

INSTRUCTIONS – INDIVIDUAL SERVICE PLAN – INDIVIDUAL OUTCOMES

No.	Title	Description
1	Waiver Program	Indicate the waiver program serving the applicant/participant
2	Support and Service Coordinator/Care Manager, Agency	Enter the Support and Service Coordinator/Care Manager and Agency Name
3	Participant Name	Enter the full legal name: last name, first name, middle initial and any suffix (e.g. Jr.)
4	Medicaid ID Number	Enter the ten digit Medicaid Number
5	Outcome Number	Assign a number corresponding to each individual outcome listed. The outcomes should be listed in order of their priority (as designated by the applicant/participant)
6	Desired Outcome(s) Addressed in Service Plan	Describe the individual outcome identified by the applicant/participant. Each SPC code or paid/unpaid informal support listed on the 20445 should support the pursuit of an individual outcome.
7	Outcome Status or Progress Update	Note any progress or update status of the individual outcome. Note ‘new’ if this is a new outcome being added. Indicate person(s)/agency responsible or who have a role in the attainment of the outcome.
8	Date	Enter the date the outcome was developed, updated or achieved, as applicable.