

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.

SAMPLE Coordinating Care Plan #1

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.
<p style="text-align: center;">Blue Cross Blue Shield of MN: XXXXXXXXXX (Health and Pharmacy) Delta Dental: xxxxxxxxxxxx (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</p>
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.
<p>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*</p>

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 is 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 (teachers 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.

SAMPLE Coordinating Care Plan #2

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.
Andrea H. date of birth is XX-XX-XXXX. Andrea H. lives with her parents David H. and Melissa H. and her sister Alyson H. Her primary language is English. In addition to her parents, the emergency contacts are her grandparents William and Sue R. XXX-XXX-XXXX, and grandparents Max and Suzanne H. XXX-XXX-XXXX.
Section 2. Insurance Information
Include all insurance information: carrier, provider, holder, contract/plan numbers, contacts for pre-approval, co-pays, etc.
Andrea H. has three insurance policies and it is very important that they be listed in this order... Primary (through David H.) Medical Mutual ID # XXXXXXXXXXXX, Group # XXXXXXXXXXXX Secondary (through Melissa H.) CoreSource Medical Mutual ID # XXXXXXXXXXXX, Group # XXXXXXXXXXXX Third BCMH effective XX-XX-XXXX through XX-XX-XXXX (copies of insurance cards and BCMH approval letter is attached) Because of the multiple insurances and coverages there is usually no co-pays for medical or for prescription drugs
Section 3. Health Information
Record health information about your child that will be useful in developing a coordinated care plan. Include: diagnosis(es), immunizations, current medication(s), allergies, surgeries, equipment, diet and any medical management plans.
Andrea H. was diagnosed with cystic fibrosis at age 4 months of age through a sweat test and confirmed by a blood test. Andrea H. is an identical twin whose twin also has cystic fibrosis. Andrea H. also is diagnosed with severe reflux, sinus issues and has previous MRSA and Pseudomonas infections. Andrea H. is current on all immunizations including influenza. Andrea H. has had multiple PIC lines, sinus surgeries, and has had a Nissin surgery, tonsillectomy, a Nissin repair. Andrea H. is allergic to Bactrim. Andrea's H. Medications include: (list medications here)

Andrea H. also takes Pedisure as a nutritional supplement two times per day.
 Andrea H. uses a Vest device and a nebulizer for chest clearance therapy twice a day.
 Andrea H. must carry pancreatic enzymes with her at all times for meals and snacks.
 Andrea H. has certain medications that must be refrigerated at all times. Andrea H.'s family has a generator at home for use with the Vest and to refrigerate medications in case of electrical failure.
 Andrea H. is on a high fat, high salt, high calorie diet and is working to maintain 50th percentile in weight.

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.

Nationwide Children's Hospital Pulmonary Clinic XXX-XXX-XXXX is the medical home for Andrea H. Andrea H. has check up appointments every 6-8 weeks. Andrea H. sees multiple pulmonologists at the Pulmonary Clinic; however Dr. Richard Shell is the primary physician.

Dr. Andrew MacDowell is Andrea H.'s primary care physician and understands that the pulmonary clinic is Andrea H.'s medical home. Andrea H. sees Dr. MacDowell for emergent needs not directly related to the cystic fibrosis. XXX-XXX-XXXX

Andrea H.'s preferred home healthcare for home infusion is Nationwide Children's Home Care XXX-XXX-XXXX

Andrea H.'s is also an established patient with Nationwide GI Clinic, Endocrinology Clinic, and General Surgery. Andrea has not visited GI, Endocrinology, and General Surgery since 2008.

Andrea H.'s receives her respiratory supplies from the Pulmonary Clinic. Andrea H. receives Vest supplies from the Vest Company XXX-XXX-XXXX. The Vest device and supplies have a lifetime replacement and repair policy.

Andrea H. uses the Prospect Pharmacy XXX-XXX-XXXX, the CVS Pharmacy XXX-XXX-XXXX, and uses the pharmacy at Nationwide Children's Hospital for specialty medications XXX-XXX-XXXX.

