COMMUNITY SUPPORT SERVICES - INDIVIDUALIZED REHABILITATION PLAN

N J Department of Human Services

☐ Preliminary **(60 days)** for Provider File		☒ Completed **(180 days)** Send to IME
Consumer Name: Robin Smith		
Date of Birth: 1/1/1960		Gender: ☐ Male ☒ Female
Address: 10 Main St. Scotch Plains NJ 07076		
Diagnosis: F20.9 Schizophrenia		Consumer Medicaid ID: 123456789
Date of Admission: 3/6/2015	Date of Last Plan: 8/1/2016	Date of New Plan: 2/1/2017

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: School of Health Professions								
Agency Address: 1776 Raritan Road Scotch Plains NJ 07076								
Phone no.: 732-123-4567						Fax no.: 732-000-0001		
Email: shp@sampleirp.com						Agency CSS Medicaid ID: 10987654321		

For Official Use Only:	
Medicaid:	State Funded - State ID:

Directions: For each Rehabilitation Goal, transfer the relevant information from the documents indicated below. First collaborate with the consumer to identify **3-4 knowledge, skill, or resource items** listed on IRP Worksheet 1 (KSR). Choose items that are either most important to work on initially, or that the person is most motivated to work on. Then use S-M-A-R-T (Specific, Measureable, Attainable, Realistic, and Timeframe) format to develop **measurable objectives** related to these areas. **Frequency**: How many times per day / week / or month. **E.g**., 3X a week. **Duration (length of service to be delivered during IRP Term)**: How many months. **E.g.** 3 months.

Consumer Name: Robin Smith	Consumer Medicaid ID: 123456789
Agency Name: School of Health Professions	Agency CSS Medicaid ID: 10987654321
Rehabilitation Goal 1 from CRNA: In the next 6 months, I will improve my health by learning how to independently test my blood sugar daily.	
Valued Life Role: Grandmother	Wellness Dimension: Physical
Strengths Related to Goal: Robin is motivated to learn how to independently manage her diabetes. She has a glucose monitor and is linked to a primary care physician.	

KSR Development/Measurable Objective #1: Robin will learn all the steps necessary to test her blood sugar by 3/1/17.

CSS Intervention(s)	Responsible Credential	Band #	Location of Service	Frequency	Duration	Band # / HCPCS Code	# of Units
Educate Robin about all the functions of her glucose monitor	RN	3	Robin's residence	Weekly 30 min	5 weeks	3 / H2015 HE TD	10
Model the steps of how to test blood sugar	RN	3	Robin's residence	Weekly 30 min	5 weeks	3 / H2015 HE TD	10

KSR Development/Measurable Objective #2: By 2/15/17, Robin will learn at least 1 method to independently track her daily blood sugar level.

CSS Intervention(s)	Responsible Credential	Band #	Location of Service	Frequency	Duration	Band # / HCPCS Code	# of Units
Model how to use at least 1 tracking system (chart) to monitor blood sugar	BA	4	Robin's residence	Weekly 30 min	3 weeks	4 / H0039 HN	6

KSR Development/Measurable Objective #3: Robin will learn 2 strategies that contribute to a healthy blood sugar level by 8/1/17.

CSS Intervention(s)	Responsible Credential	Band #	Location of Service	Frequency	Duration	Band # / HCPCS Code	# of Units
Educate Robin about foods that are lower in carbohydrates	BA	4	Community	Monthly 60 min	6 months	4 / H0039 HN	24
Help Robin explore the pros and cons of adopting a healthier lifestyle	BA	4	Community	Bi-weekly 30 min	10 weeks	4 / H0039 HN	20
Educate Robin about exercises she can do at home	BA	4	Community	Monthly 30 min	6 months	4 / H0039 HN	12

Consumer Name: Robin Smith	Consumer Medicaid ID: 123456789
Agency Name: School of Health Professions	Agency CSS Medicaid ID: 10987654321
Rehabilitation Goal 2 from CRNA: In the next 6 months, I will increase my socialization by attending 2 free events in my community.	
Valued Life Role: Friend	Wellness Dimension: Social
Strengths Related to Goal: Robin can use public transportation independently. She is also familiar with her community.	

KSR Development/Measurable Objective #1: By 8/1/17, Robin will learn 2 healthy coping skills to manage anxious feeling in public settings.							
CSS Intervention(s)	Responsible Credential	Band #	Location of Service	Frequency	Duration	Band # / HCPCS Code	# of Units
Facilitate 2 IMR modules to help Robin identify coping skills to use when she is feeling anxious	Peer	5	Community	Bi-weekly 60 min	10 weeks	5 / H0036 52	40
Review Robin's progress and barriers with practicing coping skills	Peer	5	Community	Bi-weekly 15 min	10 weeks	5 / H0036 52	10
Monitor Robin's ability to use self-management skills and assess symptoms	LCSW	3	Community	Monthly 30 min	6 months	3 / H2015 HE HO	12

KSR Development/Measurable Objective #2: For the next 6 months, Robin will identify at least 1 community event each month that she is interested in attending							
CSS Intervention(s)	Responsible Credential	Band #	Location of Service	Frequency	Duration	Band # / HCPCS Code	# of Units
Educate Robin about free events in her area	Peer	5	Community	Monthly 15 min	6 months	5 / H0036 52	6

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

Consumer Name: Robin Smith				Consumer Medicaid ID: 123456789		
Agency Name: School of Health Professions				Agency CSS Medicaid ID: 10987654321		
	BAND # + HCPC Code	**MEDICAID**		**STATE**		
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**	**# of units approved *(28 units daily max except Band 1 & 2)***	**Request for Prior Authorization (PA) State Funded # of units per band**	**# of units approved *(28 units daily max except Band 1 & 2)***	**IRP Start Date**
1. Physician, Psychiatrist ***(max 8 units daily)***						Pick a date.
2. Advanced Practice Nurse ***(max 12 units daily)***						Pick a date.
3. RN, Psychologist, Licensed Practitioner of the Health Arts, including: Clinical Social Worker, Licensed Rehabilitation Counselor, Licensed Professional Counselor, Licensed Marriage and Family Therapist, Master's Level Community Support Staff	H2015	32				2/1/2017
4. Bachelor's Level Community Support Staff, LPN ***(Individual)***	H0039	62				2/1/2017
4. Bachelor's Level Community Support Staff, LPN ***(Group)***						Pick a date.
5. Associate's Level Community Support Staff, High School Level Community Support Staff, Peer Level Community Support Staff ***(Individual)***						Pick a date.
5. Associate's Level Community Support Staff, High School Level Community Support Staff, Peer Level Community Support Staff ***(Group)***	H0036	56				2/1/2017
Total # of Units ☐ Preliminary **(60 days**) For Provider file ☒ Completed (**180 days)** Send to IME		150				

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.

Robin Smith	PRINT OUT & SIGN	2/1/17
Consumer Name	Signature	Date
Lisa Jones, LCSW	PRINT OUT & SIGN	2/1/17
Licensed Clinical Staff Team Member Name/Credentials	Signature	Date
Paul Rich , RN	PRINT OUT & SIGN	2/1/17
Contributing Team Member Name/Credentials	Signature	Date
Donna Williams, BA	PRINT OUT & SIGN	2/1/17
Contributing Team Member Name/Credentials	Signature	Date
Shawn White, CPRP	PRINT OUT & SIGN	2/1/17
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