



SED PRTF

**KANSAS DEPARTEMENT OF SOCIAL AND REHABILITATION SERVICES
HOME AND COMMUNITY BASED SERVICES
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE (HCBS/SED)
PLAN OF CARE**

SECTION I. IDENTIFICATION INFORMATION		POC Date: 01/01/09	initial POC	annual POC
Client Name: Swipe D. Fox		Medicaid I.D.# 00100100111	SSN: 555-55-5555	
Birth Date: 01/01/98	Gender: M	Date of KanBe Healthy Screen: 01/01/08	Clinical Eligibility Date: 01/01/09	
Address: 100 Dora Lane		Phone#: (555) 555-5555		
Guardian: Sly Fox	Address: 100 Dora Lane		Phone#: (555) 555-5555	
Approved Mental Health Provider: Ima D. Map		Phone#: (555) 555-5555		
CMHC Contact Person (=Case Manager on ePOC): Casey Manager		Phone#: (555) 555-5555		
Wraparound Facilitator: Boot D. Monkey		Phone#: (555) 555-5555		
Diagnosis	Axis I: 312.81 Conduct Disorder			
	Axis II: V71.09 No dx			
	Axis III: None reported			
	Axis IV: peer relationship struggles, academic struggles			
	Axis V: GAF: 55 current			
Prognosis:	Fair			

SECTION II. PARTICIPATANTS (List participants in the development of the plan)

Involvement	Name	Relationship to Child or Family	Telephone
C <input type="checkbox"/> A <input type="checkbox"/> PX <input type="checkbox"/> R <input type="checkbox"/>	Swiper D. Fox	Member	555-555-5555
C <input type="checkbox"/> A <input type="checkbox"/> PX <input type="checkbox"/> R <input type="checkbox"/>	Sly Fox	Father	555-555-5555
C <input type="checkbox"/> A <input type="checkbox"/> PX <input type="checkbox"/> R <input type="checkbox"/>	Casey Manager	Case Manager	555-555-5555
C <input type="checkbox"/> A <input type="checkbox"/> PX <input type="checkbox"/> R <input type="checkbox"/>	Boots Monkey	WAF	555-555-5555
C <input type="checkbox"/> AX <input type="checkbox"/> P <input type="checkbox"/> RX	Ima Map	Therapist	555-555-5555
C <input type="checkbox"/> A <input type="checkbox"/> PX <input type="checkbox"/> R <input type="checkbox"/>	Dee Backpack	Grandma	555-555-5555
C <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> RX	Doctor Doctor	Physician	555-555-5555
C <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/>			
C <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/>			
C <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/>			
C <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/>			
C <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/>			
C <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/>			
C <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/>			

Codes:

- C – Contacted prior to plan development**
- A – Completed assessment prior to plan development**
- P – Present at the planning meeting**
- R – Reviewed the completed plan**

SECTION III. DOMAINS/NEEDS STRENGTHS (describe the client's and / or family's caretaker's problems, issues and needs. Include strengths/assets which are relevant to meeting the needs).

➤ **All services will be provided directly to the eligible client for the benefit of the Medicaid eligible client**

DOMAINS	STRENGTHS	NEEDS
Home	Good relationship w/dad Grandma is very involved	Deal with anger without running away Earn money and other items rather than steal Spend more positive time with dad
Community	Enjoys being with others Wants to be involved in activities and sports	Maintain participation in activities without being kicked out.
Financial/Economic	Father has a stable job/income	Be respectful of tight budget
Health	Good health Safe/healthy home environment	No health issues identified
Legal	No legal involvement.	Avoid legal problems by obeying the law (theft and running away)
Leisure/Recreation	Swiper enjoys swimming, camping, and art	Increase opportunity to enjoy these activities
Vocational/Educational	Swiper's attendance at school is excellent	Improve grades Improve focus
Socialization	Swiper wants to have a lot of friends	Maintain friendships with respectful behavior
Other	None reviewed/reported	

SECTION IV. TERMINATION PLAN

PRESENTING PROBLEM: Swiper has been stealing at home and from peers. His behavior becomes disruptive and negatively affects his participation in social activities. He has run away from home several times when he is angry.

