

Member Name: _____

Review Date: _____

TRAUMATIC BRAIN INJURY WAIVER SERVICE PLAN ASSESSED NEEDS MAPPING CHECKLIST			
Assessed Need	Service Plan Component	Case Manager Review (√ = Yes X = No)	Case Manager Supervisor Review (√ = Yes X = No)
Medical	Health services, medication management, appointments, nursing support		
Mental Health	Counseling, therapy, psychiatric services, Crisis Plan		
Mobility/Physical Support	Mobility aids, physical therapy, transportation assistance		
Activities of Daily Living (ADL)	Assistance with bathing, dressing, grooming, toileting, eating		
Instrumental Activities of Daily Living (IADL)	Help with cooking, cleaning, shopping, managing money		
Nutritional/Dietary	Special diets, meal planning, feeding assistance		
Communication	Speech therapy, assistive technology, interpreter services		
Cognitive/Memory Support	Memory care, reminders, structured routines		
Behavioral Support	Behavior intervention plans, staff training, monitoring		
Social/Emotional	Social activities, peer interaction, emotional support		
Cultural/Religious Preferences	Culturally appropriate services, spiritual support		
Safety/Risk Factors	Fall prevention, supervision, emergency plans		
Housing/Environmental	Accessibility modifications, safe living space		
Employment/Day Program/Educational	Job coaching, vocational training, day habilitation, Individualized Education Plan, Rehabilitation Act, Section 504 Plan		
Legal/Advocacy	Guardianship, rights education, advocacy services		
Transportation	Access to appointments, community activities		
Family/Caregiver Support	Respite care, caregiver training, family involvement		

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Case Manager Notes:

Case Manager Supervisor Notes:

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Case Manager Supervisor Review

- Are all assessed needs clearly documented?
- Does each need have a corresponding service or support?
- Are services person-centered and culturally appropriate?
- Are goals measurable and time-bound?
- Is the member (and/or guardian) involved in planning?