Enhanced Care Management - Patient Care Plan Form





DIRECTIONS:

This template form is provided to contracted CalAIM Enhanced Care Management (ECM) providers to support access to a care management documentation system able to generate and manage a patient care plan for their managed members. Please download and complete this template form using the instructions that were sent to you via email. When completed, please upload the document to our Provider Portal. Once the care plan is uploaded to the Provider Portal, it will be available for reference. If you have questions regarding how to complete the template form, please contact our Care Management department at 1-866-801-6294.

Part 1 of 3: Provider Information	1				
ECM Provider:		Care Manager:			
Care Manager Phone:	Member Name:		Member II	D:	
O					
Part 2 of 3: General Information					
ECM Target Graduation Date:					
What supports are in place for post-gr	raduation?				
	.,				
Is this member being referred for com	imunity supports?				
Yes No					
If yes, what supports are being put in	place?				
D-SNP: Is this member dual eligible?					
Yes No					
If yes, what is the health plan?					
Please include any comments on the	member and their	concerns and goals f	or the futur	e.	
Actual Date of ECM Graduation:					
Part 3 of 3: Problem #1					
- List up to five (5) problems					
- Each problem can have up to five (5) goals					
- Each goal can have up to 5 interventions					
Problem Name:		Priority: (choose one)			
		Low M	edium 	High	Critical
Description:					
Start Date:		Last Reviewed:			
Resolved Reason: (choose one)					
	ned to delegated vendor	Member's coverage to	erminated	Problem ch	anged
Comments:					
Ouminems.					

Goal #1					
Problem 1 of 5 Goal 1 of 5	Goal Name:				
Description:					
Start Date:			Priority: (choose one)		
		Ī	Low	Medium High	Critical
% Complete:		Duration: (choose on	e)	Closed Date:	
		Long Term	Short Term		
Readiness To	Change: (choose one)				
Precontemplatio	n Contempla	ation P	reparation	Action	Maintenance
Closed Reason	າ:				
Comments:					
Outcome:					
Intervention	#1				
Problem 1 of 5	Intomiontion Nones				
Goal 1 of 5	Intervention Name:				
Intervention 1 of 5					
Description:					
Start Date:		Priority:		Target Date:	
		Low Medium	High Critical		
Intervention Ty			Category: (choose on		
Coordination	Graduation	າ 		Medical Member	Generic
Closed Date:			Was the interventi		
			Yes	No	Unknown
Closed Reason	1: (choose one)				
	ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member transiti	oned to delegated vendo
Comments:					

Intervention #2				
Problem 1 of 5 Goal 1 of 5 Intervention 2 of 5				
Description:				
Start Date:	Priority:		Target Date:	
	Low Medium	High Critical		
Intervention Type: (choose one)		Category: (choose one	e)	
Coordination Graduation	n	Behavioral N	Medical Member	Generic
Closed Date:		Was the intervention	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member declined	Member unenrolled	No longer achievable	N/A Member transition	oned to delegated vendo
Comments:				
Intervention #3				
Intervention #3 Problem 1 of 5 Intervention Name:				
Problem 1 of 5 Goal 1 of 5 Intervention Name:				
Problem 1 of 5 Goal 1 of 5 Intervention 3 of 5				
Problem 1 of 5 Goal 1 of 5 Intervention Name:				
Problem 1 of 5 Goal 1 of 5 Intervention 3 of 5				
Problem 1 of 5 Goal 1 of 5 Intervention 3 of 5 Description:	Priority:		Target Date:	
Problem 1 of 5 Goal 1 of 5 Intervention 3 of 5	Priority: Low Medium	High Critical	Target Date:	
Problem 1 of 5 Goal 1 of 5 Intervention 3 of 5 Description: Start Date:		High Critical		
Problem 1 of 5 Goal 1 of 5 Intervention 3 of 5 Description: Start Date: Intervention Type: (choose one)	Low Medium	Category: (choose one	e)	Generic
Problem 1 of 5 Goal 1 of 5 Intervention 3 of 5 Description: Start Date: Intervention Type: (choose one) Coordination Graduatio	Low Medium	Category: (choose one	e) Medical Member	Generic
Problem 1 of 5 Goal 1 of 5 Intervention 3 of 5 Description: Start Date: Intervention Type: (choose one)	Low Medium	Category: (choose one Behavioral Was the intervention	Medical Member on effective?	
Problem 1 of 5 Goal 1 of 5 Intervention 3 of 5 Description: Start Date: Intervention Type: (choose one) Coordination Graduatio Closed Date:	Low Medium	Category: (choose one	e) Medical Member	Generic Unknown
Problem 1 of 5 Goal 1 of 5 Intervention 3 of 5 Description: Start Date: Intervention Type: (choose one) Coordination Closed Date: Closed Reason: (choose one)	Low Medium	Category: (choose one Behavioral Was the intervention Yes	Medical Member On effective?	Unknown
Problem 1 of 5 Goal 1 of 5 Intervention 3 of 5 Description: Start Date: Intervention Type: (choose one) Coordination Closed Date: Closed Reason: (choose one) Changed Completed Member declined	Low Medium	Category: (choose one Behavioral Was the intervention Yes	Medical Member On effective?	Unknown
Problem 1 of 5 Goal 1 of 5 Intervention 3 of 5 Description: Start Date: Intervention Type: (choose one) Coordination Closed Date: Closed Reason: (choose one)	Low Medium	Category: (choose one Behavioral Was the intervention Yes	Medical Member On effective?	

Intervention	#4					
Problem 1 of 5 Goal 1 of 5 Intervention 4 of 5	Intervention Name:					
Description:						
Start Date:		Priority:		Target Da	ate:	
		Low Medium	High Critical			
Intervention Ty	pe: (choose one)		Category: (choose one	∍)		
Coordination	Graduation	n	Behavioral N	Medical	Member	Generic
Closed Date:			Was the intervention	on effective	e?	
			Yes	No		Unknown
Closed Reasor	1: (choose one)					
	ompleted Member declined	Member unenrolled	No longer achievable	N/A	Member transition	oned to delegated vendor
Comments:						3
Commonte.						
Intervention	#5					
5 11 4 65						
Problem 1 of 5 Goal 1 of 5	Intervention Name:					
Intervention 5 of 5						
Description:						
Start Date:		Priority:		Target Da	ate:	
		Low Medium	High Critical			
Intervention Ty	pe: (choose one)		Category: (choose one	e)		
Coordination	Graduatio	n	Behavioral N	Medical	Member	Generic
Closed Date:			Was the intervention	on effective	e?	
			Yes	No		Unknown
Closed Reasor	າ: (choose one)		1			
	ompleted Member declined	Member unenrolled	No longer achievable	N/A	Member transition	oned to delegated vendo
Comments:	_ 					

Goal #2					
Problem 1 of 5 Goal 2 of 5	Goal Name:				
Description:					
Start Date:			Priority: (choose one)		
				Medium High	Critical
% Complete:		Duration: (choose on		Closed Date:	
		Long Term	Short Term		
	Change: (choose one)	tion	lran aration	Action	Maintanana
Precontemplatio		luon P	reparation	Action	Maintenance
Closed Reason	า:				
Comments:					
Outcome:					
Intervention	#1				
Problem 1 of 5 Goal 2 of 5	Intervention Name:				
Intervention 1 of 5					
Description:					
Start Date:		Priority:		Target Date:	
		Low Medium	High Critical		
Intervention Ty	pe: (choose one)		Category: (choose on	e)	
Coordination	Graduation	1	Behavioral I	Medical Member	Generic
Closed Date:			Was the intervention	on effective?	
			Yes	No	Unknown
Closed Reason Changed	1: (choose one) ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member transition	oned to delegated vendo
Comments:					

Intervention #2	2					
Problem 1 of 5 Goal 2 of 5 Intervention 2 of 5	ntervention Name:					
Description:						
Start Date:		Priority:		Target Da	ate:	
		Low Medium	High Critical			
Intervention Type	Ə: (choose one)		Category: (choose one	∍)		
Coordination	Graduation	1	Behavioral N	Medical	Member	Generic
Closed Date:			Was the intervention	on effective	e?	
			Yes	No		Unknown
Closed Reason:	(choose one)					
	pleted Member declined	Member unenrolled	No longer achievable	N/A	Member transition	oned to delegated vendo
Comments:						3
Commonto.						
Intervention #	3					
5 11 4 65						
Problem 1 of 5 Goal 2 of 5	ntervention Name:					
Intervention 3 of 5						
Description:						
Start Date:		Priority:		Target Da	ate:	
		Low Medium	High Critical			
Intervention Type	e: (choose one)		Category: (choose one	e)		
Coordination	Graduation	١	Behavioral N	Medical	Member	Generic
Closed Date:			Was the intervention	on effective	e?	
			Yes	No		Unknown
Closed Reason:	(choose one)					
Changed Com	npleted Member declined	Member unenrolled	No longer achievable	N/A	Member transition	oned to delegated vendo
Comments:			_	h		

Intervention #4		
Problem 1 of 5 Goal 2 of 5 Intervention 4 of 5	vention Name:	
Description:		
Start Date:	Priority: Low Medium	Target Date: High Critical
Intervention Type: (ch	noose one) Graduation	Category: (choose one) Behavioral Medical Member Generic
Closed Date:		Was the intervention effective? No Unknown
Closed Reason: (chool Changed Completed Comments:		No longer achievable N/A Member transitioned to delegated vend
Intervention #5		
Problem 1 of 5 Goal 2 of 5 Intervention 5 of 5	vention Name:	
Description:		
Start Date:	Priority: Low Medium	Target Date: High Critical
Intervention Type: (cl	noose one) Graduation	Category: (choose one) Behavioral Medical Member Generic
Closed Date:		Was the intervention effective? No Unknown
Closed Reason: (choo		No longer achievable N/A Member transitioned to delegated vend
Comments:		

Goal #3					
Problem 1 of 5 Goal 3 of 5	Goal Name:				
Description:					
Start Date:			Priority: (choose one)		
				Medium High	Critical
% Complete:		Duration: (choose on		Closed Date:	
		Long Term	Short Term		
	Change: (choose one)				
Precontemplatio		tion P	reparation	Action	Maintenance
Closed Reason	า:				
Comments:					
Outcome:					
Intervention	#1				
Problem 1 of 5 Goal 3 of 5	Intervention Name:				
Intervention 1 of 5					
Description:					
Start Date:		Priority:		Target Date:	
		Low Medium	High Critical		
Intervention Ty	pe: (choose one)		Category: (choose one	e)	
Coordination	Graduation	1	Behavioral I	Medical Member	Generic
Closed Date:			Was the interventi	on effective?	
			Yes	No	Unknown
Closed Reason Changed	Ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member transition	oned to delegated vendo
Comments:					<u>-</u>

