

## CASE MANAGEMENT PLAN

Student Name \_\_\_\_\_  
 DOB \_\_\_\_\_ Grade \_\_\_\_\_  
 School \_\_\_\_\_  
 CMP To \_\_\_\_\_ From \_\_\_\_\_

Case Manager \_\_\_\_\_

CM Initials	Resources/Supports Currently Available		
	Assessments and Data	Support Documentation	Team Report / Decision Makers
Resource Location			

**Case Management:** Assisting children in arranging and obtaining health and related services in their communities (RI School Based Medicaid Guidebook)

**Step 1.** Check off the services, supplementary aids and supports the IEP team determines necessary.

**Step 2.** Identify a Course of Action for the Case Manager to monitor, implement, and assess the medical, educational, or social goals and objectives of the student.

**Step 3.** Record services on Case Management Log.

**SERVICES:** Based on assessments and evaluation team report, *CHECK or CIRCLE THE SERVICES, SUPPLEMENTARY AIDS, AND SUPPORTS* the IEP team determines necessary to meet any medical, educational, or social goals and objectives

- |  |   |   |        |
|--|---|---|--------|
| Occupational Therapy<br>Physical Therapy<br>Speech/ Language<br>Audiology<br>Adaptive PE | Mental Health Counseling<br>Specialized Instruction<br>1:1 Nursing Services<br>1:1 Personal Care Services<br>Assistive Technology | Contract / Consultation with Providers<br>Orientation / Mobility<br>Transportation Needs<br>Vision Services<br>Vocational | Other: |
|--|---|---|--------|

### COURSE OF ACTION:

Case Management Services (Action Steps):	Frequency:			
A. Scheduling and Attending Meetings:	Quarterly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Other: <input type="checkbox"/>
B. Maintaining contact with providers in and out of district:	Quarterly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Other: <input type="checkbox"/>
C. Communicating with student and/or family	Quarterly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Other: <input type="checkbox"/>
D. Monitor delivery / progress / adequacy of services	Quarterly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Other: <input type="checkbox"/>
Other	Quarterly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Other: <input type="checkbox"/>

Case Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_