

Chronic Care Management (CCM) Comprehensive Care Plan Template

The CCM Comprehensive Care Plan Template is designed to assist qualified healthcare professionals with proper documentation of the CCM services provided to their Medicare patients. Ensure that your electronic health record (EHR) system includes the following data elements listed in this document. Make the electronic version of this care plan available within and outside the billing practice to individuals involved in the patient’s care. Provide patients and/or caregivers with a copy of the care plan.

Care Plan Initiation Date: _____ or Date of Revision: _____

Patient Information	
Name	
Date of birth	
Primary care physician	

Complete Problem List (You can elaborate on page 3.)	
Chronic health conditions	
Surgeries	
Tests/Procedures	

Current Medications (List scheduled/PRN*/complementary or alternative medications.)		
Medication	Dose	Frequency

*PRN = as needed

Allergies

Preventive Care (Enter dates.)		
Vaccination	Cancer Screenings	Annual Wellness Visit
Flu:	Breast:	
Pneumonia:	Colon:	
Tetanus:		
COVID-19:		

Psychosocial Assessment	
Psychological and neuropsychological testing (i.e., assessment/patient health questionnaire 2 [PHQ-2])	
Current employment status	
Household composition	
Environmental evaluation	
Threats of violence/injury	

Functional Assessment	
Activities of daily living	
Caregiver assessment	

Chronic Condition #1—Goals and Interventions	
Chronic condition #1	
Prognosis	
Symptom management (Include any educational resources provided.)	
Measurable treatment goals	
Planned interventions	
Coordination of care	

Chronic Condition #2—Goals and Interventions	
Chronic condition #2	
Prognosis	
Symptom management (Include any educational resources provided.)	
Measurable treatment goals	
Planned interventions	
Coordination of care	

Community and/or social services ordered (Check the appropriate box.)

Yes No

If yes, please list the services ordered:

Care team (Include roles and responsibilities.)	
Role	Responsibilities

Medication list reviewed: Yes No

Medication reconciliation last completed date: _____

Care plan reviewed and shared with patient: Yes No

Care plan reviewed and shared date: _____

Care Management Follow-up Activities	
Activity/task description	Time spent (in minutes)

References:

1. Centers for Medicare & Medicaid Services (CMS). Chronic Care Management Services. Accessed on June 7, 2022. Available at <https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/chroniccaremanagement.pdf>.
2. Home Centered Care Institute. Chronic Care Management Care Plan Requirements. Accessed on June 7, 2022. Available at <https://www.hccinstitute.org/app/uploads/2019/09/CCM-Care-Plan-Requirements-190911.pdf?x41850>.
3. CEUfast Nursing CE. Psychosocial Assessment: A Nursing Perspective. Accessed on June 7, 2022. Available at <https://ceufast.com/course/psychosocial-assessment-a-nursing-perspective>.
4. American Academy of Family Physicians (AAFP). The Geriatric Assessment. *American Family Physician*. 2011; 83(1): 48–56. Available at <https://www.aafp.org/pubs/afp/issues/2011/0101/p48.html>.

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