## STATE OF ALABAMA Home and Community-Based Services Care Plan

Client		Medicaid Number		Case Manager			Date	
Waiver Services								
Objective Service		<del>)</del>	Provide	r	Frequency	Duration	Start Date	End Date
Non Wainen Country						+		
Non-Waiver Services (Those not paid for by a Waiver Program)								
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Objective	Service	2	Prov	ader	Frequency	Duration	Start Date	End Date
60-Day	<u> </u>							
Review								