Intervention #2				
Problem 1 of 5 Goal 3 of 5 Intervention 2 of 5				
Description:				
Start Date:	Priority:		Target Date:	
	Low Medium	High Critical		
Intervention Type: (choose one)		Category: (choose one	e)	
Coordination Graduation	n	Behavioral N	Medical Member	Generic
Closed Date:		Was the intervention	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member declined	d Member unenrolled	No longer achievable	N/A Member transition	oned to delegated vendo
Comments:				
Intervention #3				
Problem 1 of 5 Intervention Name:				
Goal 3 of 5 Intervention 3 of 5				
Description:				
,				
Start Date:	Priority:		Target Date:	
Ctart Bato.	Low Medium	High Critical	rargot bato.	
Intervention Type: (choose one)		Category: (choose one	2)	
Coordination Graduation	ın		Medical Member	Generic
Closed Date:		Was the intervention		Continu
Ciosed Date.		Yes	No No	Unknown
Closed Peacent (1		103		Olikilowii
Closed Reason: (choose one)			DALIA DA	
Carrier Completed Member declined	d Member unenrolled	No longer achievable	e N/A Member transition	oned to delegated vendo
Comments:				

Intervention #4				
Problem 1 of 5 Goal 3 of 5 Intervention 4 of 5				
Description:				
Start Date:	Priority: Low Medium	High Critical	Target Date:	
Intervention Type: (choose one) Coordination Graduation	on	Category: (choose one	e) Medical Member	Generic
Closed Date:		Was the intervention	on effective?	Unknown
Closed Reason: (choose one) Changed Completed Member declined	d Member unenrolled	No longer achievable	e N/A Member transi	tioned to delegated vendor
Comments:				
Intervention #5				
Problem 1 of 5 Goal 3 of 5 Intervention 5 of 5				
Description:				
Start Date:	Priority: Low Medium	High Critical	Target Date:	
Intervention Type: (choose one) Coordination Graduation	on	Category: (choose one	e) Medical Member	Generic
Closed Date:		Was the interventi	on effective?	Unknown
Closed Reason: (choose one) Changed Completed Member declined Comments:	d Member unenrolled	No longer achievable	e N/A Member trans	tioned to delegated vendor

Goal #4					
Problem 1 of 5 Goal 4 of 5	Goal Name:				
Description:					
Start Date:			Priority: (choose one)	Medium High	Critical
% Complete:		Duration: (choose one	e) Short Term	Closed Date:	
Readiness To Precontemplatio	Change: (choose one) Contempla	tion P	reparation	Action	Maintenance
Closed Reason	າ:				
Comments:					
Outcome:					
Intervention	#1				
Problem 1 of 5 Goal 4 of 5 Intervention 1 of 5	Intervention Name:				
Description:					
Start Date:		Priority: Low Medium	High Critical	Target Date:	
Intervention Ty	pe: (choose one)		Category: (choose one	e)	
Coordination	Graduation	ı	Behavioral I	Medical Member	Generic
Closed Date:			Was the interventi	on effective?	
			Yes	No	Unknown
Closed Reason Changed C	Choose one) Ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member transition	oned to delegated vendo
Comments:					

Intervention #2				
Problem 1 of 5 Goal 4 of 5 Intervention 2 of 5				
Description:				
Start Date:	Priority: Low Medium	High Critical	Target Date:	
Intervention Type: (choose one) Coordination Graduation		Category: (choose one	e) Medical Member	Generic
Closed Date:		Was the intervention	on effective?	Unknown
Closed Reason: (choose one) Changed Completed Member declined	Member unenrolled	No longer achievable	N/A Member transit	ioned to delegated vendor
Comments:				
Intervention #3				
Problem 1 of 5 Goal 4 of 5 Intervention 3 of 5				
Description:				
Start Date:	Priority:	High Critical	Target Date:	
Intervention Type: (choose one) Coordination Graduation		Category: (choose one	e) Medical Member	Generic
Closed Date:		Was the intervention	on effective?	Unknown
Closed Reason: (choose one) Changed Completed Member declined Comments:	Member unenrolled	No longer achievable	e N/A Member transit	ioned to delegated vendor

Intervention	#4				
Problem 1 of 5 Goal 4 of 5 Intervention 4 of 5	Intervention Name:				
Description:					
Start Date:		Priority:		Target Date:	
		Low Medium	High Critical		
Intervention Ty	Oe: (choose one)		Category: (choose one	e)	
Coordination	Graduation		Behavioral N	Medical Member	Generic
Closed Date:			Was the intervention	on effective?	
			Yes	No	Unknown
Closed Reasor	1: (choose one)				
Changed Co	ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member trans	itioned to delegated vendor
Comments:					
Intervention	#5				
Problem 1 of 5	Intervention Name:				
Goal 4 of 5 Intervention 5 of 5					
Description:					
, ,					
Start Date:		Priority:		Target Date:	
		Low Medium	High Critical	rai got Dato.	
Intervention Ty	D e : (choose one)		Category: (choose one	e)	
Coordination	Graduation	1		Medical Member	Generic
Closed Date:			Was the intervention	on effective?	
			Yes	No	Unknown
Closed Reasor	1: (choose one)				<u> </u>
	ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member trans	itioned to delegated vendor
Comments:					

Goal #5					
Problem 1 of 5 Goal 5 of 5	Goal Name:				
Description:					
Start Date:			Priority: (choose one)	Medium High	Critical
% Complete:		Duration: (choose one	e) Short Term	Closed Date:	
Precontemplatio		ntion P	reparation	Action	Maintenance
Closed Reason	า:				
Comments:					
Outcome:					
Intervention	#1				
Problem 1 of 5 Goal 5 of 5 Intervention 1 of 5	Intervention Name:				
Description:					
•					
Start Date:		Priority:		Target Date:	
		Low Medium	High Critical		
Intervention Ty	pe: (choose one)		Category: (choose on	e)	
Coordination	Graduation	1	Behavioral I	Medical Member	Generic
Closed Date:			Was the interventi	on effective?	
			Yes	No	Unknown
Closed Reason	1: (choose one) ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member transition	oned to delegated vendor
Comments:					

Intervention #2				
Problem 1 of 5 Goal 5 of 5 Intervention 2 of 5				
Description:				
Start Date:	Priority: Low Medium	High Critical	Target Date:	
Intervention Type: (choose one) Coordination Graduat	ion	Category: (choose one	e) Medical Member	Generic
Closed Date:		Was the intervention	on effective?	Unknown
Closed Reason: (choose one) Changed Completed Member declin	ed Member unenrolled	No longer achievable	e N/A Member trans	itioned to delegated vendor
Comments:				
Intervention #3				
Problem 1 of 5 Goal 5 of 5 Intervention 3 of 5				
Description:				
Start Date:	Priority: Low Medium	High Critical	Target Date:	
Intervention Type: (choose one) Coordination Graduat	ion	Category: (choose one	e) Medical Member	Generic
Closed Date:		Was the intervention	on effective?	Unknown
Closed Reason: (choose one) Changed Completed Member decline Comments:	ed Member unenrolled	No longer achievable	e N/A Member trans	itioned to delegated vendor

Intervention #4		
Problem 1 of 5 Goal 5 of 5 Intervention 4 of 5	vention Name:	
Description:		
Start Date:	Priority: Low Medium	Target Date: High Critical
Intervention Type: (ch	oose one) Graduation	Category: (choose one) Behavioral Medical Member Generic
Closed Date:		Was the intervention effective? No Unknown
Closed Reason: (choo Changed Completed Comments:		No longer achievable N/A Member transitioned to delegated vend
Intervention #5		
Problem 1 of 5 Goal 5 of 5 Intervention 5 of 5	vention Name:	
Description:		
Start Date:	Priority: Low Medium	Target Date: High Critical
Intervention Type: (ch	oose one) Graduation	Category: (choose one) Behavioral Medical Member Generic
Closed Date:		Was the intervention effective? No Unknown
Closed Reason: (choo		No longer achievable N/A Member transitioned to delegated vend
Comments:		

Problem #2	
 List up to five (5) problems Each problem can have up to five (5) goals Each goal can have up to 5 interventions 	
Problem Name:	Priority: (choose one)
#2	Low Medium High Critical
Description:	
Start Date:	Last Reviewed:
Resolved Reason: (choose one)	
Member deceased Member transitioned to delegated vendor	Member's coverage terminated Problem changed
Comments:	

Goal #1					
Problem 2 of 5	Goal Name:				
Goal 1 of 5					
Description:					
Start Date:			Driority: ()		
Start Date.			Priority: (choose one)	Medium High	Critical
% Complete:		Duration: (choose one	e)	Closed Date:	
·		Long Term	Short Term		
Readiness To	Change: (choose one)				
Precontemplatio	n Contempla	ation P	reparation	Action	Maintenance
Closed Reason	า:				
Comments:					
Outcome:					
Intervention	#1				
intervention	<u># I </u>				
Problem 2 of 5 Goal 1 of 5	Intervention Name:				
Intervention 1 of 5					
Description:					
				I	
Start Date:		Priority:		Target Date:	
		Low Medium	High Critical		
Intervention Ty			Category: (choose on		
Coordination	Graduation	1		Medical Member	Generic
Closed Date:			Was the interventi		I laka awa
Classed Dags			Yes	No	Unknown
Closed Reason Changed	1: (choose one) ompleted Member declined	Member unenrolled	No longer askingst	Σ ΝΙ/Λ	and to delegate division
Comments:	Infloted Infloted decilied	wember unemoned	No longer achievable	e N/A Member transition	oned to delegated vendo
Commonts.					

Intervention #2		
Problem 2 of 5 Intervention Nam Goal 1 of 5 Intervention 2 of 5	ne:	
Description:		
Start Date:	Priority: Low Medium	Target Date: High Critical
Intervention Type: (choose one) Coordination Gra	aduation	Category: (choose one) Behavioral Medical Member Generic
Closed Date:		Was the intervention effective? No Unknown
Closed Reason: (choose one) Changed Completed Member of Comments:	leclined Member unenrolled	No longer achievable N/A Member transitioned to delegated ven
Intervention #3		
Problem 2 of 5 Goal 1 of 5 Intervention 3 of 5	ne:	
Description:		
Start Date:	Priority: Low Medium	Target Date: High Critical
Intervention Type: (choose one) Coordination Gra	aduation	Category: (choose one) Behavioral Medical Member Generic
Closed Date:		Was the intervention effective? No Unknown
Closed Reason: (choose one) Changed Completed Member of	declined Member unenrolled	No longer achievable N/A Member transitioned to delegated ven
Comments:		

Intervention #4				
Problem 2 of 5 Goal 1 of 5 Intervention 4 of 5				
Description:				
Start Date:	Priority:		Target Date:	
	Low Medium	High Critical		
Intervention Type: (choose one)		Category: (choose one	e)	
Coordination Graduati	on		Medical Member	Generic
Closed Date:		Was the intervention	on effective?	
Ciocoa Bato.		Yes	No	Unknown
Classed December (1)				Officiowii
Closed Reason: (choose one)	. \square			
Changed Completed Member decline	ed Member unenrolled	No longer achievable	e N/A Member trans	itioned to delegated vendor
Comments:				
Intervention #5				
Problem 2 of 5 Intervention Name:				
Goal 1 of 5				
Intervention 5 of 5				
Description:				
Start Date:	Priority:		Target Date:	
	Low Medium	High Critical		
Intervention Type: (choose one)		Category: (choose on	e)	
Coordination Graduati	on		Medical Member	Generic
Closed Date:				
Closed Date.		Was the intervention		
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member decline	ed Member unenrolled	No longer achievable	e N/A Member trans	sitioned to delegated vendo
Comments:				

Goal #2					
Problem 2 of 5 Goal 2 of 5	Goal Name:				
Description:					
Start Date:			Priority: (choose one)	Medium High	Critical
% Complete:		Duration: (choose one	e) Short Term	Closed Date:	
Readiness To	Change: (choose one) Contempla	tion P	reparation	Action	Maintenance
Closed Reason	າ:				
Comments:					
Outcome:					
Intervention	#1				
Problem 2 of 5 Goal 2 of 5 Intervention 1 of 5	Intervention Name:				
Description:					
Start Date:		Priority: Low Medium	High Critical	Target Date:	
Intervention Ty	pe: (choose one)		Category: (choose on	e)	
Coordination	Graduation	1	Behavioral	Medical Member	Generic
Closed Date:			Was the interventi	on effective?	
			Yes	No	Unknown
Closed Reason Changed C	1: (choose one) ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member transition	oned to delegated vendo
Comments:					

Intervention #2				
Problem 2 of 5 Goal 2 of 5 Intervention 2 of 5				
Description:				
Start Date:	Priority:		Target Date:	
	Low Medium	High Critical		
Intervention Type: (choose one)		Category: (choose one	e)	
Coordination Graduat	ion		Medical Member	Generic
Closed Date:		Was the intervention	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member declin	ed Member unenrolled	No longer achievable	N/A Mambar trans	sitioned to delegated vande
		No longer achievable	e N/A Member trans	sitioned to delegated vendo
Comments:				
Intervention #3				
intervention #3				
Problem 2 of 5 Intervention Name:				
Goal 2 of 5 Intervention 3 of 5				
Description:				
·				
Start Data:	Driority (Torget Date:	
Start Date:	Priority: Low Medium	High Critical	Target Date:	
	Lowiviculant			
Intervention Type: (choose one)		Category: (choose one		
Coordination Graduat	ion ————————————————————————————————————	Behavioral I	Medical Member	Generic
Closed Date:		Was the intervention	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member declin	ed Member unenrolled	No longer achievable	e N/A Member trans	sitioned to delegated vendo
Comments:				

Intervention	#4				
Problem 2 of 5 Goal 2 of 5 Intervention 4 of 5	Intervention Name:				
Description:					
Start Date:		Priority:		Target Date:	
		Low Medium	High Critical		
Intervention Ty	Oe: (choose one)		Category: (choose one	e)	
Coordination	Graduation	ı	Behavioral N	Medical Member	Generic
Closed Date:			Was the intervention	on effective?	
			Yes	No	Unknown
Closed Reason	1: (choose one)				
Changed Co	ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member trans	itioned to delegated vendor
Comments:					
Intervention	#5				
intervention	π У				
Problem 2 of 5 Goal 2 of 5	Intervention Name:				
Intervention 5 of 5					
Description:					
Start Date:		Priority:		Target Date:	
		Low Medium	High Critical		
Intervention Ty	pe: (choose one)		Category: (choose one	e)	
Coordination	Graduation	1	Behavioral N	Medical Member	Generic
Closed Date:			Was the intervention	on effective?	
			Yes	No	Unknown
Closed Reasor	1: (choose one)				
Changed Co	ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member trans	itioned to delegated vendor
Comments:					

Goal #3					
Problem 2 of 5 Goal 3 of 5	Goal Name:				
Description:					
Start Date:			Priority: (choose one)	Medium High	Critical
% Complete:		Duration: (choose one	e) Short Term	Closed Date:	
Readiness To	Change: (choose one)	tion P	reparation	Action	Maintenance
Closed Reasor	າ:				
Comments:					
Outcome:					
Intervention	#1				
Problem 2 of 5 Goal 3 of 5 Intervention 1 of 5	Intervention Name:				
Description:					
Start Date:		Priority: Low Medium	High Critical	Target Date:	
Intervention Ty	pe: (choose one)		Category: (choose one	e)	
Coordination	Graduation	1	Behavioral N	Medical Member	Generic
Closed Date:			Was the intervention	on effective?	
			Yes	No	Unknown
Closed Reasor Changed C	Choose one) Ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member transition	oned to delegated vendo
Comments:					

Intervention #2				
Problem 2 of 5 Goal 3 of 5 Intervention 2 of 5				
Description:				
Start Date:	Priority:		Target Date:	
	Low Medium	High Critical		
Intervention Type: (choose one)		Category: (choose one	e)	
Coordination Gradua	ation		Medical Member	Generic
Closed Date:		Was the intervention	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member declin	ned Member unenrolled	No longer achievable	N/A Momber tran	oitioned to delegated yands
	Member unemoned	No longer achievable	e N/A Member tran	sitioned to delegated vendo
Comments:				
Intervention #3				
intervention #3				
Problem 2 of 5 Intervention Name:				
Goal 3 of 5 Intervention 3 of 5				
Description:				
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Ctart Data	Dri o rity ()		Target Date	
Start Date:	Priority: Low Medium	High Critical	Target Date:	
	Low Wiedidiii			
Intervention Type: (choose one)		Category: (choose one		
Coordination Gradua	ation ————————————————————————————————————	Behavioral N	Medical Member	r Generic
Closed Date:		Was the intervention	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member decli	ned Member unenrolled	No longer achievable	N/A Member tran	sitioned to delegated vendo
Comments:				

Intervention #4				
Problem 2 of 5 Goal 3 of 5 Intervention 4 of 5	on Name:			
Description:				
•				
Start Date:	Priority:		Target Date:	
	Low Medium	High Critical		
Intervention Type: (choose or	ne)	Category: (choose one)	
Coordination	Graduation	Behavioral M	Medical Member	Generic
Closed Date:		Was the intervention	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
	Member declined Member unenrolled	No longer achievable	N/A Member transition	oned to delegated vendor
Comments:				
Intervention #5				
Problem 2 of 5 Intervention	N 1			
Goal 3 of 5 Intervention	on Name:			
Intervention 5 of 5				
Description:				
Start Date:	Priority:		Target Date:	
	Low Medium	High Critical		
Intervention Type: (choose or	ne)	Category: (choose one))	
Coordination	Graduation	Behavioral N	Medical Member	Generic
Closed Date:		Was the intervention	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed	Member declined Member unenrolled	No longer achievable	N/A Member transition	oned to delegated vendo
Comments:				

Goal #4					
Problem 2 of 5 Goal 4 of 5	Goal Name:				
Description:					
Start Date:			Priority: (choose one)	Medium High	Critical
% Complete:		Duration: (choose one	e) Short Term	Closed Date:	
Readiness To	Change: (choose one) Contempla	tion P	reparation	Action	Maintenance
Closed Reason	າ:				
Comments:					
Outcome:					
Intervention	#1				
Problem 2 of 5 Goal 4 of 5 Intervention 1 of 5	Intervention Name:				
Description:					
Start Date:		Priority:	High Critical	Target Date:	
Intervention Ty	Pe: (choose one)		Category: (choose one	e)	
Coordination	Graduation	1	Behavioral	Medical Member	Generic
Closed Date:			Was the intervention	on effective?	
			Yes	No	Unknown
Closed Reason Changed C	Choose one) Ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member transition	oned to delegated vendo
Comments:					

Intervention #2				
Problem 2 of 5 Goal 4 of 5 Intervention 2 of 5				
Description:				
Start Date:	Priority:		Target Date:	
	Low Medium	High Critical		
Intervention Type: (choose one)		Category: (choose one	e)	
Coordination Gradua	ation		Medical Membe	r Generic
Closed Date:		Was the intervention	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member decli	ned Member unenrolled	No longer achievable	N/A Mambar tran	sitioned to delegated yands
	Member unemoned	No longer achievable	e N/A Member tran	sitioned to delegated vendo
Comments:				
Intervention #3				
intervention #3				
Problem 2 of 5 Intervention Name:				
Goal 4 of 5 Intervention 3 of 5				
Description:				
·				
Start Data:	Driority (Target Dete:	
Start Date:	Priority: Low Medium	High Critical	Target Date:	
	Lowwicdidin			
Intervention Type: (choose one)		Category: (choose on		
Coordination Gradua	ation ————————————————————————————————————	Behavioral I	Medical Membe	r Generic
Closed Date:		Was the interventi	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member decli	ned Member unenrolled	No longer achievable	e N/A Member trar	sitioned to delegated vendo
Comments:				

Intervention #4				
Problem 2 of 5 Goal 4 of 5 Intervention 4 of 5				
Description:				
Start Date:	Priority:		Target Date:	
	Low Medium	High Critical		
Intervention Type: (choose one)		Category: (choose one	e)	
Coordination Graduatio	on		Medical Member	Generic
Closed Date:		Was the intervention	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member decline	d Member unenrolled	No longer achievable	N/A Mambar trans	itioned to delegated yands
		No longer achievable	e N/A Member trans	itioned to delegated vendo
Comments:				
Intervention #5				
intervention #5				
Problem 2 of 5 Intervention Name:				
Goal 4 of 5 Intervention 5 of 5				
Description:				
·				
Stort Doto:	Driority		Target Dete:	
Start Date:	Priority: Low Medium	High Critical	Target Date:	
	LOW Wicdidin			
Intervention Type: (choose one)		Category: (choose one		
Coordination Graduation	on ————————————————————————————————————	Behavioral I	Medical Member	Generic
Closed Date:		Was the intervention	on effective?	_
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member decline	d Member unenrolled	No longer achievable	N/A Member trans	itioned to delegated vendo
Comments:				

Goal #5					
Problem 2 of 5 Goal 5 of 5	Goal Name:				
Description:					
Start Date:			Priority: (choose one)	Medium High	Critical
% Complete:		Duration: (choose one	e) Short Term	Closed Date:	
Readiness To	Change: (choose one) Contempla	tion Pi	reparation	Action	Maintenance
Closed Reason	າ:				
Comments:					
Outcome:					
Intervention	#1				
Problem 2 of 5 Goal 5 of 5 Intervention 1 of 5	Intervention Name:				
Description:					
Start Date:		Priority: Low Medium	High Critical	Target Date:	
Intervention Ty	Pe: (choose one)		Category: (choose one	e)	
Coordination	Graduation	1	Behavioral N	Medical Member	Generic
Closed Date:			Was the intervention	on effective?	
			Yes	No	Unknown
Closed Reason Changed C	1: (choose one) ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member transition	oned to delegated vendo
Comments:					

Intervention #	‡ 2				
Problem 2 of 5 Goal 5 of 5 Intervention 2 of 5	Intervention Name:				
Description:					
Start Date:		Priority:		Target Date:	
		Low Medium	High Critical		
Intervention Typ	PE: (choose one)		Category: (choose one	e)	
Coordination	Graduation	١	Behavioral N	Medical Member	Generic
Closed Date:			Was the intervention	on effective?	
			Yes	No	Unknown
Closed Reason	(choose one)				
	mpleted Member declined	Member unenrolled	No longer achievable	N/A Member transiti	oned to delegated vendo
Comments:				ivionibol danola	ened to delegated veride
Comments.					
Intervention #	<u>t</u> 3				
Problem 2 of 5 Goal 5 of 5	Intervention Name:				
Intervention 3 of 5					
Description:					
Start Date:		Priority:		Target Date:	
Ctart Bato.		Low Medium	High Critical	raiget Bate.	
Intervention Typ	OC' (abassa ana)		Category: (choose one	2)	
Coordination	Graduation	2		Medical Member	Generic
	Graduation	1			Generic
Closed Date:			Was the intervention		
			Yes	No	Unknown
Closed Reason	(choose one)	_			
Changed Co	mpleted Member declined	Member unenrolled	No longer achievable	N/A Member transiti	oned to delegated vendo
Comments:					

Intervention	#4					
Problem 2 of 5 Goal 5 of 5 Intervention 4 of 5	Intervention Name:					
Description:						
Start Date:		Priority:		Target Da	ate:	
		Low Medium	High Critical			
Intervention Ty	/PE: (choose one)		Category: (choose one	∍)		
Coordination	Graduation	n	Behavioral N	Medical	Member	Generic
Closed Date:			Was the intervention	on effective		
			Yes	No		Unknown
Closed Reaso	n: (choose one)					
	completed Member declined	Member unenrolled	No longer achievable	N/A	Member transition	oned to delegated vendo
Comments:						<u> </u>
Commonto.						
Intervention	#5					
Problem 2 of 5 Goal 5 of 5	Intervention Name:					
Intervention 5 of 5						
Description:						
Start Date:		Priority:		Target Da	ate:	
		Low Medium	High Critical	_		
Intervention Ty	/Pe: (choose one)		Category: (choose one	e)		
Coordination	Graduatio	n		Medical	Member	Generic
Closed Date:			Was the intervention	on effective	e?	
			Yes	No		Unknown
Closed Reaso	n: (choose one)		1			
	Completed Member declined	Member unenrolled	No longer achievable	e N/A	Member transition	oned to delegated vendo
Comments:					<u>—</u>	

Problem #3	
List up to five (5) problemsEach problem can have up to five (5) goalsEach goal can have up to 5 interventions	
Problem Name:	Priority: (choose one)
#3	Low Medium High Critical
Description:	
Start Date:	Last Reviewed:
Resolved Reason: (choose one)	
Member deceased Member transitioned to delegated vendor	Member's coverage terminated Problem changed
Comments:	

Goal #1					
Problem 3 of 5 Goal 1 of 5	Goal Name:				
Description:					
Start Date:			Priority: (choose one)	Medium High	Critical
% Complete:		Duration: (choose one	e) Short Term	Closed Date:	
Readiness To Precontemplatio	Change: (choose one)	tion P	reparation	Action	Maintenance
Closed Reason	າ:				
Comments:					
Outcome:					
Intervention	#1				
Problem 3 of 5 Goal 1 of 5 Intervention 1 of 5	Intervention Name:				
Description:					
Start Date:		Priority: Low Medium	High Critical	Target Date:	
Intervention Ty	pe: (choose one)		Category: (choose one	e)	
Coordination	Graduation	1	Behavioral N	Medical Member	Generic
Closed Date:			Was the intervention	on effective?	
			Yes	No	Unknown
Closed Reason Changed C	Choose one) Ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member transition	oned to delegated vendo
Comments:					

Intervention #2				
Problem 3 of 5 Goal 1 of 5 Intervention 2 of 5				
Description:				
P 0.0 1.1				
Start Date:	Priority:		Target Date:	
	Low Medium	High Critical		
Intervention Type: (choose one)		Category: (choose one	e)	
Coordination Gradua	tion		Medical Member	Generic
Closed Date:		Was the intervention	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member declin	ned Member unenrolled	No longer achievable	N/A Mambar trans	sitioned to delegated vendo
	Member unemoned	No longer achievable	e N/A Member trans	sitioned to delegated vendo
Comments:				
Intervention #3				
intervention #3				
Problem 3 of 5 Intervention Name:				
Goal 1 of 5 Intervention 3 of 5				
Description:				
·				
Start Data:	Driority		Torget Date:	
Start Date:	Priority: Low Medium	High Critical	Target Date:	
	LOW Wiedidiii			
Intervention Type: (choose one)		Category: (choose one		
Coordination Gradua	tion ————————————————————————————————————	Behavioral N	Medical Member	Generic
Closed Date:		Was the intervention	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member declin	ned Member unenrolled	No longer achievable	e N/A Member trans	sitioned to delegated vendo
Comments:				

Intervention	#4				
Problem 3 of 5 Goal 1 of 5 Intervention 4 of 5	Intervention Name:				
Description:					
Start Date:		Priority:		Target Date:	
		Low Medium	High Critical		
Intervention Ty	Pe: (choose one)		Category: (choose one	e)	
Coordination	Graduation	i.		Medical Member	Generic
Closed Date:			Was the interventi	on effective?	
			Yes	No	Unknown
Closed Reasor) (choose one)				
	ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member trans	itioned to delegated vendor
Comments:	inemper desimed	Wember unemoned	Two longer achievable	Welliber trails	Thioried to delegated veridor
Comments.					
Intervention	#5				
Problem 3 of 5 Goal 1 of 5	Intervention Name:				
Intervention 5 of 5 Description:					
Description.					
Start Date:		Priority:		Target Date:	
		Low Medium	High Critical		
Intervention Ty	Pe: (choose one)		Category: (choose on	e)	
Coordination	Graduation	1		Medical Member	Generic
Closed Date:			Was the interventi	on effective?	
			Yes	No	Unknown
Closed Reasor	1: (choose one)		1		
	ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member trans	itioned to delegated vendor
Comments:					<u> </u>

Goal #2					
Problem 3 of 5 Goal 2 of 5	Goal Name:				
Description:					
Start Date:			Priority: (choose one)	Medium High	Critical
% Complete:		Duration: (choose one	e) Short Term	Closed Date:	
Readiness To Precontemplatio	Change: (choose one)	ation P	reparation	Action	Maintenance
Closed Reasor	າ:				
Comments:					
Outcome:					
Intervention	#1				
Problem 3 of 5 Goal 2 of 5 Intervention 1 of 5	Intervention Name:				
Description:					
Start Date:		Priority: Low Medium	High Critical	Target Date:	
Intervention Ty			Category: (choose one		
Closed Date:	Graduation	າ 		Medical Member	Generic
Closed Date:			Was the intervention Yes	No enective?	Unknown
Closed Reason Changed C	1: (choose one) ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member transitio	oned to delegated vendor
Comments:					

Intervention	# 2				
Problem 3 of 5 Goal 2 of 5 Intervention 2 of 5	Intervention Name:				
Description:					
Start Date:		Priority:		Target Date:	
		Low Medium	High Critical		
Intervention Ty	Oe: (choose one)		Category: (choose one	e)	
Coordination	Graduation		Behavioral N	Medical Member	Generic
Closed Date:			Was the intervention	on effective?	
			Yes	No	Unknown
Closed Reasor	1: (choose one)				
Changed Co	ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member trans	itioned to delegated vendor
Comments:					
Intervention	#3				
Problem 3 of 5	Intervention Name:				
Goal 2 of 5 Intervention 3 of 5					
Description:					
'					
Start Date:		Priority:		Target Date:	
		Low Medium	High Critical		
Intervention Ty	D e : (choose one)		Category: (choose one	e)	
Coordination	Graduation	l		Medical Member	Generic
Closed Date:			Was the intervention	on effective?	
			Yes	No	Unknown
Closed Reasor	1: (choose one)				
	ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member trans	itioned to delegated vendor
Comments:					

Intervention	#4					
Problem 3 of 5 Goal 2 of 5 Intervention 4 of 5	Intervention Name:					
Description:						
Start Date:		Priority:		Target Da	ate:	
		Low Medium	High Critical			
Intervention Ty	/PE: (choose one)		Category: (choose one	∍)		
Coordination	Graduation	n	Behavioral N	Medical	Member	Generic
Closed Date:			Was the intervention	on effective		
			Yes	No		Unknown
Closed Reaso	n: (choose one)					
	completed Member declined	Member unenrolled	No longer achievable	N/A	Member transition	oned to delegated vendo
Comments:						<u> </u>
Commonto.						
Intervention	#5					
5 11 6 65						
Problem 3 of 5 Goal 2 of 5	Intervention Name:					
Intervention 5 of 5						
Description:						
Start Date:		Priority:		Target Da	ate:	
		Low Medium	High Critical			
Intervention Ty	/Pe: (choose one)		Category: (choose one	e)		
Coordination	Graduatio	n	Behavioral N	Medical	Member	Generic
Closed Date:			Was the intervention	on effective	e?	
			Yes	No		Unknown
Closed Reaso	n: (choose one)		1			
	Completed Member declined	Member unenrolled	No longer achievable	e N/A	Member transition	oned to delegated vendo
Comments:					<u>—</u>	

Goal #3					
Problem 3 of 5 Goal 3 of 5	Goal Name:				
Description:					
Start Date:			Priority: (choose one)	Medium High	Critical
% Complete:		Duration: (choose one	e) Short Term	Closed Date:	
Readiness To	Change: (choose one)	ition P	reparation	Action	Maintenance
Closed Reason	າ:				
Comments:					
Outcome:					
Intervention	#1				
Problem 3 of 5 Goal 3 of 5 Intervention 1 of 5	Intervention Name:				
Description:					
Start Date:		Priority: Low Medium	High Critical	Target Date:	
Intervention Ty	pe: (choose one)		Category: (choose one	e)	
Coordination	Graduation	1	Behavioral N	Medical Member	Generic
Closed Date:			Was the intervention	on effective?	_
			Yes	No	Unknown
Closed Reasor Changed C	Choose one) Member declined	Member unenrolled	No longer achievable	e N/A Member transition	oned to delegated vendo
Comments:					

