

Reviewer:	Date completed:				
Name of Care Plan:					
Source (agency/organizations/entity/etc):					
URL:					
<b>A. Care Plan Overview</b>					
<i>Basic information is included that provides:</i>					
1. Are instructions/guidelines/suggestions for using the care plan provided? <input type="checkbox"/>					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
If Yes, please rate the instructions provided using the following items and scale:					
	1	2	3	4	5
	Poor	Fair	Average	Good	Excellent
Clarity of information provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of information provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Initiating or getting the care plan started</b>					
4. Is it clear who can initiate the care plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other					
If Yes, please indicate who may initiate this care plan: <input type="checkbox"/> Provider <input type="checkbox"/> Family <input type="checkbox"/> Both					
5. Are their restrictions in place as to who can initiate the care plan or are there controls in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure					
If Yes, please describe					
6. Is a process for initiating the care plan provided/suggested? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, does the process include suggestions/strategies for encouraging and empowering parents to					
Talk with their medical team? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Follow a care plan? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Write things down? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please comment on the strengths/weaknesses of the prescribed process to <i>initiate</i> the care plan:					
<b>C. Getting the information in – and out – of the care plan</b>					
1. Is there a process in place for removing or correcting information in the care plan? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please describe					
8. Are there controls built into the care plan that allow or prohibit access to information within the care plan? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please describe					
9. Does the care plan provide information to help family members think about and address issues of confidentiality/privacy protecting information (i.e. who has access to information)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
9a. If Yes, to whom such information directed? <input type="checkbox"/> providers <input type="checkbox"/> families <input type="checkbox"/> both families and providers					
9b. If Yes, Please describe					

	10. If it is electronic, which of the following are automatically recorded when any changes are made? (check all that apply) <input type="checkbox"/> Name of person who made changes <input type="checkbox"/> Date when changes were made
	Please comment on the strengths/weaknesses of the way this care plan provides information to address issues of confidentiality/privacy/protecting information
<b>D.</b>	<b>Format</b>
	10. In which of the formats is the care plan available?
	<input type="checkbox"/> Accordion File
	<input type="checkbox"/> Binder
	<input type="checkbox"/> Electronic with print option or save to flash drive
	<input type="checkbox"/> Electronic – download, fill-in and print
	<input type="checkbox"/> Electronic with web-based option
	<input type="checkbox"/> Other; Please describe
	12. Is the care plan arranged in modules or sections that allow for choosing what to include? <input type="checkbox"/> Yes <input type="checkbox"/> No
	11. Are there space limitations/restrictions on the amount of information that can be included? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please describe
	12. Please comment on the strengths/weaknesses of the format(s) in which this care plan is available:
<b>E.</b>	<b>Care Plan Components</b>
	13. Please check to indicate this type of information is included in the care plan
	<input type="checkbox"/> Medical care
	<input type="checkbox"/> Insurance information
	<input type="checkbox"/> Medication list and schedule,
	<input type="checkbox"/> Health history
	<input type="checkbox"/> Drug/pharmaceutical now
	<input type="checkbox"/> Drug/pharmaceutical history
	<input type="checkbox"/> Nutritional Needs and Schedule
	<input type="checkbox"/> Allergies (medical, food and environmental)
	<input type="checkbox"/> Treatment(s) and treatment schedule (ie. Respiratory...Nutrition...)
	<input type="checkbox"/> “Typical day” info
	<input type="checkbox"/> How the child communicates
	<input type="checkbox"/> “About Me” information
	<input type="checkbox"/> Mobility Needs
	<input type="checkbox"/> Rest/Sleep Patterns/Needs
	<input type="checkbox"/> Social/Play Patterns/Needs
	<input type="checkbox"/> Information to inform school personnel
	<input type="checkbox"/> Information to inform child care provider
	<input type="checkbox"/> Transportation Needs
	<input type="checkbox"/> Contact information – family, emergency
	<input type="checkbox"/> Contact Information (Pharmacist, Specialist, Durable Medical Equipment and Supplies)
	<input type="checkbox"/> Other, Please list
<b>F.</b>	<b>Audience – Who is the care plan intended to provide information for/to?</b>

