DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN

Division of Long Term Care F-20445A (08/2008)

INDIVIDUAL SERVICE PLAN - INDIVIDUAL OUTCOMES

1. Waiver Program: CLTS Waiver (Indicate Target Group): DD MH PD CIP 1A CIP 1B BIW CIP II COP-W COR 3. Name - Applicant/Participant						Name - Support and Service Coordinator/Care Manager, Agency A. Medicaid ID Number	
5. Outcome Number	6.	Desired Outcom	ne(s) Addressed	in Service Plan		7. Outcome Status or Progress Update	8. Date
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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.