Intervention #2				
Problem 3 of 5 Goal 3 of 5 Intervention 2 of 5				
Description:				
Start Date:	Priority:		Target Date:	
	Low Medium	High Critical		
Intervention Type: (choose one)	'	Category: (choose one	e)	
Coordination Gradua	tion		Medical Member	Generic
Closed Date:		Was the intervention	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member declin	ned Member unenrolled	No longer achievable	N/A Mambar trans	sitioned to delegated vande
	Member unemoned	No longer achievable	Member trans	sitioned to delegated vendo
Comments:				
Intervention #3				
intervention #3				
Problem 3 of 5 Intervention Name:				
Goal 3 of 5 Intervention 3 of 5				
Description:				
·				
Stort Data:	Driority		Target Date:	
Start Date:	Priority: Low Medium	High Critical	Target Date:	
	LOW Wiedidiii			
Intervention Type: (choose one)		Category: (choose one		
Coordination Gradua	tion ————————————————————————————————————	Behavioral N	Medical Member	Generic
Closed Date:		Was the intervention	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member declin	ned Member unenrolled	No longer achievable	N/A Member trans	sitioned to delegated vendo
Comments:				

Intervention #4				
Problem 3 of 5 Goal 3 of 5 Intervention 4 of 5				
Description:				
Start Date:	Priority: Low Medium	High Critical	Target Date:	
Intervention Type: (choose one) Coordination Graduation		Category: (choose one	e) Medical Member	Generic
Closed Date:		Was the intervention	on effective?	Unknown
Closed Reason: (choose one) Changed Completed Member declined	Member unenrolled	No longer achievable	e N/A Member transi	tioned to delegated vendor
Comments:				
Intervention #5				
Problem 3 of 5 Goal 3 of 5 Intervention 5 of 5				
Description:				
Start Date:	Priority: Low Medium	High Critical	Target Date:	
Intervention Type: (choose one) Coordination Graduation		Category: (choose one	e) Medical Member	Generic
Closed Date:		Was the intervention	on effective?	Unknown
Closed Reason: (choose one) Changed Completed Member declined Comments:	Member unenrolled	No longer achievable	e N/A Member transi	tioned to delegated vendor

Goal #4					
Problem 3 of 5 Goal 4 of 5	Goal Name:				
Description:					
Start Date:			Priority: (choose one)	Medium High	Critical
% Complete:		Duration: (choose one	e) Short Term	Closed Date:	
Readiness To Precontemplatio	Change: (choose one) Contempla	tion P	reparation	Action	Maintenance
Closed Reason	າ:				
Comments:					
Outcome:					
Intervention	#1				
Problem 3 of 5 Goal 4 of 5 Intervention 1 of 5	Intervention Name:				
Description:					
Start Date:		Priority: Low Medium	High Critical	Target Date:	
Intervention Ty	pe: (choose one)		Category: (choose on	e)	
Coordination	Graduation	1	Behavioral I	Medical Member	Generic
Closed Date:			Was the interventi	on effective?	
			Yes	No	Unknown
Closed Reason Changed C	1: (choose one) ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member transition	oned to delegated vendo
Comments:					

Intervention #2				
Problem 3 of 5 Goal 4 of 5 Intervention 2 of 5				
Description:				
Start Date:	Priority:		Target Date:	
	Low Medium	High Critical		
Intervention Type: (choose one)		Category: (choose one	e)	
Coordination Gradua	tion		Medical Member	Generic
Closed Date:		Was the intervention	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member declir	ned Member unenrolled	No longer achievable	N/A Momber trans	sitioned to delegated vendo
	Member unemoned	No longer achievable	N/A Member trans	sitioned to delegated vendo
Comments:				
Intervention #3				
intervention #3				
Problem 3 of 5 Intervention Name:				
Goal 4 of 5 Intervention 3 of 5				
Description:				
·				
Start Data:	Driority		Torget Date:	
Start Date:	Priority: Low Medium	High Critical	Target Date:	
	Low Mediam			
Intervention Type: (choose one)		Category: (choose one		
Coordination Gradua	tion	Behavioral I	Medical Member	Generic
Closed Date:		Was the intervention	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member declir	ned Member unenrolled	No longer achievable	N/A Member trans	sitioned to delegated vendo
Comments:				

Intervention #4				
Problem 3 of 5 Goal 4 of 5 Intervention 4 of 5				
Description:				
Start Date:	Priority: Low Medium	High Critical	Target Date:	
Intervention Type: (choose one) Coordination Graduation		Category: (choose one	e) Medical Memb	per Generic
Closed Date:		Was the intervention	on effective?	Unknown
Closed Reason: (choose one) Changed Completed Member declined	Member unenrolled	No longer achievable	N/A Member tr	ansitioned to delegated vendor
Comments:				
Intervention #5				
Problem 3 of 5 Goal 4 of 5 Intervention 5 of 5				
Description:				
Start Date:	Priority: Low Medium	High Critical	Target Date:	
Intervention Type: (choose one) Coordination Graduation		Category: (choose one	e) ⁄ledical Meml	per Generic
Closed Date:		Was the intervention	on effective?	Unknown
Closed Reason: (choose one) Changed Completed Member declined Comments:	Member unenrolled	No longer achievable	N/A Member tr	ansitioned to delegated vendor

Goal #5					
Problem 3 of 5 Goal 5 of 5	Goal Name:				
Description:					
Start Date:			Priority: (choose one)	Medium High	Critical
% Complete:		Duration: (choose one	e) Short Term	Closed Date:	
Readiness To Precontemplatio	Change: (choose one) n	ition P	reparation	Action	Maintenance
Closed Reason	า:				
Comments:					
Outcome:					
Intervention	#1				
Problem 3 of 5 Goal 5 of 5 Intervention 1 of 5	Intervention Name:				
Description:					
Start Date:		Priority: Low Medium	High Critical	Target Date:	
Intervention Ty	Pe: (choose one)		Category: (choose one	e)	
Coordination	Graduation	1		Medical Member	Generic
Closed Date:			Was the intervention Yes	on effective?	Unknown
	1: (choose one) ompleted Member declined	Member unenrolled			oned to delegated vendor
Comments:					

Intervention #2				
Problem 3 of 5 Goal 5 of 5 Intervention 2 of 5				
Description:				
Start Date:	Priority:		Target Date:	
	Low Medium	High Critical		
Intervention Type: (choose one)		Category: (choose one	e)	
Coordination Gradua	tion		Medical Member	Generic
Closed Date:		Was the intervention	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member declir	ned Member unenrolled	No longer achievable	N/A Momber trans	sitioned to delegated vendo
	Member unemoned	No longer achievable	N/A Member trans	sitioned to delegated vendo
Comments:				
Intervention #3				
intervention #3				
Problem 3 of 5 Intervention Name:				
Goal 5 of 5 Intervention 3 of 5				
Description:				
·				
Start Data	Deionity		Target Deter	
Start Date:	Priority: Low Medium	High Critical	Target Date:	
	Low Mediam			
Intervention Type: (choose one)		Category: (choose one		
Coordination Gradua	tion	Behavioral I	Medical Member	Generic
Closed Date:		Was the intervention	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member declir	ned Member unenrolled	No longer achievable	N/A Member trans	sitioned to delegated vendo
Comments:				

Intervention #4				
Problem 3 of 5 Goal 5 of 5 Intervention 4 of 5				
Description:				
Start Date:	Priority:		Target Date:	
	Low Medium	High Critical		
Intervention Type: (choose one)	'	Category: (choose one	e)	
Coordination Graduatio	n	Behavioral N	Medical Member	Generic
Closed Date:		Was the intervention	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member declined	Member unenrolled	No longer achievable	e N/A Member trans	itioned to delegated vendo
Comments:				
Commonto.				
Intervention #5				
D 11 0 15				
Problem 3 of 5 Goal 5 of 5 Intervention Name:				
Intervention 5 of 5				
Description:				
Start Date:	Priority:		Target Date:	
	Low Medium	High Critical		
Intervention Type: (choose one)		Category: (choose one	e)	
Coordination Graduatio	n		Medical Member	Generic
Closed Date:		Was the interventi	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member declined	Member unenrolled	No longer achievable	e N/A Member trans	itioned to delegated vendo
Comments:		<u> </u>		

Problem #4	
 - List up to five (5) problems - Each problem can have up to five (5) goals - Each goal can have up to 5 interventions 	
Problem Name:	Priority: (choose one)
#4	Low Medium High Critical
Description:	
Start Date:	Last Reviewed:
Resolved Reason: (choose one)	
Member deceased Member transitioned to delegated vendor	Member's coverage terminated Problem changed
Comments:	

Goal #1					
Problem 4 of 5 Goal 1 of 5	Goal Name:				
Description:					
Start Date:			Priority: (choose one)	Medium High	Critical
% Complete:		Duration: (choose one	e) Short Term	Closed Date:	
Readiness To	Change: (choose one) Contempla	ition P	reparation	Action	Maintenance
Closed Reasor	າ:				
Comments:					
Outcome:					
Intervention	#1				
Problem 4 of 5 Goal 1 of 5 Intervention 1 of 5	Intervention Name:				
Description:					
Start Date:		Priority:	High Critical	Target Date:	
Intervention Ty	Pe: (choose one)		Category: (choose on	e)	
Coordination	Graduation	1	Behavioral I	Medical Member	Generic
Closed Date:			Was the interventi	on effective?	
			Yes	No	Unknown
Closed Reason Changed C	Choose one) Ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member transition	oned to delegated vendo
Comments:					

Intervention	#2				
Problem 4 of 5 Goal 1 of 5 Intervention 2 of 5	Intervention Name:				
Description:					
Start Date:		Priority: Low Medium	High Critical	Target Date:	
Intervention Ty Coordination	PE: (choose one) Graduation	ו	Category: (choose one	e) Medical Member	Generic
Closed Date:			Was the intervention	on effective?	Unknown
Closed Reason Changed C Comments:	1: (choose one) ompleted Member declined	Member unenrolled			oned to delegated vendor
Intervention	#3				
Problem 4 of 5 Goal 1 of 5 Intervention 3 of 5	Intervention Name:				
Description:					
Start Date:		Priority: Low Medium	High Critical	Target Date:	
Intervention Ty Coordination	PE: (choose one) Graduation	า	Category: (choose one	e) Medical Member	Generic
Closed Date:			Was the intervention	on effective?	Unknown
Closed Reason Changed Comments:	1: (choose one) ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member transition	oned to delegated vendo

