

10 Elements

Client Name: _____ Client ID: _____ Date of Assessment: _____

6. Key Informal Community Supports, including any supports in place for the member or family that address identified needs (e.g., IEP, 504 Plan, and housing program.) This may also include informal supports not directly linked to a current goal, such as a neighbor who is available for support as needed, but who is not being assigned a specific task to reach a goal.

7. Description of planned Care Management Interventions (including Services Care Management, Referral, Access, Engagement, Follow Up, and Service Coordination) and Time Frames.

8. The member's Transition Plan, including any circumstances or services needed to transition from Health Home Care Management, potentially including:
a. Education
b. Employment
c. Living Situation
d. Community Functioning
e. Entry into Hospital treatment facility, or foster care

9. Documentation of participation by inter-disciplinary team (all Key Providers) in the development of the plan of care.

Name	Address	Phone Number	Email	Relationship

10. The Child's Medical consenter's Signature documenting agreement with the plan of care. (Referencing DOH 5201 Health Home Consent/Information Sharing/For Use with Children Under 18 Years of Age)

Name: _____

Signature: _____