**INTEGRATED CARE PLAN**

(what/how much) (how) (who) (by when)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DATE | GOAL | OBJECTIVE | BARRIERS ADDRESSED | ACTION STEPS | WHO IS RESPONSIBLE? | TIME FRAME | DISPOSITION |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Specific** – What do you want to do, by when, with who, and how much (to what degree)?

**Measurable** – Can you measure progress towards the goal? How will you know if the goal is reached or accomplished?

**Achievable/Attainable** – Can you realistically achieve the outcome given their time frame, resources, and ability?

**Relevant** – Does it align with the goals of MCC, i.e., prevent acquisition/forward transmission of HIV/STDs, HIV medical care/treatment access and/or

adherence?

**Time** – Is the time frame realistic?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MCM) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(PCM)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Case Worker) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MCC Team Signatures Date**