

Integrated Care Plan

This Integrated 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 Integrated 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 Integrated 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 Integrated 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.
- Authorize electronic access to your child's information in MEMSCIS for specific providers.

Integrated 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.

Macy lives with her Mother (Jane (XXX) xxx-xx) and sister (Sissy). Mother has Physical custody with Father (Dave (xxx) xxx-xxxx) having the kids alternating holidays and weekends as well as 6 weeks during summer months. Primary language is the one is English; Grandma Elsie's (caregiver (xxx) xxx-xxxx) primary language is Spanish. Macy, her Mother and sister live with Grandma Elsie.

Section 2. Insurance Information

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

Blue Cross Blue Shield of MN: XXXXXXXXX (Health and Pharmacy)
 Delta Dental: xxxxxxxxx (Dental Coverage)
 Primary insurance provider is Dave (as above); he is also responsible for co-pays and/or deductibles.
 Prior Authorizations: (xxx)xxx-xxxx
 Waiver: xxxxxxxx

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.

MCAD with Secondary Carnitine Deficiency ~shows symptoms of hypoglycemia at blood sugar of 65
 All current immunizations as well as flu vaccine and pneumovac in Oct 2010
 Allergies: Clindomycin and Latex
 Surgeries: None
 Medical Equipment: Blood Glucometer
 Diet and Medical Management Plans: Frequent meals following heart healthy guidelines. In the event of illness, see Emergency Protocol letter *could be attached or copied and pasted here*

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.

Specialist: Dr. (xxx)xxx-xxxx (office) (xxx)xxx-xxxx (cell)
 Pediatrician (xxx)xxx-xxxx
 Pharmacy: (xxx)xxx-xxxx
 Dentist: (xxx)xxx-xxx

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.

Minnesota care, WIC, Headstart
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.
Macy is 3 and is walking well but has problems with changes in routine, causing her to resort to tantrums. She is shy but does like to play with others once she has had the opportunity to get to know you. She is able to feed herself but at times has to be reminded to stop playing and come to the table to eat. She is potty trained although does have occasional accidents if she gets involved with games or playing. She does have some processing delays but they are minor at this time showing up mostly in issues that require more than one step. Macy wears glasses that need to be left on all of the time for her near-sightedness.
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.
Macy is currently in Headstart 3 days a week where they provide extra help at this time. Teacher: (xxx)xxx-xxxx
Attach or copy and paste IEP or 504 here.
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.
Routine is very important for Macy. We also make sure to share family meals and try to go outside to play often. Macy spends a lot of time with her Grandma while Mom is at work so she is very important to our family as well.
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.
We plan to spend 5 minutes a day working on simple puzzles or building blocks (teacher's idea)

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?
Processing delay	Able to figure out a simple puzzle	Practice at home Work with teacher at school	Special teacher at Headstart	Special teacher made by school
Family vacation				
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 goal under review.