

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.

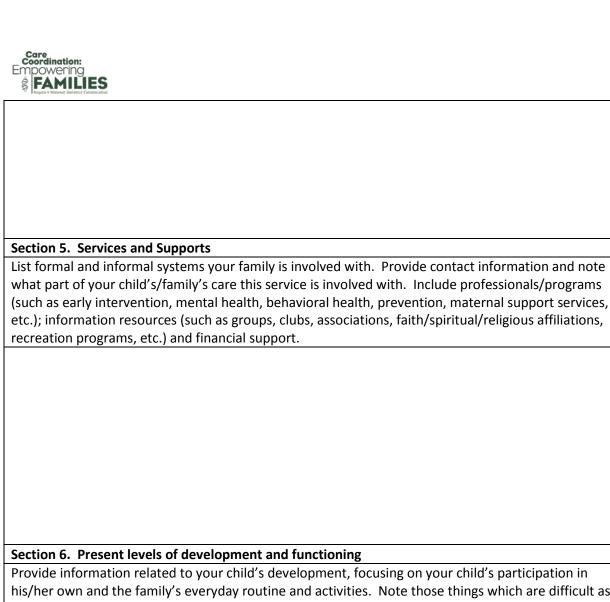
There are several ways to share information in this Coordinated Care Plan:

- 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

Coordinated Care Flair
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.
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Costion 2. Income of Information
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.
nome, specialists, primary care, nearing, vision, actival, equipment services, nome health care, etc.



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.

Section 7. Education

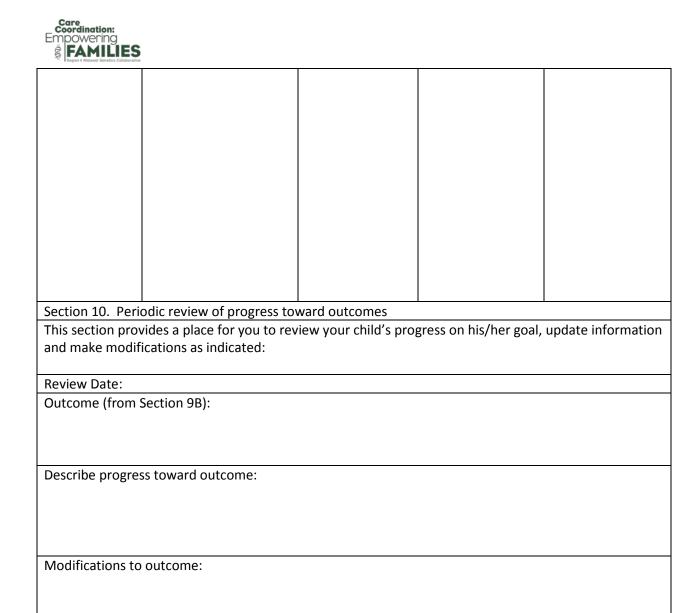
Describe your child's educational functioning and needs. Include: educational placement, current grade, supports needed, contacts and contact information for key people in the educational setting; note or attach IFSP or 504 plan.



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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.					
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.					
godis/ outcomes.					



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						
•	reach their goals and outc	• •	tify what their role is	in neiping your		
A. List your	B. For each concern/	C. For each	D. What service	E. What services/		
child's and	priority, what would	outcome - what	provider(s) is/are	supports have		
your concerns	you like to see happen?	can be done to	involved in	been identified to		
and priorities.	Describe the desired	address this	helping your	help meet this		
	behavior/condition? (This is your outcome)	outcome? (These	family achieve this outcome?	outcome? Is a referral needed?		
	(This is your outcome)	are your strategies).	outcome:	Who will make the		
		ot. 4108.00%		referral?		
			1			



Repeat Section 10 for each outcome under review.

Modifications to strategies: