

# PCP (UPDATE/REVISION)

(For use **ONLY** if a new service or a new goal is added to the PCP during the plan year.)

<b>Name:</b>	<b>DOB:</b> / /	<b>Medicaid ID:</b>	<b>Record #:</b>
<b>Update/Revision Date</b>	/ /		

## ACTION PLAN

The Action Plan should be based on information and recommendations from: **the Comprehensive Clinical Assessment (CCA), the One Page Profile, Characteristics/Observations/Justifications for Goals information, and any other supporting documentation.**

**Long Range Outcome:** (Ensure that this is an outcome desired by the individual, and not a goal belonging to others).

**Where am I now in the process of achieving this outcome?** (Include progress on goals over the past years, as applicable).

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL:			
WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY	
HOW (Support/Intervention)			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
/ /	/ /		
/ /	/ /		
/ /	/ /		
<b>Status Codes:</b> R=Revised                      O=Ongoing                      A=Achieved                      D=Discontinued			

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**\*\* Copy and use as many Action Plan pages as needed.**

**(Provide signatures on the Supplemental Update/Revision PCP Signature Page)**