### INTEGRATED CARE PLAN

<table>
<thead>
<tr>
<th>DATE</th>
<th>GOAL</th>
<th>OBJECTIVE</th>
<th>BARRIERS Addressed</th>
<th>ACTION STEPS</th>
<th>WHO IS RESPONSIBLE?</th>
<th>TIME FRAME</th>
<th>DISPOSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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)  _________________________________________________________

Patient Signature

__________________________________________________________(PCM)

MCC Team Signatures

__________________________________________________________

Date