**TBIW Assessed Needs to Service Plan**

**Mapping Checklist**

| **Assessed Need** | **Service Plan Component** | **CM Review** | **CM Supervisor Review** | **CM Notes** | **CM Supervisor Notes** |
| --- | --- | --- | --- | --- | --- |
| **Included?****✔ = Yes****✘ = No** | **Included?****✔ = Yes****✘ = No** |
| **Medical Needs** | 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 (ADLs)** | Assistance with bathing, dressing, grooming, toileting, eating |  |  |  |  |
| **Instrumental ADLs (IADLs)** | Help with cooking, cleaning, shopping, managing money |  |  |  |  |
| **Nutrition / Dietary Needs** | Special diets, meal planning, feeding assistance |  |  |  |  |
| **Communication Needs** | Speech therapy, assistive technology, interpreter services |  |  |  |  |
| **Cognitive / Memory Support** | Memory care, reminders, structured routines |  |  |  |  |
| **Behavioral Support** | Behavior intervention plans, staff training, monitoring |  |  |  |  |
| **Social / Emotional Needs** | Social activities, peer interaction, emotional support |  |  |  |  |
| **Cultural / Religious Preferences** | Culturally appropriate services, spiritual support |  |  |  |  |
| **Safety / Risk Factors** | Fall prevention, supervision, emergency plans |  |  |  |  |
| **Housing / Environmental Needs** | Accessibility modifications, safe living space |  |  |  |  |
| **Employment / Day Program / Schooling** | Job coaching, vocational training, day habilitation, IEP, 504 |  |  |  |  |
| **Legal / Advocacy Needs** | Guardianship, rights education, advocacy services |  |  |  |  |
| **Transportation** | Access to appointments, community activities |  |  |  |  |
| **Family / Caregiver Support** | Respite care, caregiver training, family involvement |  |  |  |  |

**Case Manager Supervisor Review**

**Review Questions**

* 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?

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Case Manager Supervisor Signature Date of Review