

DDD BEHAVIORAL HEALTH ADVOCACY PLAN

INSTRUCTIONS

The DDD Behavioral Health (BH) Advocate will develop the Advocacy Plan with the member or responsible person. The completed Advocacy Plan will be emailed to the member's Support Coordinator so she/he will be able to attach the plan to the member's Planning Document.

SECTION I. MEMBER INFORMATION

Member Name (*Last, First, M.I.*): _____ AHCCCS ID: _____ Member's Date of Birth: _____

Support Coordinator: _____ Behavioral Health Advocate Name: _____

BH Advocate Assignment Start Date: _____ BH Advocate Assignment End Date: _____

BH Advocate Projected End Date: _____

SECTION II. BEHAVIORAL HEALTH ADVOCACY GOALS AND ACTION PLAN

Behavioral Health Advocacy Goal(s):

No.	Action to be Taken	Person Responsible	Due Date (Target)	Completed? (Yes or No)	Comments
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					