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.
Andrea H. receives BCMH. Andrea H. is actively involved in the United Methodist Church.
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.
Andrea H. is at normal levels of development and functioning. Andrea H. is aware of her disease and is aware of the responsibilities that she has in living with her disease. Andrea H. takes an active role in decision making regarding the treatment of her disease. Andrea H. is below the 50 th percentile for weight and is actively working to improve her nutritional status.
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.
Andrea H. has no educational plans at this time. Andrea H. does have permission slips allowing her to take enzymes and other medications while at school.
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.
Treatments come first in our family. We reward Andrea H. for weight gain. Andrea H. has access to snack food all of the time.
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.				
Gain weight and maintain lung function into the high 90's.				
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?
Weight Gain	Above 50 th percentile	Nutritional supplements; diet management; Enzyme evaluations	Pulmonary and Clinic Staff, family	BCMH Nutritional Support
Maintain and improve lung function	In the high 90's	Vest treatment	Pulmonary and Clinic Staff, family	
Transition	Begin taking more responsibility for treatment and treatment decisions	Begin spending some "alone" time with doctors and nurses discussing care	Pulmonary and Clinic Staff, family	
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.

SAMPLE Coordinating Care Plan #3

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.
Lindsey lives with her mother and two older maternal sisters; one who is still at home as a senior in high school and one away at college. She has no contact with her biological father whom she also has two paternal sisters; ages 7 and 11. Lindsey is a happy 5 year old who is typically curious and eager to learn.
Section 2. Insurance Information
Include all insurance information: carrier, provider, holder, contract/plan numbers, contacts for pre-approval, co-pays, etc.
<p style="text-align: center;">Minnesota Health Care Programs (MHCP) Member Number: 03174787 Birth Date: 01/02/2006 Rx BIN: 610459</p> <p style="text-align: center;">Member Contact: (651) 431-2670 or (800) 657-3739 Provider Contact: (651) 431-4399 or (800) 657-3613 www.dhs.state.mn.us/provider</p>
Section 3. Health Information
Record health information about your child that will be useful in developing a coordinated care plan. Include: diagnosis(es), immunizations, current medication(s), allergies, surgeries, equipment, diet and any medical management plans.
<p>*Lindsey has a very rare genetic biochemical disorder due to an inability to generate ketones from fat in a normal fashion (beta-oxidation defect), very long-chain acyl-CoA dehydrogenase (VLCAD) deficiency. Children with this condition are susceptible to severe and sudden hypoglycemia upon fasting. When glycogen stores are depleted by fasting, she cannot ketones to serve as fuel. Because of the metabolic block, low blood sugar and acidosis ensue with vomiting, lethargy, eventual coma, and possibly death if treatment is not begun. Children with this illness are also subject to rhabdomyolysis (muscle breakdown) with severe exertion or exposure to weather extremes such as exposure to very cold weather. This can result in significant weakness, muscle pain, and myoglobinuria, which can lead to acute kidney failure if not treated promptly.</p> <p>*Reactive Airway Disease (RAD): When Lindsey has a respiratory illness or virus (common cold) she is susceptible to respiratory distress. When this occurs, we follow an action plan based on her level of distress.</p> <p>*Eczema: Lindsey has sensitive skin that gets irritated to fabric softeners and harsh soaps. She develops a rash on affected areas, i.e. behind ears, hands, folds of elbows and knees.</p>
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.
Primary: James Rohde, M.D., A.B.F.P. Edina Family Physicians

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(952) 925-2200
Fax (952) 925-0335

Specialists:

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Pediatric Home Services (PHS)

