

CLIENT: Im A. Recipient		Wisconsin Medicaid #: 1234567890		Case Manager: Im A. Case Manager, MSW		
CASE PLAN PARTICIPANTS: Im A. Recipient's daughter, Case Manager						
PROBLEM	GOALS/OUTCOME	SERVICE TYPE	UNIT COST*	PROVIDER	UNITS OF SERVICE	START DATE
Recipient is recovering from a broken left hip and cannot ambulate without assistance.	Independent ambulation (within six weeks)	Physical therapy	xxx.xx	Wisconsin Medicaid, PT-certified provider	2 PT appointments per week-6 weeks	2/24 to 4/1
Recipient has no means of transportation to medical appointments.	Access to all medical appointments	Medical transport services	xxx.xx	Safe-T Transport	As needed	Ongoing
Recipient is unable to manage her medications.	Evaluation of all meds and support for proper intake of all meds by 3-1	RN visit and evaluation with RX	xxx.xx	Visiting nurses	2 visits	2/24 and 3/1
Recipient cannot perform her own personal care, i.e., bathing, dressing, toileting.	Assistance and instruction to meet personal care needs	Personal Care	xxx.xx	Wisconsin Medicaid service provider	7 days/wk. 1 hr. a.m., 1 hr. p.m.	Ongoing
Recipient has no assistive devices in her home.	Occupational therapy evaluation for assistive devices at home by 3-5	Occupational therapy	xxx.xx	Wisconsin Medicaid, OT-certified provider	1 evaluation 1 installation	2/27 3/5

**Sample Case Management Case Plan**

\*State, if applicable, "Medicaid reimbursement" and indicate copayment amount when appropriate.

*(Form continued on the back of this page.)*

**Other support systems:**

**List unmet needs and/or gaps in service:**

**Client Case Plan Review**

I do not wish to participate further in the Medicaid case management program at this time.

Date

Signature (Client, Guardian, or Responsible Caregiver)

I agree with the plan above and have participated in the planning process.

MM/DD/YY

*J.M. Recipient*

Date

Signature (Client, Guardian, or Responsible Caregiver)

This plan is approved for implementation.

MM/DD/YY

*L.M.A. Case Manager, MSW*

Date

Signature (Case Manager)