

ACTIVE VERBS/PHRASES THAT CAN BE USED TO DOCUMENT INTENSIVE CARE COORDINATION SERVICES (ICC) INTERVENTIONS

***This is not an exhaustive list**

Planning and Assessment of Strengths & Needs:	Re-Assessment of Strengths & Needs:
ASSESSING:	Approved updated plan with CFT members...
Administered and analyzed CANS tool with client	Clarified/created/developed updated plan...
Assessed/evaluated needs for...	Completed/updated needs reassessment...
Assessed/evaluated strengths...	Contributed new information on ... during CFT Meeting...
Assessed/evaluated available resources...	Determined if changes are necessary to address new needs...
Assessed/evaluated available support networks...	Discussed needs and strengths identified in CANS tool to develop or enhance plan...
Completed needs assessment...	Discussed new needs and strengths/gains...
Contributed/provided needs assessment information about ... during CFT Meeting...	Established plan to address new need...
Determined...	Modified/adjusted plan...
Discussed needs and strengths identified in CANS tool to develop plan...	Reassessed/reevaluated needs and strengths...
Elicited information on needs from CFT Members...	Reassessed/reevaluated available resources...
Established need for ICC services...	Reassessed/reevaluated available support networks...
Gathered history...	Re-established need for continuation of ICC services...
Gathered information...	Refined plan...
Identified needs/underlying needs...	Revised plan...
Identified strengths & protective factors/behaviors...	Updated Problem List to include new problem identified...
Reviewed with client / significant support person...	
PLANNING:	(refer to Planning and Assessment of Needs and Strengths for additional verbs/phrases)
Aligned/Approved plan with CFT members...	
Clarified plan...	
Collaborated/Coordinated for plans on...	
Created plan...	
Developed plan for...	
Discussed planning...	
Established plan for...	
Explored plan options...	
Explored barriers in plan and with adherence...	
Formulated positive intervention strategies...	
Focused/refocused on planning...	
Gave feedback on plan...	
Helped client redefine plan...	
Informed of ... to develop plan...	
Participated in CFT Meeting by planning for...	
Planned for...	
Prioritized needs to be addressed...	

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Referral, Monitoring & Follow Up:	Transition:
REFERRAL	Adjust/modify transition plan...
Advocated...	Clarified information/progress to transition...
Assisted client in/with...by...	Coordinated transition plan with CFT members...
Coordinated linkage to ancillary services...	Determined status of transitioning from formal services...
Coordinated linkage to community resource...	Determined status of transitioning level of care...
Coordinated placement...	Developed transition plan to address change with...
Educated and informed about resource...	Developed transition plan with CFT members...
Encouraged use of/engagement in...(linkage/referral)...	Developed transition plan to ensure safety and effective use of informal supports and community resources.
Established communication between client and (resource)...	Discussed natural supports and community resources in place to support client and family...
Established connections between client and (resource)...	Ensured that any referrals for continued care are in place and working before transition is completed...
Facilitated client linkage to referral...	Evaluated progress of transition plan to meet needs...
Implemented needs plan...	Gave/Provided feedback...
Linked client to...(resource) to address...(need)...	Identified and discussed effectiveness of resources in place for client & family to transition...
Obtained ... to address ... need...	Identified ways to maximize community/external resources...
Referred client to...(resource) to address...(need)...	Informed of progress to transition...
MONITORING & FOLLOW UP:	Prepared for changes in advance and provided strategies to manage the changes...
Adjusted/modified/refined/reworked plan with CFT...	Recommended...
Arranged services with providers and support network after a change in the CTP...	Reviewed strengths and external resources with client and CFT...
Clarified progress of plan...	Reviewed/clarified gains & progress with client and CFT...
Evaluated effectiveness of plan to meet needs...	Strategized for change...
Follow-up to ensure plan is appropriately implemented...	Summarized...
Follow-up to monitor if plan addresses client needs...	
Gave/Provided feedback...	
Monitored client response with plan...	
Monitored adequacy of the plan...	
Monitored adherence with the care plan...	
Recommended...	
Reviewed with client / CFT...	
Summarized...	
Tracked plan progress...	