Gastroenterologist
U of M

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.
Department Human Services Social Security FOAD Family Support Group - Minnesota
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.
Lindsey generally receives 10-12 hours of sleep each night. She receives a continuous feed through her gastrostomy tube (g-tube) each night for 10 hours. Since Lindsey takes in 450ml of fluid each night, she wears a night-time pull-up. During the day, she wears underwear, however she has toileting issues at least once a day. She has a history of recurrent urinary tract infections. This has been attributed to her not emptying her bladder each time she urinates. She has regular bowel movements. Lindsey does dress herself with some assistance in choosing appropriate clothing based on the weather. During the day she eats a diet that consists of low-fat with a substantial amount of carbohydrates. She plays with the neighborhood kids and shows excitement when she gets to play with her friends. She has some developmental delays with speech, in which she receives services through St. Louis Park Schools. Lindsey attends pre-school (RSK) through St. Louis Park Community Education 4 days of the week. She takes the bus to and from school. Lindsey was attending an after-school daycare at Kids Place, which is located at the same building as her pre-school; we have recently discontinued those services.
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.
Lindsey currently has an IEP with St. Louis Park schools; we are scheduled to update the current report in March 2011. Early Childhood Special Education 6300 Walker Street St. Louis Park, MN 55416-2382 (952) 928-6741 Fax (952) 928-6742 www.slpschools.org Jodi Miller, RSK-teacher
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.
Lindsey's family base is her mother and two sisters. She has no contact with her paternal

family, who are local to Minnesota. Lindsey’s maternal family is based in Oregon and receives limited visits each year. She has a strong relationship with her mother’s sister, who also lives in Oregon, and is able to talk to other family members by the telephone on a regular basis. We have a few close friends who provide a support system for Lindsey’s family.

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.**

The family’s goal is to educate themselves as well as others on Lindsey’s care plan; with medical professionals, educators, and various other levels of support. We aim to keep abreast of the current research available and provide support for other families of various other inborn genetic defects. As Lindsey grows, she is will be trained towards self-independence.

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?

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.				

SAMPLE Coordinating Care Plan #4

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.
<p>C.R. is 9 years old (DOB xx/xx/2002) & lives with mother Jessica and maternal grandmother Brenda L. and a 2 year sibling. Father is not involved. Grandmother takes care of CR and sib while mother works. (daytime job) Primary Language English Home phone: (xxx)xxx-xxxx Mother's phone at work (xxx)xxx-xxxx (OK to call at work if needed) Other contact: Neighbor Joe S. (xxx)xxx-xxxx</p> <p>Grandmother has hearing problems—may need to verify message left to be sure has heard correctly.</p>
Section 2. Insurance Information
Include all insurance information: carrier, provider, holder, contract/plan numbers, contacts for pre-approval, co-pays, etc.
Primary Insurance Traditional Medicaid ID #1000xxxxxx
Section 3. Health Information
Record health information about your child that will be useful in developing a coordinated care plan. Include: diagnosis(see), immunizations, current medication(s), allergies, surgeries, equipment, diet and any medical management plans.
<p>Diagnosis: MSUD (Maple Syrup Urine Disease) Immunizations: up to date, has received Flu vaccine for 2010-2011 season. Allergies: Augmentin—rash Surgeries: Ear tubes-bilateral 2/2/2004 (now out) Current Meds: Thiamine (Vit B1) 100 mg tab. 1 tablet daily by mouth Special diet: low protein with leucine restriction and special formula. BCAD 2 + valine & isoleucine</p> <p style="padding-left: 40px;">Mother has list of leucine content of foods Current recipe: regular day 250-325 mg leucine from food BCAD 2: 12 scoops Milk: 2 Tbsp isoleucine: 55 ml Valine 20 ml Final vol 32 ounces</p> <p style="padding-left: 40px;">Sick day: 0 mg leucine from food BCAD 2: 18 scoops Milk 0 isoleucine 74 ml Valine 30 ml Final vol 42 ounces</p>

