bus and socialize with others on the bus.	I will attend appointments with my Whole Health PCP a minimum of annually 1
I want to improve my overall wellness by taking care of my physical and mental health	"I will attend the CRJ to gain job skills and training.	I will meet with Wellness Support Specialists as needed to help me meet my goals.
I want to improve my overall wellness by taking care of my physical and mental health	"I will attend the CRJ to gain job skills and training.	I will complete my Wellness Assessment/Wellness Assessment completed
I want to be able to work and back into my community.	"I will attend the CRJ to gain job skills and training.	applying for jobs 0/7 days
"I want to maintain my positive outlook on my depression"	"I will attend the CRJ to gain job skills and training.	taking meds 7/7 days
I want to be able to work and back into my community.	"I will attend the CRJ to gain job skills and training.	Not currently attending CRJ
I want to improve my overall wellness by taking care of my physical and mental health	"I will attend the CRJ to gain job skills and training.	Desired Measure
I want to improve my overall wellness by taking care of my physical and mental health	"I will attend the CRJ to gain job skills and training.	Continue to listen to music 7/7 days
I want to improve my overall wellness by taking care of my physical and mental health	"I will attend the CRJ to gain job skills and training.	I will enroll and engage in Whole Health by meeting with my Whole Health Care 1/180 days
I want to continue to maintain my sobriety.	"I will attend the CRJ to gain job skills and training.	1/7 days
I want to be able to work and back into my community.	"I will attend the CRJ to gain job skills and training.	continue 2/7 days
I want to improve my overall wellness by taking care of my physical and mental health	"I will attend the CRJ to gain job skills and training.	I will attend appointments with my Whole Health PCP a minimum of annually 1
I want to improve my overall wellness by taking care of my physical and mental health	"I will attend the CRJ to gain job skills and training.	I will meet with Wellness Support Specialists as needed to help me meet my goals.

I want to improve my overall wellness by taking care of my physical and mental health  
I want to be able to work and back into my community.  
"I want to maintain my positive outlook on my depression"  
I want to be able to work and back into my community.

I will complete my Wellness Assessment/Wellness Assessment completed applying 2/7 days taking meds 7/7 days to be determined by mbr and CRL navigator

Services

BHT will meet with mbr every 90 days or as needed; provide support, encouragement and resources as needed  
Care Coordinator will meet with member at least every 6 months to complete TRAC assessment. Care Coordinator will provide support, education and resources. Care Coordinator will assist in coordinating primary and behavioral health care.  
Care Coordinator will facilitate group, provide education, support and resources.  
BHT will meet with mbr every 90 days or as needed; provide support, encouragement and resources  
Whole Health PCP will meet with member annually and more often as needed to provide medical services  
WSS will assist member with developing a wellness plan. WSS will provide support and education  
WSS will meet with member to complete Wellness Assessment and to assist member with developing a wellness plan. WSS will provide support and education  
BHT will meet with mbr every 90 days or as needed; provide support and resources  
BHNP will meet with mbr every 90 days or as needed; monitor and prescribe medications.  
CRL navigators will provide employment training, support and resources to mbr.

Need

"I want to maintain my positive outlook on my depression"  
I want to improve my overall wellness by taking care of my physical and mental health  
Coordinator to complete my TRAC assessment and then follow up with the TRAC assessment every 6 months  
I want to continue to maintain my sobriety.  
I want to be able to work and back into my community.  
I want to improve my overall wellness by taking care of my physical and mental health  
I want to improve my overall wellness by taking care of my physical and mental health  
I want to improve my overall wellness by taking care of my physical and mental health  
I want to be able to work and back into my community.  
"I want to maintain my positive outlook on my depression"  
I want to be able to work and back into my community.

Objectives

"I will listen to Classic Rock when I start to feel blue  
I will continue to attend SMART recovery groups at Whole Health.  
I will take the bus and socialize with others on the bus.  
I will attend the CRL to gain job skills and training.  
I am determined.  
I will apply to jobs to find meaningful employment  
"I will take all my medications as prescribed"  
I will attend the CRL to gain job skills and training.

