

## Region 4 Genetics Collaborative

### Coordinated Care Plan

This Coordinated Care Plan is intended for use when your child:

- 1) has one or more care plans and you would like to share those care plans to coordinate care across providers who are involved in your child's care and treatment;
- 2) does not have a care plan, but does have many providers involved in his or her care, and you would like to facilitate coordination of care across providers.

If your child has one or more care plans, include the relevant information from those care plans in each section of the coordinating care plan. You may copy and paste information, or type in new text.

If your child does not have a care plan, complete each section of this form.

Unlike the electronic health record or care notebook which record historical information over time, the Coordinated Care Plan is intended to include the most up-to-date information about your child. It should be a "snapshot" of what is happening with your child now. To be an effective tool in facilitating coordinated care for your child, the Coordinated Care Plan should:

- be updated regularly;
- include information from all of your child's care plans;
- describe your child's goals, the role of each provider in helping your child reach those goals, and progress on each goal; and
- be shared with those providing care for your child.

There are several ways to share information in this Coordinated Care Plan:

- Make hard copies and give them to providers involved in your child's care.
- Download a copy and email it, or provide it on a thumb drive, USB drive, memory card, etc. to your child's care providers.

## Coordinated Care Plan

### Section 1. About our Child

Record basic demographic and contact information here. Include: Child's living arrangements, family members and friends, ethnic, primary language spoken in the home, emergency and family contacts.

### Section 2. Insurance Information

Include all insurance information: carrier, provider, holder, contract/plan numbers, contacts for pre-approval, co-pays, etc.

### Section 3. Health Information

Record health information about your child that will be useful in developing a coordinated care plan. Include: diagnosis (ses), immunizations, current medication(s), allergies, surgeries, equipment, diet and any medical management plans.

### Section 4. Health Services Providers

List all health services providers, date of most recent visit and notes, if appropriate. Include: medical home, specialists, primary care, hearing, vision, dental, equipment services, home health care, etc.

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**Section 5. Services and Supports**

List formal and informal systems your family is involved with. Provide contact information and note what part of your child's/family's care this service is involved with. Include professionals/programs (such as early intervention, mental health, behavioral health, prevention, maternal support services, etc.); information resources (such as groups, clubs, associations, faith/spiritual/religious affiliations, recreation programs, etc.) and financial support.

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**Section 6. Present levels of development and functioning**

Provide information related to your child's development, focusing on your child's participation in his/her own and the family's everyday routine and activities. Note those things which are difficult as well as those which are going well. Include: communication development; motor development; playing, thinking, exploring; relating to others; hygiene and self-care (eating, dressing, toileting, etc.); adaptive equipment; cognitive development; social/emotional development.

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**Section 7. Education**

Describe your child's educational functioning and needs. Include: educational placement, current grade, supports needed, contacts and contact information for key people in the educational setting; note or attach IFSP or 504 plan.

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**Section 8. About our Family**

Share any information that you wish to help providers' better understand and serve your child and family. Include: strengths, interests, activities, concerns, people/places/things your child enjoys, how you spend family time together, anything you think is important, etc.

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**Section 9. Child and Family Goals**

Include the goals/outcomes your child has with each of his/her care providers as well as goals written in his/her care plans. Be sure to note which provider(s) are working with your child to help him/her attain these goals. \* **Note: Section 9 will help you identify a plan of action for your child, including goals/outcomes.**

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**Section 9. Plan of Action**

To develop a plan of action for your child, please complete the following table. Sections C, D, E should be developed with your care providers. This will help you identify what their role is in helping your child and family reach their goals and outcomes.

A. List your child's and your concerns and priorities.	B. For each concern/priority, what would you like to see happen? Describe the desired behavior/condition? (This is your outcome)	C. For each outcome - what can be done to address this outcome? (These are your strategies).	D. What service provider(s) is/are involved in helping your family achieve this outcome?	E. What services/supports have been identified to help meet this outcome? Is a referral needed? Who will make the referral?

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**Section 10. Periodic review of progress toward outcomes**

This section provides a place for you to review your child's progress on his/her goal, update information and make modifications as indicated:

Review Date:

Outcome (from Section 9B):

Describe progress toward outcome:

Modifications to outcome:

Modifications to strategies:

**Repeat Section 10 for each outcome under review.**