

# HIV Medical Case Management Standard Semi-Annual Care Plan (CAREWare Service # 1000)

<b>Client Name/ID:</b>		<b>Original Plan Date:</b>			
Problem Areas from Assessment (check all that apply)					
1. Access	5. Education/Employment/Financial Support	9. Substance Use			
2. Housing	6. Treatment Adherence	10. Relationships			
3. Food/Nutrition	7. Dental Care	11. Legal			
4. Transportation/Home Care	8. Mental Health/Social Support	12. Other			
Goals and Plan					
<b>Prioritized problem area:</b>					
<b>Relation to HIV treatment/care:</b>					
<b>Long-term goal:</b>					
Goals for six months, including resources to be accessed:	Start Date	Target Date	Review		
			Outcome	If goal not achieved, indicate reasons	Continued use of CM for this?
			<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved <input type="checkbox"/> Unknown	<input type="checkbox"/> System barriers <input type="checkbox"/> Financial/economic barriers <input type="checkbox"/> Language/cultural barriers <input type="checkbox"/> Active mental health issues <input type="checkbox"/> Active substance use issues <input type="checkbox"/> Client illness <input type="checkbox"/> No longer prioritized by ct	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved <input type="checkbox"/> Unknown	<input type="checkbox"/> System barriers <input type="checkbox"/> Financial/economic barriers <input type="checkbox"/> Language/cultural barriers <input type="checkbox"/> Active mental health issues <input type="checkbox"/> Active substance use issues <input type="checkbox"/> Client illness <input type="checkbox"/> No longer prioritized by ct	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Client Agreement:</b> I have helped make this plan. I understand that I am responsible for parts of this plan. My case manager has explained this plan to me. I agree to follow this plan and to tell my case manager if anything changes. I agree to stay in contact with my case manager.					
Client Signature					Date
CM Signature					Date
Date of Review		Reviewed: <input type="checkbox"/> in person <input type="checkbox"/> by phone	CM Review Signature		