STATEMENT OF GOALS/OUTCOMES REQUIRED FOR TERMINATION OF THE PLAN OF CARE:

Swiper will improve his anger management skills as evidenced by no more running away, improved relationship with father and peers, and maintained participation in social activities.

Example: (Child's name) will have no evidence of suicidal thoughts or gestures and will attend a full day of school without running away.

I.D. LETTER	GOAL/OUTCOME
A	Swiper will develop respectful, constructive means for managing anger.
B	Swiper will utilize positive attention-seeking behavior
C	Swiper will maintain involvement in more activities.

SECTION V. OBJECTIVES: List objectives and action steps needed to reach goals. Include a target date to reach objective

Goal ID Letter A Measurable Objective: Swiper will report the use of alternative coping methods 3 times a week when he feels angry; evidenced by earning rewards via token program. Projected date for meeting objective: Oct. 1, 2009				
Action Step	Responsible Person	Target Date	Date Done	Progress Notes (date)
1. Swiper will explore 3 alternative methods for managing anger.	Swiper, CM, therapist	Oct. 1, 2009		
2. Swiper will keep a log of how each method worked, and review with the therapist	Swiper, therapist	Oct. 1, 2009		
3. Family will implement a token program for the use of alternative copying methods and reward appropriately	Swiper, dad, Grandma, therapist, CM	Oct. 1, 2009		
4. Family will use crisis plan if needed.	Swiper, Dad, Grandma, Crisis Services	Oct. 1, 2009		
5. The WAF will meet regularly to review progress toward goals, a minimum every 90 days, or more frequently as needed.	Swiper, Dad, Grandma, WAF	Oct. 1, 2009		
Services and Supports needed for Objective(s)	Type of Support	Duration and Frequency	Total Units	
	CPST	2 hours/wk	40	
	Individual Therapy	1 hour/wk	5	
	Family Therapy	1 hour/month	1	
	WAF	1 hour/month	4	

Goal ID Letter B**Objective:** Swiper will log the use of at least one positive attention-seeking behavior 3 times per week.**Projected date for meeting objective:** Oct. 1, 2009

Action Step	Responsible Person	Target Date	Date Done	Progress Notes (date)
1. Swiper will work with CM and therapist to identify positive 3 attention-seeking behaviors	Swiper, CM, therapist	Oct. 1, 2009		
2. Swiper will verbalize a need to engage with dad	Swiper, CM	Oct. 1, 2009		
3. Dad will respond to positive attention-seeking by spending time with Swiper in an activity (selected from the jar of pre-approved activities)	Dad, PS	Oct. 1, 2009		
4. Swiper will review log with therapist.	Swiper, therapist	Oct. 1, 2009		
Services and Supports needed for Objective(s)	Type of Support	Duration and Frequency		Total Units
	CPST	2 hour/wk		40
	Individual Therapy	1 hour/wk		5
	Parent Support	1 hour/wk		20

Goal ID Letter C**Objective:** Swiper will sign up for 2 new activities by Oct. 1, 2009.**Projected date for meeting objective:** Oct. 1, 2009

Action Step	Responsible Person	Target Date	Date Done	Progress Notes (date)
1. CM will assist Swiper with identifying interests and finding community activities (such as swim camp, baseball camp)	CM, Swiper	Oct. 1, 2009		
2. CM will assist Swiper with signing up for activities (at least two)	CM, Swiper	Oct. 1, 2009		
3. AC and Grandma will attend activities with Swiper and provide verbal reminders (such as “Swiper, no swiping.”) to help manage behavior	AC, Grandma	Oct. 1, 2009		
Services and Supports needed for Objective(s)	Type of Support	Duration and Frequency		Total Units
	CPST	2 hour/week		40
	Attendant Care	2 hour/day, 3 days per week		120

SECTION VI. CRISIS PLAN:

I. Potential Crisis	Averting Crisis Action Steps	Person(s) Responsible
Swiper runs away from home	1. Dad and Swiper recognize that he is getting angry and will separate for 30 minutes and use preplanned calming techniques of taking deep breaths, and drawing in his sketchbook. No one leaves the house.	Swiper, dad
	2. During the 30 minute break Dad will call grandma to help mediate/de-escalate.	Grandma
II. Triggers and Precursors	Crisis Resolution Action Steps	Persons Responsible
Fight with father Client is not allowed to disengage and take a break Client feels like he is not being listened to	1. Call Case Manager Bob Helper at 785-555-5555.	Dad, Crisis staff, CM
	2. Case Manager will get Crisis AC or Respite set up if unable to de-escalate.	AC, Respite worker
	3. If after hours contact emergency crisis line at 785-555-5555 to coordinate these services.	Dad, CMHC staff
III. Post Crisis	Post Crisis Follow-up Action Steps	Persons Responsible
Follow up occurs within 72 hours	1. Dad meets with parent support within 72 hours of a crisis.	WAF
	2. Family therapy session within one week.	Dad, PS
	3. Convene Wrap Around Team within a week to review the Plan of Care.	Dad, Swiper, therapist

	Type of Support	Duration and Frequency	Total Units
Services and Supports needed for Crisis	Crisis AC	10 hours	40 units
	Short-term Respite Care	10 hours	40 units
	TCM	1 hour	4 units

	Type of Support	Duration and Frequency	Total Units
Services and Supports needed for Post Crisis Follow up	WAF	2 hours	8 units
	Parent Support	2 hours	8 units
	Family Therapy	2 hours	2 units

SECTION VII. INDIVIDUALIZED CARE PLAN THREE MONTH BUDGET

Waiver and Non-Waiver /Services Supports	Provider	Procedure Code	Effective Date	Unit of Service	Frequency & Duration Totals	Rate	Waiver Cost or Other Source of Pymt.
Ind. Therapy	Ima Map	90806	7/2/09	15	1 hr/wk	\$60	\$900
Fam. Therapy	Ima Map	90847	7/2/09	3	1 hr/mo	\$65	\$195
CPST	Casey	H0036 HA	7/2/09	120	2 hr/wk	\$31.90	\$3828
AC	Atty	T1019 HK	7/2/09	360	2 hr/day, 3days/wk	\$6	\$2160
PS	Diego	S5110	7/2/09	60	1hr/wk	\$10	\$600
WAF	Boots	H2021	7/2/09	12	1hr/m	\$20	\$240
Crisis AC	Atty	T1019 HK	7/2/09	40	10 hrs/crisis episode	\$21.75	\$870
Crisis TCM	Boots	TIO17	7/2/09	4	1 hrs/crisis episode	\$ 10.83	\$ 43.32
Crisis STRC	Dora	S5150	7/2/09	40	10 hrs/crisis episode	\$6	\$240
Post Crisis Family Therapy	Ima Map	90847	7/2/09	2	2 hrs	\$65	\$130
Post Crisis Parent Support	Diego	S5110	7/2/09	8	2 hours	\$10	\$80
Post Crisis WAF	Boots	H2021	7/2/09	8	2 hours	\$20	\$160

Total 3 month Waiver Cost including crisis \$ 3480.00

Plan of Care Start Date: 7/2/09

Total 3 month Non-Waiver Cost including crisis \$ 5966.32

Plan of Care End Date: 10/1/09

Total Plan of Care Cost \$ 9446.32

Non Crisis Waiver services only monthly cost:

Cost	\$1000	\$1000	\$1000
Month/Year	07/09	08/09	09/09

SECTION VIII. SIGNATURES

Client: _____

Date: _____

Parent/Guardian: _____

Date: _____

Wraparound Facilitator: _____

Date: _____

Mental Health Center QMHP: _____

Date: _____

Mental Health Center Physician: _____

Date: _____

Other team member: _____

Date: _____