Community Support Services

Individualized Rehabilitation Plan

Please check only one:	
Medicaid Funded Consumer ☐	State Funded Consumer ☐

☐ Preliminary **(60 days)** for Provider File		☐ Completed **(up to 180 days)** Send to IME
Consumer Name: *		
Date of Birth:		Gender: ☐ Male ☐ Female ☐ Transgendered / Other
Address: *street* *apt.* *city* *state* *zip*		
Diagnosis:		Consumer Medicaid ID: *
Date of Admission:	Date of Last Plan:	Date of New Plan:

CSS Housing Initiative:	☐ SPC 19 GENERIC	☐ SPC 20 RIST	☐ SPC 21 DDMI	☐ SPC 23 MESH	☐ SPC 24 FORENSIC	☐ SPC 25 ESH	☐ SPC 26 RIST/MESH	☐ SPC 39 AT RISK
Agency Name: *								
Agency Address: *street* *suite* *city* *state* *zip*								
Phone no.:				Fax no.:				
Email:				Agency CSS Medicaid ID: *				

NOTE: The fields with an asterisk * should autofill for the rest of the document. If not, press the "Tab" key on the keyboard.

Community Support Services – Individualized Rehabilitation Plan

Directions: Use the S-M-A-R-T (Specific, Measurable, Attainable, Realistic, and Timeframe) format to identify the consumer chosen goals. Transfer the relevant information from the Rehabilitation Needs Assessment (e.g., wellness dimension, valued life role, strengths). Collaborate with the consumer to identify **3-4 knowledge, skill, or resource (KSR) items.** Choose items that are either most important to work on initially, or that the person is most motivated to work on. Then use the SMART format to develop measurable objectives related to these areas. It is important when completing the goal **and** objective sections, to describe the: frequency: how many times per day / week / or month (e.g., 3X a week for 30 minutes) and the duration (length of service to be delivered during IRP term): how many months. (e.g., 2 months).

Consumer Name: *	Consumer Medicaid ID: *
Agency Name: *	Agency CSS Medicaid ID: *
Rehabilitation Goal 1 from CRNA:	
Valued Life Role:	Wellness Dimension:
Strengths Related to Goal:	

KSR Development/Measurable Objective #1:

CSS Intervention(s)	Responsible Credential	Band #	Location of Service	Frequency	Duration	Band # / HCPCS Code	# of Units

KSR Development/Measurable Objective #2:

CSS Intervention(s)	Responsible Credential	Band #	Location of Service	Frequency	Duration	Band # / HCPCS Code	# of Units

KSR Development/Measurable Objective #3:

CSS Intervention(s)	Responsible Credential	Band #	Location of Service	Frequency	Duration	Band # / HCPCS Code	# of Units

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Consumer Name: *	Consumer Medicaid ID: *
Agency Name: *	Agency CSS Medicaid ID: *
Rehabilitation Goal 2 from CRNA:	
Valued Life Role:	Wellness Dimension:
Strengths Related to Goal:	
KSR Development/Measurable Objective #1:	

CSS Intervention(s)	Responsible Credential	Band #	Location of Service	Frequency	Duration	Band # / HCPCS Code	# of Units

KSR Development/Measurable Objective #2:							
CSS Intervention(s)	Responsible Credential	Band #	Location of Service	Frequency	Duration	Band # / HCPCS Code	# of Units

KSR Development/Measurable Objective #3:							
CSS Intervention(s)	Responsible Credential	Band #	Location of Service	Frequency	Duration	Band # / HCPCS Code	# of Units

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Consumer Name: *	Consumer Medicaid ID: *
Agency Name: *	Agency CSS Medicaid ID: *
Rehabilitation Goal 3 from CRNA:	
Valued Life Role:	Wellness Dimension:
Strengths Related to Goal:	
KSR Development/Measurable Objective #1:	

CSS Intervention(s)	Responsible Credential	Band #	Location of Service	Frequency	Duration	Band # / HCPCS Code	# of Units

KSR Development/Measurable Objective #2:							
CSS Intervention(s)	Responsible Credential	Band #	Location of Service	Frequency	Duration	Band # / HCPCS Code	# of Units

KSR Development/Measurable Objective #3:							
CSS Intervention(s)	Responsible Credential	Band #	Location of Service	Frequency	Duration	Band # / HCPCS Code	# of Units