<p>Help Letter when sick and needs to go to ER Mother has copy and available on my EIF site Special precautions for surgery or anesthesia: no prolonged fast, IV containing glucose Contact metabolism specialist to assist in care No special equipment Formula supplied through CVS Pharmacy In Emergency/disaster contact Metabolism Office to help if problem. (317)xxx-xxx labs monitored at M. hosp & Health Ctr. Ph # (xxx)xxx-xxxx Fax # (xxx)xxx-xxxx Contact person L.C They are done on blood dot card and sent to CFSC in Strasburg PA Address----- ----- Can also send QAA from hosp. to monitor if needed.</p>
<p>Section 4. Health Services Providers</p>
<p>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.</p>
<p>PCP Dr. Mary A. (xxx)xxx-xxx last visit 12/6/10 Specialists: Metabolism Dr. B.H (xxx)xxx-xxxx Riley Children’s Hospital Nights/weekends (317)xxx-xxxx and ask for the Metabolism doctor on call ENT: Dr. P.M. (xxx)xxx-xxxx Riley ENT Clinic Dentist: Dr. A.M. (xxx)xx-xxxx Riley Dental Behavioral Health Specialist: Dr. N.K (xxx)xxx-xxxx Formula supplier: CVS Pharmacy (xxx)xxx-xxx (Mead Johnson Product) requires PA</p>
<p>Section 5. Services and Supports</p>
<p>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.</p>
<p>Limited formal support. Involved with Behavioral counseling at school and behavioral health specialist. Rely on few family friends for additional support. Metabolism Social worker has been good resource for helping find assistance Use Medicaid transportation for Clinic visits</p>

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.

C. is able to do many self care items. Dress self with assistance. Is toilet trained. He able to communicate needs and wants on a limited basis. He is able to feed himself but needs supervision and assistance with special diet to monitor his intake. He needs supervision of daily activities for safety.
He does parallel play, but does not engage in interactive activities with other children.

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.

C. attends C. Elementary School. C. has an educational plan in place through Other Health Impairment—last evaluated for full testing 10/2009. He has an IEP in place for the 2010-2011 school year. During absences for illness, he has home tutoring. He functions below average and at the low level for his age.. He is in Special education classes—Teacher D. R. (xxx)xxx-xxxx.

He receives Physical Therapy for mild gross motor delays—Therapist S.W. (xxx)xxx-xxxx
He also received Speech Therapy. Therapist A.G (xxx) xxx-xxxx his language is age appropriate, but has articulation and expressive language problems. His language comprehension is moderately impaired.

His special diet is monitored by the school nurse B.R. (xxx)xxx-xxxx and the school dietitian L.F. (xxx)xxx-xxxx and they are in frequent contact with the mother and metabolic dietitians. They have copies of special diet and plan for school day.

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.				
Find some summer activities that C. might be able to participate in on limited basis. Grandmother could accompany, or mother might be able to have some time off to participate with C.				
Continue speech and PT through summer as able.				
Do a Wish trip with family if condition stable enough.				
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?
Concerns of losing skills and milestones through summer while school out.	Continue PT and Speech through summer	Contact PT and Speech through school and see what might be available—limited transportation available	School OT and PT. Special Education coordinator	May need referral from PCP/Specialist Dietitian may need to assist if meal or snack at school.

Difficulty planning any kind of trip or outing due to Metabolic disorder—and difficulty managing disorder.	Possibly take a trip or plan family outing for C and sib and mother and grandmother	Limited transportation Unsure what might be possible with C.'s condition	Discuss with Specialist and Social worker and dietitian. What might be possible. ? WISH trip or other resources.	Will need coordination of planning by specialist, social workers and dietitian.
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): 2/2011 call and set up meeting with school to see what resources might to available for the summer 1/2011 discuss possibility of trip with Specialist, social worker, and dietitian. Identify resources. List what must happen to make trip possible. (mother to do with help of Metabolism Staff)				
Describe progress toward outcome:				
Modifications to outcome:				

Modifications to strategies:
Repeat Section 10 for each goal under review.