CLEAR FORM

THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

PROJECT BRAVO
BEHAVIORAL HEALTH REDESIGN FOR ACCESS, VALUE & OUTCOMES

Enhanced Services Individual Service Plan (ISP) Template

MEMBER INFORMATION		PROVIDER INFORMATION	
Member First Name:		Organization Name:	
Member Last Name:		Group NPI #:	
Medicaid #:		Provider Tax ID #:	
Member Date of Birth:		Provider Phone:	
Gender:		Provider Fax:	
Member Plan ID #:		Provider E-Mail:	
Member Street Address:		Provider Address:	
Member City, State, ZIP:		Provider City, State, ZIP:	

Service:	
Initial date of admission to current service:	
Primary ICD-10 and Corresponding DSM5 Diagnosis	
Secondary Diagnosis(es)	

CARE COORDINATION

Please list all medical/behavioral services or community interventions/supports the individual has participated in since the last Authorization, as well as any changes:

Name of Service/Support	Provider Contact Info	Frequency	*For any changes, note if:* New, Ended or Changed in frequency/intensity from last authorization

Describe Care Coordination activities with these other services/supports:

SERVICE PLAN

Resources and Strengths: *Describe the unique strengths, preferences, and resources that the individual identifies as relevant to their recovery.*

Barriers to Participation: *The treatment plan should include a list of ongoing or evolving barriers to treatment, additional resources that would support the individual in overcoming these barriers, and a plan for how to address them.*

Barrier	***Plan of Support***

Treatment Goal 1

Objective Measure

Measure	*Rater/Reporter of Measure*	*Method of Measurement (how will it be tracked?)*

Interventions		
Provider Type (LMHP/QMHP/Peer/CSAC)	*Specific Interventions*	*Dose of Intervention (Frequency)*

Treatment Progress Notes

Treatment Goal 2

Objective Measure		
Measure	*Rater/Reporter of Measure*	*Method of Measurement (how will it be tracked?)*

Interventions		
Provider Type (LMHP/QMHP/Peer/CSAC)	*Specific Interventions*	*Dose of Intervention (Frequency)*

Treatment Progress Notes

Treatment Goal 3

Objective Measure		
Measure	*Rater/Reporter of Measure*	*Method of Measurement (how will it be tracked?)*

Interventions		
Provider Type (LMHP/QMHP/Peer/CSAC)	*Specific Interventions*	*Dose of Intervention (Frequency)*

Treatment Progress Notes

Treatment Goal 4

Objective Measure		
Measure	*Rater/Reporter of Measure*	*Method of Measurement (how will it be tracked?)*

Interventions		
Provider Type (LMHP/QMHP/Peer/CSAC)	*Specific Interventions*	*Dose of Intervention (Frequency)*

Treatment Progress Notes

Treatment Goal 5

Objective Measure		
Measure	*Rater/Reporter of Measure*	*Method of Measurement (how will it be tracked?)*

Interventions		
Provider Type (LMHP/QMHP/Peer/CSAC)	*Specific Interventions*	*Dose of Intervention (Frequency)*

Treatment Progress Notes

RECOVERY PLAN

Discharge plans are an important tool to emphasize hope and plans for recovery. Planning for discharge from services should begin at the first contact with the individual. Recovery planning should include discussion about how the individual and service providers will know that sufficient progress has been achieved to move to a lower, less intensive level of care or into full recovery with a maintenance plan.

What would progress/recovery look like for this individual?

What barriers to progress/recovery can the individual, their natural supports, and/or the service provider identify?

What types of outreach, additional formal services or natural supports, or resources will be necessary to reach progress/recovery?

At this time, what is the vision for the level of care this individual may need at discharge from this service?

What is the best estimate of the discharge date for this individual?

Signature (actual or electronic) of LMHP* (Or R/S/RP):_____

Printed Name of LMHP (Or R/S/RP): _____

Credentials: _____

Date: _____

*For Applied Behavior Analysis must be LBA, fully licensed LMHP or LABA

Notes Section