Strength

I am motivated to feel better,  
I will enroll and engage in Whole Health by meeting with my Whole Health Care  
I am motivated to feel better,  
I am motivated to feel better,  
I am intelligent, I am courageous,  
I will attend appointments with my Whole Health PCP a minimum of annually I am  
I will meet with Wellness Support Specialists as needed to help me meet my goals.  
I will complete my Wellness Assessment. I am motivated to feel better,  
I am determined, I am persistent,  
I am determined,  
I am persistent, I am intelligent, I am determined,

DISCHARGE PLAN (add discharge date if known): "I would be completely depression free and a full time job"

Yes, I am in agreement with the types & levels of services included in the ISP.  
 Yes, I have received a copy of this plan.

No, I disagree with the types and/or levels of some or all of the services included in my plan.  
(By checking this box, I will receive the services that I have agreed to receive and may appeal the treatment team's decision to not include all the types and/or levels of services that I have requested.)  
 I have received the Notice of Decision & Right to Appeal for Individuals with a Serious Mental Illness (PM Form 5.5.1 if disagreement pertains to a Non-Title covered service).

Service Plan Rights Acknowledgements for Persons who are Title XIX/ = and/or SMI:  
My service plan has been reviewed with me by my behavioral health provider. I know what services I will be getting and how often.

All changes in the services have been explained to me. I have marked my agreement and/or disagreement with each service above. I know that in most cases, any reductions, terminations, or suspensions (stopping for a set time frame) of current services will begin no earlier than 10 days from the date of the plan. I know that I can ask for this to be sooner.

If I do not agree with some or all of the services that have been authorized in this plan, I have noted that above. I know if the service asked for was denied, reduced, suspended or

terminated, that my behavioral health provider will give me a letter that tells me why the decision was made. That letter will tell me how to appeal the decision that has been made about my services. The letter will also tell me about my appeal rights, including how to request continued services.

I know that if I need more services or other services than what I am getting, I can call my behavioral health provider, as identified above, to talk about this. My behavioral health provider will call me back within 3 working days. Once I have talked with my behavioral health provider, s/he will give me a decision about that request within 14 days. If the behavioral health provider is not able to make a decision about my request within 14 days, s/he will send me a letter to let me know more time is needed to make the decision.

**Special Assistance:**

Special Assistance is the support provided to an individual who is unable due to a specific condition - to communicate his/her preferences and/or to participate effectively in the development of his/her service plan, discharge plan, the appeal process and/or grievance/investigation process. Individuals with special needs are different from individuals in need of Special Assistance; special needs involve not speaking English, not knowing how to read/write, being deaf, hard of hearing, blind, or having a physical disability. The T/RBHA or provider must accommodate special needs.

\*\*\* If this member is SMI T-19 and has a guardian and is not already receiving Special Assistance you must complete the PM Form 5.4.1 Request for Special Assistance and fax it to Office of Human Rights at 602-364-4590 within 3 days.

**Would member benefit from having a Special Assistance Representative to help making treatment decisions and attending appointments**

**Please indicate if Special Assistance is necessary**

- No member fully participates in treatment decisions
  - Yes member is need of Special Assistance as evidenced by:
    - ...  unable to communicate preferences
    - ...  unable to participate effectively in Service Plan Development
    - ...  language barrier that cannot be bridged by Interpretation or translation
    - ...  medical condition
    - ...  severe psychiatric presentation
    - ...  other please specify [ ]
- if yes fill out PM Form 5.4.1 Request for Special Assistance and include an objective in the Service Plan and follow-up when representative has been assigned.

**Employment/ Meaningful Community Activity**

- Member interested and objective is included in this service plan.
- Member is already working or engaged in a meaningful community activity. (Please include maintenance of this achievement as an objective)
- Member may consider a meaningful community activity in the future.

The persons below participated in developing the treatment plan for [REDACTED] on the date of 04/23/2012.

[REDACTED] has been given a diagnosis of [REDACTED]. Persons with this diagnosis may have difficulty fully participating in a meaningful manner in educational, vocational, family or social activities. The treatment plan as it is described in the preceding pages has been recommended as Medically Necessary and will be implemented with the reasonable expectation of ameliorating the above difficulties or symptoms.

Person/Guardian [NextGen Signature Field] Date: 04/23/12

Clinical Liaison



Date: 04/23/12

BH Prof. Rev.



Date: 04/23/12