

***To be used in conjunction with service delivery documentation. For service delivery documentation requirements, please see portion of Ohio Administrative Code rule 5123 that corresponds to type of service provided.*

Outcomes Documentation

Individual:	My Plan Span Dates:	Month & Year:
Medicaid #:	Provider: Provider #:	Type of Service:

<u>Outcome</u>	<u>Action Steps & Frequency/Duration for Each Step</u>

<u>Date</u>	<u>Location</u>	<u>Progress</u>	<u>Initials</u>

<u>Staff signature & Initials</u>	<u>Staff signature & Initials</u>	<u>Staff signature & Initials</u>