

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)

_____ (PCM)

_____ **MCC Team Signatures**

_____ **Patient Signature**

_____ **Date**