



Detroit Wayne Integrated Health Network

CCM Plan Of Care



IDENTIFYING INFORMATION			
NAME	DOB	MEMBER ID	GENDER
ADDRESS			

PLAN OF CARE DATE

CCM STAFF

CONSUMER INFORMATION			
MEMBER ID	DATE OF BIRTH	DATE OF DEATH	GENDER
FIRST NAME	MIDDLE NAME	LAST NAME	SSN
ALIASES AND OTHER IDENTIFYING INFORMATION		MEDICAID ID #	
		MI CHILD ID #	
		MEDICARE ID	
HOME ADDRESS		HOME PHONE	
		ALTERNATE PHONE	
		CELL PHONE	
COUNTY OF RESIDENCE			
PRIMARY SPOKEN LANGUAGE		COMMUNICATION PREFERENCE	
REFERRAL SOURCE		RELIGION	
RACE / ETHNIC ORIGIN		HISPANIC OR LATINO ETHNICITY	
MARITAL STATUS		MAIDEN NAME	

AGENCIES	
Other Agencies Involved	Plan To Coordinate Services

SOCIAL DETERMINANTS OF HEALTH (SDOH)

Address and update the Member's concerns previously identified in the CCM Assessment. Are there any new Social Determinants of Health?

CONSUMER SELF-PRIORITIZED ALL GOALS

PROBLEM/SYMP TOM

BARRIERS

LONG TERM GOAL

GOALS	
Goals/Objectives	Dates
SHORT-TERM GOALS/OBJECTIVES	ESTABLISHED PROJECTED COMPLETION ACHIEVED
PROGRESS TOWARD GOAL ACHIEVEMENT <input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A COMMENTS	

SCOPE, FREQUENCY AND DURATION

INTERVENTION/ACTION

RESPONSIBLE PERSONS

ENROLLEE STRENGTHS

SIGNATURES

STAFF SIGNATURE / CREDENTIALS

DATE

CONSUMER SIGNATURE

PRINTED NAME

DATE