



**Health Partners** Plans

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Integrated Care Plan Template**

Name of Member/MA ID or SSN

Date of Care Plan:

PCP Share Date:

Member Share Date:

Date Coordination occurred with BH-MCO:

HPP Care Team:

PCP:

BH Provider (if applicable):

Specialists:

PMH:

PH Utilization:

Care Gaps:

BH Utilization:

Identified Strengths:

Prioritized Goals (must include a PH and BH goal):

- 1.
- 2.
- 3.

Member Self-Management Plan:

- 1.
- 2.
- 3.

Barriers:

Schedule for Follow-up:

The member is in agreement with the priority goals and plan.