Intervention #4				
Problem 4 of 5 Goal 1 of 5 Intervention 4 of 5	e:			
Description:				
Start Date:	Priority:		Target Date:	
	Low Medium	High Critical		
Intervention Type: (choose one)	,	Category: (choose one)		
Coordination Gra	duation	Behavioral Mo	edical Member	Generic
Closed Date:		Was the interventio	n effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member d	eclined Member unenrolled	No longer achievable	N/A Member transi	tioned to delegated vendo
Comments:		i Ino longer acmevable	IV/A Iviember transf	tioned to delegated veridor
Comments.				
Intervention #5				
Intervention #5				
Problem 4 of 5 Goal 1 of 5 Intervention Nam	e:			
Intervention 5 of 5				
Description:				
Start Date:	Priority:		Target Date:	
Start Date.	Low Medium	High Critical	rarget Date.	
Intervention Types ()				
Intervention Type: (choose one)	du ati an	Category: (choose one)		Com original control of the control
	duation		edical Member	Generic
Closed Date:		Was the interventio		
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member d	eclined Member unenrolled	No longer achievable	N/A Member transi	tioned to delegated vendo
Comments:				

Goal #2					
Problem 4 of 5 Goal 2 of 5	Goal Name:				
Description:					
Start Date:			Priority: (choose one)	Medium High	Critical
% Complete:		Duration: (choose one	e) Short Term	Closed Date:	
Readiness To	Change: (choose one) Contempla	tion Pi	reparation	Action	Maintenance
Closed Reason	າ:				
Comments:					
Outcome:					
Intervention	#1				
Problem 4 of 5 Goal 2 of 5 Intervention 1 of 5	Intervention Name:				
Description:					
Start Date:		Priority: Low Medium	High Critical	Target Date:	
Intervention Ty	Pe: (choose one)		Category: (choose one	e)	
Coordination	Graduation	1	Behavioral N	Medical Member	Generic
Closed Date:			Was the intervention	on effective?	
			Yes	No	Unknown
Closed Reason Changed C	Choose one) Ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member transition	oned to delegated vendo
Comments:					

Intervention #2			
Problem 4 of 5 Goal 2 of 5 Intervention 2 of 5	me:		
Description:			
Start Date:	Priority:	Target Date:	
	Low Medium	High Critical	
Intervention Type: (choose one)		Category: (choose one)	
	raduation	Behavioral Medical Member	er Generic
Closed Date:		Was the intervention effective?	
Closed Bate.		Yes No	Unknown
Classed December (Officiowii
Closed Reason: (choose one)			
	declined Member unenrolled	No longer achievable N/A Member tran	nsitioned to delegated vendo
Comments:			
Intervention #3			
Problem 4 of 5 Intervention Na			
Goal 2 of 5	me:		
Intervention 3 of 5			
Description:			
Start Date:	Priority:	Target Date:	
	Low Medium	High Critical	
Intervention Type: (choose one)		Category: (choose one)	
	raduation	Behavioral Medical Member	er Generic
Closed Date:		Was the intervention effective?	
Closed Date.			Linknown
		Yes No	Unknown
Closed Reason: (choose one)			
Changed Completed Member	declined Member unenrolled	No longer achievable N/A Member tran	nsitioned to delegated vendo
Comments:			

Intervention	#4				
Problem 4 of 5 Goal 2 of 5 Intervention 4 of 5	Intervention Name:				
Description:					
Start Date:		Priority: Low Medium	High Critical	Target Date:	
Intervention Ty Coordination	PE: (choose one) Graduation	1	Category: (choose one	e) Medical Member	Generic
Closed Date:			Was the intervention	on effective?	Unknown
Closed Reason Changed Comments:	1: (choose one) ompleted Member declined	Member unenrolled	No longer achievable	N/A Member transit	ioned to delegated vendor
Intervention	#5				
Problem 4 of 5 Goal 2 of 5 Intervention 5 of 5	Intervention Name:				
Description:					
2 000p a. 01					
Start Date:		Priority:	High Critical	Target Date:	
Intervention Ty	Pe: (choose one)		Category: (choose one	e)	
Coordination	Graduation	1	Behavioral N	Medical Member	Generic
Closed Date:			Was the intervention	on effective?	Unknown
Closed Reason	1: (choose one)				
Changed	ompleted Member declined	Member unenrolled	No longer achievable	N/A Member transit	ioned to delegated vendor
Comments:					

Goal #5					
	Goal Name:				
Description:					
Start Date:			Priority: (choose one)	Medium High	Critical
% Complete:		Duration: (choose one	e) Short Term	Closed Date:	
Precontemplatio		ition P	reparation	Action	Maintenance
Closed Reason	า:				
Comments:					
Outcome:					
Intervention	#1				
Problem 5 of 5	Intervention Name:				
Goal 3 of 5 Intervention 1 of 5	intervention Name.				
Description:					
Start Date:		Priority:		Target Date:	
Intervention Ty	DO: (abana ana)	Low Medium	High Critical	- >	
Intervention Ty Coordination	Pe. (cnoose one) Graduation	1	Category: (choose on Behavioral	e) Medical Member	Generic
Closed Date:			Was the interventi	on effective?	
			Yes	No	Unknown
Closed Reason Changed C	1: (choose one) ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member transition	oned to delegated vendo
Comments:					

Intervention	#2				
Problem 5 of 5 Goal 3 of 5 Intervention 2 of 5	Intervention Name:				
Description:					
Start Date:		Priority: Low Medium	High Critical	Target Date:	
Intervention Ty Coordination	/PE: (choose one) Graduation	n	Category: (choose one	e) Medical Member	- Generic
Closed Date:			Was the interventi	on effective?	Unknown
Closed Reaso Changed Comments:	n: (choose one) completed Member declined	Member unenrolled	No longer achievable	e N/A Member trans	sitioned to delegated vendor
Comments.					
Intervention	#3				
Problem 5 of 5 Goal 3 of 5 Intervention 3 of 5	Intervention Name:				
Description:					
Start Date:		Priority: Low Medium	High Critical	Target Date:	
Intervention Ty	/Pe: (choose one)		Category: (choose on	e)	
Coordination	Graduation	n	Behavioral I	Medical Member	Generic
Closed Date:			Was the interventi	on effective?	Unknown
Closed Reaso	N: (choose one) completed Member declined	Member unenrolled	No longer achievable	e N/A Member trans	sitioned to delegated vendor
Comments:					

Intervention #4	
Problem 5 of 5 Goal 3 of 5 Intervention 4 of 5	
Description:	
Start Date: Priority:	Target Date:
Low Medium	High Critical
Intervention Type: (choose one)	Category: (choose one)
Coordination Graduation	Behavioral Medical Member Generic
Closed Date:	Was the intervention effective?
	Yes No Unknown
Closed Reason: (choose one)	
Changed Completed Member declined Member unenrolle	No longer achievable N/A Member transitioned to delegated vendo
Comments:	
Intervention #5	
Intervention #5	
Problem 5 of 5 Intervention Name:	
Problem 5 of 5 Goal 3 of 5 Intervention Name:	
Problem 5 of 5 Goal 3 of 5 Intervention 5 of 5	
Problem 5 of 5 Goal 3 of 5 Intervention 5 of 5	
Problem 5 of 5 Goal 3 of 5 Intervention 5 of 5	Target Date:
Problem 5 of 5 Goal 3 of 5 Intervention 5 of 5 Description:	
Problem 5 of 5 Goal 3 of 5 Intervention 5 of 5 Description: Start Date: Priority: Low Medium	High Critical
Problem 5 of 5 Goal 3 of 5 Intervention 5 of 5 Description: Start Date: Problem 5 of 5 Intervention Name: Priority:	
Problem 5 of 5 Goal 3 of 5 Intervention 5 of 5 Description: Start Date: Priority: Low Medium Intervention Type: (choose one) Graduation Graduation	High Critical Category: (choose one) Behavioral Medical Member Generic
Problem 5 of 5 Goal 3 of 5 Intervention 5 of 5 Description: Start Date: Priority: Low Medium Intervention Type: (choose one)	High Critical Category: (choose one) Behavioral Medical Member Generic Was the intervention effective?
Problem 5 of 5 Goal 3 of 5 Intervention 5 of 5 Description: Start Date: Priority: Low Medium Intervention Type: (choose one) Coordination Graduation Closed Date:	High Critical Category: (choose one) Behavioral Medical Member Generic
Problem 5 of 5 Goal 3 of 5 Intervention 5 of 5 Description: Start Date: Priority: Low Medium Intervention Type: (choose one) Coordination Graduation Closed Date: Closed Reason: (choose one)	High Critical Category: (choose one) Behavioral Medical Member Generic Was the intervention effective? No Unknown
Problem 5 of 5 Goal 3 of 5 Intervention 5 of 5 Description: Start Date: Priority: Low Medium Intervention Type: (choose one) Coordination Closed Date: Closed Reason: (choose one) Changed Completed Member declined Member unenrolled	High Critical Category: (choose one) Behavioral Medical Member Generic Was the intervention effective? No Unknown
Problem 5 of 5 Goal 3 of 5 Intervention 5 of 5 Description: Start Date: Priority: Low Medium Intervention Type: (choose one) Coordination Graduation Closed Date: Closed Reason: (choose one)	High Critical Category: (choose one) Behavioral Medical Member Generic Was the intervention effective? No Unknown

Goal #4					
Problem 5 of 5 Goal 4 of 5	Goal Name:				
Description:					
Start Date:			Priority: (choose one)	Medium High	Critical
% Complete:		Duration: (choose one	e) Short Term	Closed Date:	
Readiness To Precontemplatio	Change: (choose one) Contempla	tion P	reparation	Action	Maintenance
Closed Reason	າ:				
Comments:					
Outcome:					
Intervention	#1				
Problem 5 of 5 Goal 4 of 5 Intervention 1 of 5	Intervention Name:				
Description:					
Start Date:		Priority: Low Medium	High Critical	Target Date:	
Intervention Ty	pe: (choose one)		Category: (choose one	e)	
Coordination	Graduation	1	Behavioral N	Medical Member	Generic
Closed Date:			Was the interventi	on effective?	
			Yes	No	Unknown
Closed Reason Changed C	1: (choose one) ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member transition	oned to delegated vendo
Comments:					