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Consumer Name: *	Consumer Medicaid ID: *
Agency Name: *	Agency CSS Medicaid ID: *
Rehabilitation Goal 4 from CRNA:	
Valued Life Role:	Wellness Dimension:
Strengths Related to Goal:	
KSR Development/Measurable Objective #1:	

CSS Intervention(s)	Responsible Credential	Band #	Location of Service	Frequency	Duration	Band # / HCPCS Code	# of Units

KSR Development/Measurable Objective #2:							
CSS Intervention(s)	Responsible Credential	Band #	Location of Service	Frequency	Duration	Band # / HCPCS Code	# of Units

KSR Development/Measurable Objective #3:							
CSS Intervention(s)	Responsible Credential	Band #	Location of Service	Frequency	Duration	Band # / HCPCS Code	# of Units

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Consumer Name: *	Consumer Medicaid ID: *
Agency Name: *	Agency CSS Medicaid ID: *
Rehabilitation Goal 5 from CRNA:	
Valued Life Role:	Wellness Dimension:
Strengths Related to Goal:	
KSR Development/Measurable Objective #1:	

CSS Intervention(s)	Responsible Credential	Band #	Location of Service	Frequency	Duration	Band # / HCPCS Code	# of Units

KSR Development/Measurable Objective #2:							
CSS Intervention(s)	Responsible Credential	Band #	Location of Service	Frequency	Duration	Band # / HCPCS Code	# of Units

KSR Development/Measurable Objective #3:							
CSS Intervention(s)	Responsible Credential	Band #	Location of Service	Frequency	Duration	Band # / HCPCS Code	# of Units

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Consumer Name: *	Consumer Medicaid ID: *
Agency Name: *	Agency CSS Medicaid ID: *

	BAND # + HCPC Code	For MEDICAID IRP only		For STATE IRP only		
Responsible Credentials In each Band	**#1 = H2000 HE #2 = H2000 HE SA #3 = H2015 #4 = H0039 #5 = H0036**	**Request for Prior Authorization (PA) Medicaid # of units per band**	**Number of units approved by IME:**	**Request for State Funded # of units per band**	**Number of units approved by IME:**	**IRP Start Date:**
1. Physician, Psychiatrist ***(Maximum daily units: 8)***						
2. Advanced Practice Nurse ***(Maximum daily units: 12)***						
3. RN, Psychologist, Licensed Practitioner of the Healing Arts, including: Clinical Social Worker, Licensed Rehabilitation Counselor, Licensed Professional Counselor, Licensed Marriage and Family Therapist, Master's Level Community Support Staff						
4. Bachelor's Level Community Support Staff, LPN ***(Individual)***						
4. Bachelor's Level Community Support Staff, LPN ***(Group)***						
5. Associate's Level Community Support Staff, High School Level Community Support Staff, Peer Level Community Support Staff ***(Individual)***						
5. Associate's Level Community Support Staff, High School Level Community Support Staff, Peer Level Community Support Staff ***(Group)***						
Total # of Units** ☐ Preliminary **(60 days)** For Provider file ☐ Completed **(180 days)** Send to IME		0	0	0	0	

**** Please assure that each consumer may only be rendered a maximum of 28 units per day. (All bands combined.) ****

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SIGNATURES AND CREDENTIALS

The development of this Individualized Rehabilitation Plan was a consumer driven process that identifies consumer driven goals.

Was the consumer educated and asked to complete a psychiatric advance directive during the development of this plan?			
☐ Yes. But consumer did not wish to complete a psychiatric directive at this time. Staff will follow up during the next IRP.	☐ Yes. But consumer already has a completed psychiatric advance directive.	☐ Yes. Staff will work with consumer to develop a psychiatric advance directive.	☐ No. Consumer was not educated and asked about a psychiatric advance directive.

Consumer Name	Signature	Date
Licensed Clinical Staff Team Member Name/Credentials	Signature	Date
Contributing Team Member Name/Credentials	Signature	Date
Primary Service Coordinator Name/Credentials	Signature	Date
Optional Signatures: (family members, team member, etc.)	Signature	Date
Optional Signatures: (family members, team member, etc.)	Signature	Date

Please send this form to UBHC IME UM via email at imecss@ubhc.rutgers.edu or fax (732) 235-5569;
Call us at (844) 463-2771