14. Does the care plan suggest/help you think about who might need access to information about your child to facilitate your child's quality of care (life) (outcomes)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please check the audiences the care plan includes/identifies	
<input type="checkbox"/>	Those who regularly care for your child
<input type="checkbox"/>	teacher
<input type="checkbox"/>	bus aide
<input type="checkbox"/>	Other, please describe
<input type="checkbox"/>	Those who occasionally provide care for your child
<input type="checkbox"/>	information specific to substitute teacher
<input type="checkbox"/>	substitute bus aide
<input type="checkbox"/>	Other, please describe
<b>G. Adaptability</b>	
15	Does the care plan help you think about how your child's needs change as they grow? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe	
16	Does the care plan prompt you to regularly review and update information (e.g., every six months? Quarterly?)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please describe how the prompt is provided:	
<b>H. Transitions</b>	
17	Does the care plan help you think about transition to adult services and think about questions to help you plan, such as: <i>please check all that apply</i>
<input type="checkbox"/>	When will planning for transition to adult services start?
<input type="checkbox"/>	What program changes will be necessary?
<input type="checkbox"/>	What is needed for my child and how is this decided?
<input type="checkbox"/>	What services are available?
<input type="checkbox"/>	What are the options available?
<input type="checkbox"/>	What will my families new rights and responsibilities be?
<input type="checkbox"/>	How and when will the transition occur?
<input type="checkbox"/>	Who else, in my child's life, needs information because of the transition?
18	Does the care plan help you think about other changes, i.e. transitions (e.g. moving from a toddler program into a preschool; changing day care providers, etc.) and think about questions to help you plan, such as: <i>please check all that apply</i>
<input type="checkbox"/>	When will planning for this transition start?
<input type="checkbox"/>	What program changes will be necessary?
<input type="checkbox"/>	What is needed for my child and how is this decided?
<input type="checkbox"/>	What services are available?
<input type="checkbox"/>	What are the options available?
<input type="checkbox"/>	What will my families new rights and responsibilities be?
<input type="checkbox"/>	How and when will the transition occur?
<input type="checkbox"/>	Who else, in my child's life, needs information because of the transition?
<b>I. Goals and measurements</b>	

	19 Does the care plan allow you to set and complete goals for the future that can be evaluated regularly?  <input type="checkbox"/> yes <input type="checkbox"/> No
<b>J.</b>	<b>User Friendliness</b>
	20 Is the care plan user-friendly, i.e. easy to use? Does the benefit of using balance the effort?  <input type="checkbox"/> yes <input type="checkbox"/> No
	Please comment on the user-friendliness or balance between benefit and effort
<b>K.</b>	<b>Use with Genetic/heritable disorders</b>
	21 Can this care plan be adapted for children with heritable disorders? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please describe:
	What could transfer easily?
	What would need to be adapted?

<b>L.</b>	<b>Advocacy and Resources</b>
20. Does the plan provide information to help families identify resources to help them advocate for their child's best interest as issues arise? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please describe <input type="checkbox"/>	

These issues are still under discussion:

1. Transition - how should care plans help families identify "transition situations"? Is it appropriate to include a broader transition mindset in the care plan (e.g. beyond focusing on transitioning from pediatric/adolescent health care to adult medical care providers to include other transitions that occur throughout the life span?
2. Goals:
3. Is it appropriate to include child and family goals in care coordination plans?  
How are goals established and selected for inclusion in a care coordination plan?  
Child may have multiple goals identified by individual systems. Would a goal sheet to record the goal with steps to achieve and steps to measure progress be helpful?

CSHCN has a transition plan group

What type of physician would be

Demographic target - where the kids are. Where the physicians are a little more progressive minded

Can we tie IEP in?

See the larger picture - everything the child does medically

Audiences - other add therapists, who else would you think it is important to know this about your child?