Intervention #2				
Problem 5 of 5 Goal 4 of 5 Intervention 2 of 5	me:			
Description:				
Start Date:	Priority:	Та	rget Date:	
	Low Medium	High Critical		
Intervention Type: (choose one)		Category: (choose one)		
	raduation	Behavioral Medic	al Member	Generic
Closed Date:		Was the intervention e	effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
	declined Member unenrolled	No longer achievable	N/A Mambar transiti	and to delegated vendo
	declined	No longer achievable	N/A Member transiti	oned to delegated vendo
Comments:				
Intervention #3				
Problem 5 of 5 Intervention Nat	me:			
Goal 4 of 5 Intervention 3 of 5				
Description:				
·				
Start Date:	Priority:	To	erant Data:	
Start Date.	Low Medium	High Critical	rget Date:	
Into my continue True and the				
Intervention Type: (choose one)		Category: (choose one)		
	raduation	Behavioral Medic		Generic
Closed Date:		Was the intervention e	effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member	declined Member unenrolled	No longer achievable	N/A Member transiti	oned to delegated vendo
Comments:				

Intervention #4				
Problem 5 of 5 Goal 4 of 5 Intervention 4 of 5				
Description:				
Start Date:	Priority:		Target Date:	
	Low Medium	High Critical		
Intervention Type: (choose one)		Category: (choose one	e)	
Coordination Graduati	on		Medical Member	Generic
Closed Date:		Was the intervention	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member decline	ed Member unenrolled	No longer achievable	N/A Mambar trans	itioned to delegated yands
	Member unemolied	No longer achievable	e N/A Member trans	itioned to delegated vendor
Comments:				
Intervention #5				
intervention #5				
Problem 5 of 5 Intervention Name:				
Goal 4 of 5 Intervention 5 of 5				
Description:				
·				
Start Data:	Driority (Torget Date:	
Start Date:	Priority: Low Medium	High Critical	Target Date:	
	Low Wiedidiii			
Intervention Type: (choose one)		Category: (choose one		
Coordination Graduati	on ————————————————————————————————————	Behavioral I	Medical Member	Generic
Closed Date:		Was the intervention	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member decline	ed Member unenrolled	No longer achievable	e N/A Member trans	sitioned to delegated vendo
Comments:				

Goal #5					
Problem 5 of 5 Goal 5 of 5	Goal Name:				
Description:					
·					
Start Date:			Priority: (choose one)		
			Low	Medium High	Critical
% Complete:		Duration: (choose one	e)	Closed Date:	
		Long Term	Short Term		
Readiness To	Change: (choose one)				
Precontemplatio	n Contempla	ation P	reparation	Action	Maintenance
Closed Reason	า:				
Comments:					
Outcome:					
Intervention	#1				
Problem 5 of 5 Goal 5 of 5	Intervention Name:				
Intervention 1 of 5					
Description:					
Start Date:		Priority:		Target Date:	
		Low Medium	High Critical		
Intervention Ty	pe: (choose one)		Category: (choose on	e)	
Coordination	Graduation	ו	Behavioral I	Medical Member	Generic
Closed Date:			Was the interventi	on effective?	
			Yes	No	Unknown
Closed Reason	າ: (choose one)				
	ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member transition	oned to delegated vendor
Comments:					

Intervention #2			
Problem 5 of 5 Goal 5 of 5 Intervention 2 of 5	Name:		
Description:			
Start Date:	Priority:	Targe	t Date:
	Low Medium	High Critical	
Intervention Type: (choose one)		Category: (choose one)	
Coordination	Graduation	Behavioral Medical	Member Generic
Closed Date:		Was the intervention effect	rtive?
Ciosca Bato.		Yes Yes	No Unknown
Classed December (THE CHILITOWN
Closed Reason: (choose one)			
	mber declined Member unenrolled	No longer achievable N/	Member transitioned to delegated vendor
Comments:			
Intervention #3			
Problem 5 of 5 Intervention	Namo:		
Goal 5 of 5	ivame.		
Intervention 3 of 5			
Description:			
Start Date:	Priority:	Targe	t Date:
	Low Medium	High Critical	
Intervention Type: (choose one)		Category: (choose one)	
Coordination	Graduation	Behavioral Medical	Member Generic
Closed Date:			
Closed Date.		Was the intervention effective variable.	
		Yes	No Unknown
Closed Reason: (choose one)			
Changed Completed Me	ember declined Member unenrolled	No longer achievable N/	Member transitioned to delegated vendo
Comments:			

Intervention #4			
Problem 4 of 5 Goal 5 of 5 Intervention 4 of 5	ame:		
Description:			
Start Date:	Priority: Low Medium	Target Date: High Critical	
Intervention Type: (choose one) Coordination	Graduation	Category: (choose one) Behavioral Medical	Member Generic
Closed Date:		Was the intervention effective? No	Unknown
	er declined Member unenrolled	No longer achievable N/A Me	ember transitioned to delegated vendor
Comments:			
Intervention #5			
Problem 4 of 5 Goal 5 of 5 Intervention 5 of 5	ame:		
Description:			
Start Date:	Priority: Low Medium	Target Date: High Critical	
Intervention Type: (choose one) Coordination	Graduation	Category: (choose one) Behavioral Medical	Member Generic
Closed Date:		Was the intervention effective? No	Unknown
	er declined Member unenrolled	No longer achievable N/A Me	ember transitioned to delegated vendor
Comments:			

Problem #5	
- List up to five (5) problems - Each problem can have up to five (5) goals - Each goal can have up to 5 interventions	
Problem Name:	Priority: (choose one) Low Medium High Critical
Description:	
Start Date:	Last Reviewed:
Resolved Reason: (choose one)	
Member deceased Member transitioned to delegated vendor	Member's coverage terminated Problem changed
Comments:	

Goal #1					
Problem 5 of 5	Goal Name:				
Goal 1 of 5					
Description:					
Start Date:			Priority: (choose one)		
				Medium High	Critical
% Complete:		Duration: (choose one		Closed Date:	
		Long Term	Short Term		
	Change: (choose one)				
Precontemplatio		ition P	reparation	Action	Maintenance
Closed Reason	า:				
Comments:					
Outcome:					
Intervention	#1				
Problem 5 of 5					
Goal 1 of 5	Intervention Name:				
Intervention 1 of 5					
Description:					
Otant Data		Dui suite s		Towns 1 Dodge	
Start Date:		Priority: Low Medium	High Critical	Target Date:	
Intervention Ty	(DO! (-b)				
Intervention Ty Coordination	Graduation	1	Category: (choose on Behavioral	e) Medical Member	Generic
Closed Date:	Cradation	<u>'</u>	Was the interventi		Generio
Closed Date.			Yes	No	Unknown
Closed Reason	l' (choose one)				
	ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member transition	oned to delegated vendo
Comments:	·		<u> </u>		

Intervention	#2					
Problem 5 of 5 Goal 1 of 5 Intervention 2 of 5	Intervention Name:					
Description:						
Start Date:		Priority:		Target Da	ate:	
		Low Medium	High Critical			
Intervention Ty	/Pe: (choose one)		Category: (choose one	e)		
Coordination	Graduation	n	Behavioral N	Medical	Member	Generic
Closed Date:			Was the intervention	on effective		
			Yes	No		Unknown
Closed Reaso	n: (choose one)					
	completed Member declined	Member unenrolled	No longer achievable	N/A	Member transition	oned to delegated vendor
Comments:	· — —					<u> </u>
Commonto.						
Intervention	#3					
Problem 5 of 5 Goal 1 of 5	Intervention Name:					
Intervention 3 of 5						
Description:						
Start Date:		Priority:		Target Da	ate:	
		Low Medium	High Critical	-		
Intervention Ty	/Pe: (choose one)		Category: (choose one	e)		
Coordination	Graduatio	n		Medical	Member	Generic
Closed Date:			Was the intervention	on effective	e?	
			Yes	No		Unknown
Closed Reaso	n: (choose one)		I			
	Completed Member declined	Member unenrolled	No longer achievable	e N/A	Member transition	oned to delegated vendo
Comments:						<u>-</u>

Intervention #4				
Problem 5 of 5 Goal 1 of 5 Intervention 4 of 5				
Description:				
Start Date:	Priority:		Target Date:	
	Low Medium	High Critical		
Intervention Type: (choose one)		Category: (choose one	e)	
Coordination Graduation	n	Behavioral N	Medical Member	Generic
Closed Date:		Was the interventi	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member declined	Member unenrolled	No longer achievable	e N/A Member transi	tioned to delegated vendo
Comments:				
Commonto.				
Intervention #5				
Problem 5 of 5 Goal 1 of 5 Intervention Name:				
Intervention 5 of 5				
Description:				
Start Date:	Priority:		Target Date:	
	Low Medium	High Critical		
Intervention Type: (choose one)		Category: (choose on	e)	
Coordination Graduatio	n		Medical Member	Generic
Closed Date:		Was the interventi	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member declined	Member unenrolled	No longer achievable	e N/A Member trans	itioned to delegated vendo
Comments:		To longer define value		

Goal #2					
Problem 5 of 5 Goal 2 of 5	Goal Name:				
Description:					
Start Date:			Priority: (choose one)	Medium High	Critical
% Complete:		Duration: (choose one	e) Short Term	Closed Date:	
Precontemplatio		ntion P	reparation	Action	Maintenance
Closed Reason	າ:				
Comments:					
Outcome:					
Intonzantian	4 4				
Intervention	#1				
Problem 5 of 5 Goal 2 of 5 Intervention 1 of 5	Intervention Name:				
Description:					
Start Date:		Priority:		Target Date:	
		Low Medium	High Critical		
Intervention Ty			Category: (choose on		
Coordination	Graduation	1		Medical Member	Generic
Closed Date:			Was the interventi	on effective?	Unknown
Closed Reason Changed	1: (choose one) ompleted Member declined	Member unenrolled			oned to delegated vendo
Comments:					

Intervention #2				
Problem 5 of 5 Goal 2 of 5 Intervention 2 of 5				
Description:				
Start Date:	Priority:		Target Date:	
	Low Medium	High Critical		
Intervention Type: (choose one)		Category: (choose one	e)	
Coordination Graduat	on		Medical Member	Generic
Closed Date:		Was the intervention	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member decline	ed Member unenrolled	No longer achievable	N/A Mambar trans	sitioned to delegated vande
	Member unemoned	No longer achievable	e N/A Member trans	sitioned to delegated vendo
Comments:				
Intervention #3				
intervention #3				
Problem 5 of 5 Intervention Name:				
Goal 2 of 5 Intervention 3 of 5				
Description:				
·				
Start Data:	Driority:		Torget Date:	
Start Date:	Priority: Low Medium	High Critical	Target Date:	
	Lowiviculant			
Intervention Type: (choose one)		Category: (choose one		
Coordination Graduat	ion	Behavioral N	Medical Member	Generic
Closed Date:		Was the intervention	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member decline	ed Member unenrolled	No longer achievable	e N/A Member trans	sitioned to delegated vendo
Comments:				

