Print Form

STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
DIVISION OF DEVELOPMENTAL DISABILITIES

INDIVIDUAL PLAN OF CARE

FACILITY NAME	NO.	CLIENT NAME		SPECIFY PROGRAM ☐ HCBW ☐ NHRW ☐ OTHER _____	SERVICE BASE ☐ RESIDENTIAL ☐ ISL ☐ NATURAL FAMILY
PRIMARY DIAG. CODE	CLIENT DMH NO.	CLIENT MEDICAID NO.	SLOT NUMBER		
PROGRAM YEAR FROM TO	INITIAL IPC AUTH. DATE	CASE MANAGER SIGNATURE	CASE MGR. NO.	DIV. CODE 14	

MEDICAID AUTHORIZATION TYPE ☐ Initial ☐ Termination ☐ Transfer ☐ Addition ☐ Cancellation ☐ Annual GOAL OF 9

PROV. NAME	VENDOR NO.	FC	CC	SERVICE CODE	FY	UNITS AUTHORIZED												TOTAL UNITS X	UNIT/MO RATE X	FY COST	(CR)
						07	08	09	10	11	12	01	02	03	04	05	06				
						07	08	09	10	11	12	01	02	03	04	05	06				
						07	08	09	10	11	12	01	02	03	04	05	06				
						07	08	09	10	11	12	01	02	03	04	05	06				
																				TOTAL FY COST	
						07	08	09	10	11	12	01	02	03	04	05	06				
						07	08	09	10	11	12	01	02	03	04	05	06				
						07	08	09	10	11	12	01	02	03	04	05	06				
						07	08	09	10	11	12	01	02	03	04	05	06				
																				TOTAL FY COST	

NON-MEDICAID AUTHORIZATION TYPE ☐ Initial ☐ Termination ☐ Transfer ☐ Addition ☐ Cancellation ☐ Annual GOAL OF 9

PROV. NAME	VENDOR NO.	FC	CC	SERVICE CODE	FY	UNITS AUTHORIZED												TOTAL UNITS X	UNIT/MO RATE X	FY COST	(CR)
						07	08	09	10	11	12	01	02	03	04	05	06				
						07	08	09	10	11	12	01	02	03	04	05	06				
						07	08	09	10	11	12	01	02	03	04	05	06				
						07	08	09	10	11	12	01	02	03	04	05	06				
																				TOTAL FY COST	
						07	08	09	10	11	12	01	02	03	04	05	06				
						07	08	09	10	11	12	01	02	03	04	05	06				
						07	08	09	10	11	12	01	02	03	04	05	06				
						07	08	09	10	11	12	01	02	03	04	05	06				
																				TOTAL FY COST	

AUTHORIZING FACILITY SIGNATURE	DATE
PHYSICIAN SIGNATURE	DATE
☐ APPROVED ☐ DISAPPROVED AUTHORIZED BY	DATE

FOR CENTRAL OFFICE USE ONLY

ELIGIBLE FOR ICF-MR LEVEL OF CARE ☐ YES ☐ NO

DISCHARGED FROM NURSING FACILITY & REQUIRES ACTIVE TREATMENT PER ARR ☐ YES ☐ NO

RECOMMENDED FOR SERVICES IN: ☐ HCBW ☐ NHRW ☐ _____

TOTAL FY COST

COMMENTS