Intervention #4		
Problem 5 of 5 Goal 2 of 5 Intervention 4 of 5		
Description:		
Start Date:	Priority: Low Medium	Target Date: High Critical
Intervention Type: (choose one) Coordination Graduation	on	Category: (choose one) Behavioral Medical Member Generic
Closed Date:		Was the intervention effective? No Unknown
Closed Reason: (choose one) Changed Completed Member decline Comments:	d Member unenrolled	No longer achievable N/A Member transitioned to delegated vendor
Intervention #5		
Problem 5 of 5 Goal 2 of 5 Intervention 5 of 5		
Description:		
Start Date:	Priority: Low Medium	Target Date: High Critical
Intervention Type: (choose one) Coordination Graduation	on.	Category: (choose one) Behavioral Medical Member Generic
Closed Date:		Was the intervention effective? No Unknown
Closed Reason: (choose one) Changed Completed Member decline	d Member unenrolled	No longer achievable N/A Member transitioned to delegated vendo
Comments:		

Goal #5					
Problem 5 of 5 Goal 3 of 5	Goal Name:				
Description:					
Start Date:			Priority: (choose one)	Medium High	Critical
% Complete:		Duration: (choose one	e) Short Term	Closed Date:	
Readiness To	Change: (choose one) Contempla	tion Pi	reparation	Action	Maintenance
Closed Reason	າ:				
Comments:					
Outcome:					
Intervention	#1				
Problem 5 of 5 Goal 3 of 5 Intervention 1 of 5	Intervention Name:				
Description:					
Start Date:		Priority: Low Medium	High Critical	Target Date:	
Intervention Ty	Pe: (choose one)		Category: (choose one	e)	
Coordination	Graduation	ı	Behavioral N	Medical Member	Generic
Closed Date:			Was the intervention	on effective?	
			Yes	No	Unknown
Closed Reasor Changed C	1: (choose one) ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member transitio	oned to delegated vendo
Comments:					

Intervention	#2				
Problem 5 of 5 Goal 3 of 5 Intervention 2 of 5	Intervention Name:				
Description:					
Start Date:		Priority: Low Medium	High Critical	Target Date:	
Intervention Ty Coordination	PE: (choose one) Graduation	ו	Category: (choose one	e) Medical Member	Generic
Closed Date:			Was the intervention	on effective?	Unknown
Closed Reason Changed C Comments:	1: (choose one) ompleted Member declined	Member unenrolled			oned to delegated vendor
	110				
Problem 5 of 5 Goal 3 of 5 Intervention 3 of 5	#3 Intervention Name:				
Description:					
Start Date:		Priority:	High Critical	Target Date:	
Intervention Ty Coordination	PE: (choose one) Graduation	า	Category: (choose one	e) Medical Member	Generic
Closed Date:			Was the intervention	on effective?	Unknown
Closed Reason Changed Comments:	1: (choose one) ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member transiti	oned to delegated vendo

Intervention	#4					
Problem 5 of 5 Goal 3 of 5 Intervention 4 of 5	Intervention Name:					
Description:						
Start Date:		Priority:		Target Da	ate:	
		Low Medium	High Critical			
Intervention Ty	PE: (choose one)		Category: (choose one	∍)		
Coordination	Graduation	n	Behavioral N	Medical	Member	Generic
Closed Date:			Was the intervention	on effective	e?	
			Yes	No		Unknown
Closed Reason	າ: (choose one)					
	ompleted Member declined	Member unenrolled	No longer achievable	N/A	Member transition	oned to delegated vendor
Comments:						<u> </u>
Commonto.						
Intervention	#5					
5 11 5 15						
Problem 5 of 5 Goal 3 of 5	Intervention Name:					
Intervention 5 of 5						
Description:						
Start Date:		Priority:		Target Da	ate:	
		Low Medium	High Critical			
Intervention Ty	pe: (choose one)		Category: (choose one	e)		
Coordination	Graduatio	n	Behavioral N	Medical	Member	Generic
Closed Date:			Was the intervention	on effective	e?	
			Yes	No		Unknown
Closed Reason	າ: (choose one)		1			
	ompleted Member declined	Member unenrolled	No longer achievable	N/A	Member transition	oned to delegated vendo
Comments:	_ 					

Goal #4					
Problem 5 of 5 Goal 4 of 5	Goal Name:				
Description:					
Start Date:			Priority: (choose one)	Medium High	Critical
% Complete:		Duration: (choose one	e) Short Term	Closed Date:	
Readiness To Precontemplatio	Change: (choose one) Contempla	tion P	reparation	Action	Maintenance
Closed Reason	າ:				
Comments:					
Outcome:					
Intervention	#1				
Problem 5 of 5 Goal 4 of 5 Intervention 1 of 5	Intervention Name:				
Description:					
Start Date:		Priority: Low Medium	High Critical	Target Date:	
Intervention Ty	pe: (choose one)		Category: (choose on	e)	
Coordination	Graduation	1	Behavioral	Medical Member	Generic
Closed Date:			Was the interventi	on effective?	
			Yes	No	Unknown
Closed Reason Changed C	1: (choose one) ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member transition	oned to delegated vendo
Comments:					

Intervention #2				
Problem 5 of 5 Goal 4 of 5 Intervention 2 of 5				
Description:				
Start Date:	Priority:		Target Date:	
	Low Medium	High Critical		
Intervention Type: (choose one)		Category: (choose one	e)	
Coordination Graduat	ion		Medical Member	Generic
Closed Date:		Was the intervention	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member declin	ed Member unenrolled	No longer achievable	N/A Mambar trans	sitioned to delegated vanda
		No longer achievable	e N/A Member trans	sitioned to delegated vendo
Comments:				
Intervention #3				
intervention #3				
Problem 5 of 5 Intervention Name:				
Goal 4 of 5 Intervention 3 of 5				
Description:				
·				
Start Data:	Driority (Torget Date:	
Start Date:	Priority: Low Medium	High Critical	Target Date:	
	Low			
Intervention Type: (choose one)	_	Category: (choose one		
Coordination Graduat	ion ————————————————————————————————————	Behavioral I	Medical Member	Generic
Closed Date:		Was the intervention	on effective?	
		Yes	No	Unknown
Closed Reason: (choose one)				
Changed Completed Member declin	ed Member unenrolled	No longer achievable	e N/A Member trans	sitioned to delegated vendo
Comments:				

Intervention	#4					
Problem 5 of 5 Goal 4 of 5 Intervention 4 of 5	Intervention Name:					
Description:						
Start Date:		Priority:		Target Da	ate:	
		Low Medium	High Critical			
Intervention Ty	Pe: (choose one)		Category: (choose one	- =)		
Coordination	Graduatio	n	Behavioral N	/ledical	Member	Generic
Closed Date:			Was the intervention	on effective		
			Yes	No		Unknown
Closed Reason	n: (choose one)					
	completed Member declined	Member unenrolled	No longer achievable	N/A	Member transition	oned to delegated vendo
Comments:						<u> </u>
Commonto.						
Intervention	#5					
5 (5						
Problem 5 of 5 Goal 4 of 5	Intervention Name:					
Intervention 5 of 5						
Description:						
Start Date:		Priority:		Target Da	ate:	
		Low Medium	High Critical			
Intervention Ty	'PE: (choose one)		Category: (choose one	e)		
Coordination	Graduatio	n	Behavioral N	/ledical	Member	Generic
Closed Date:			Was the intervention	on effective	e?	
			Yes	No		Unknown
Closed Reaso	n: (choose one)		1			
	Completed Member declined	Member unenrolled	No longer achievable	e N/A	Member transition	oned to delegated vendo
Comments:					<u>—</u>	

Goal #5					
Problem 5 of 5 Goal 5 of 5	Goal Name:				
Description:					
Start Date:			Priority: (choose one)	Medium High	Critical
% Complete:		Duration: (choose one	e) Short Term	Closed Date:	
Readiness To	Change: (choose one) Contempla	tion P	reparation	Action	Maintenance
Closed Reason	າ:				
Comments:					
Outcome:					
Intervention	#1				
Problem 5 of 5 Goal 5 of 5 Intervention 1 of 5	Intervention Name:				
Description:					
Start Date:		Priority: Low Medium	High Critical	Target Date:	
Intervention Ty	Pe: (choose one)		Category: (choose on	e)	
Coordination	Graduation	1	Behavioral I	Medical Member	Generic
Closed Date:			Was the interventi	on effective?	
			Yes	No	Unknown
Closed Reason Changed C	Choose one) Ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member transition	oned to delegated vendo
Comments:					

Intervention	#2				
Problem 5 of 5 Goal 5 of 5 Intervention 2 of 5	Intervention Name:				
Description:					
Start Date:		Priority:		Target Date:	
		Low Medium	High Critical		
Intervention Ty	De: (choose one)		Category: (choose one	e)	
Coordination	Graduation	1	Behavioral N	Medical Member	Generic
Closed Date:			Was the intervention	on effective?	
			Yes	No	Unknown
Closed Reasor	1: (choose one)				
Changed Co	ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member trans	sitioned to delegated vendor
Comments:					
Intervention	#o				
intervention	#3				
Problem 5 of 5 Goal 5 of 5	Intervention Name:				
Intervention 3 of 5					
Description:					
Start Date:		Priority:		Target Date:	
		Low Medium	High Critical		
Intervention Ty	Pe: (choose one)		Category: (choose one	e)	
Coordination	Graduation	1	Behavioral N	Medical Member	Generic
Closed Date:			Was the intervention	on effective?	
			Yes	No	Unknown
Closed Reasor	1: (choose one)				
Changed Co	ompleted Member declined	Member unenrolled	No longer achievable	e N/A Member trans	sitioned to delegated vendor
Comments:					

Intervention	#4				
Problem 5 of 5 Goal 5 of 5 Intervention 4 of 5	Intervention Name:				
Description:					
·					
Start Date:		Priority: Low Medium	High Critical	Target Date:	
Intervention Ty Coordination	'P 은 : (choose one)	า	Category: (choose one	e) Medical Member	Generic
Closed Date:			Was the intervention	on effective?	Unknown
Closed Reason	O' (choose one)				CHRIOWII
	completed Member declined	Member unenrolled	No longer achievable	e N/A Member trans	itioned to delegated vendor
Comments:				TWATE INTERNATION	nionou to dologatou vondoi
Intomontion	Д Е				
Intervention	#5				
Problem 5 of 5 Goal 5 of 5	Intervention Name:				
Intervention 5 of 5					
Description:					
Start Date:		Priority:		Target Date:	
		Low Medium	High Critical		
Intervention Ty		_	Category: (choose on		
Closed Date:	Graduation	<u> </u>		Medical Member	Generic
Closed Date:			Was the intervention Yes	on eπective?	Unknown
Closed Reaso	O' (choose one)			INO	OHRHOWH
	completed Member declined	Member unenrolled	No longer achievable	e N/A Member trans	itioned to delegated vendo
Comments:					