Children's Service Coordination Plan Directions

Part A: Assessment Summary

Date Received: Do not enter in this field; regional DHW staff date-stamp in this field when the plan is received.

Child's Name, Date of Birth, and MID#: Participant's name, date of birth, and Medicaid ID number. Do not enter the child's social security number on the plan.

Region: Region in which the child lives and in which prior authorization will be reviewed.

Agency: Name of the CSC agency that developed this plan

Date(s) Plan Written: Date(s) the CSC met with the family, discussed, and developed the plan.

Service Coordinator and Phone Number: Name and phone number of the Service Coordinator.

Paraprofessional and Phone Number: Name and phone number of the paraprofessional, if any, who will be assisting the Service Coordinator.

Child's Mailing Address: Child's mailing address including city and zip code.

Child's Physical Address: Child's physical address including city and zip code.

Living Arrangement of child (check one): Mark the appropriate box for parent(s), foster home, 24-hour PCS home, or other. If "Other" is checked, enter a description of the child's living arrangement.

Household Information: list biological parents, step parents, legal guardian, and or foster parents name, address (including city and zip code), and phone number.

Primary Caregiver and Relationship to Child: Name of primary caregiver and relationship to the child. If the primary caregiver is the same as the parent(s), enter "parent" or "parents"; in that instance "Relationship to Child" does not need to be entered.

Description of Child, Diagnosis, and Diagnosis Code(s): Enter a brief description of the child by age, gender, special needs, how the parents describe the child, services including school, medical status or diagnostic description, and unique characteristics of the child. Enter diagnostic codes assigned to the child by a qualified professional, from the DSM-IV-TR or the most recent version of the ICD.

List of individuals including the participant who participated in the development of this plan and their relationship to the participant: Enter the names of anyone who provided input, including titles or relationship to the child.

Based on the *Service Coordination Assessment*:

> **What do the parents want or need for their child in the next year?** Summarize the wants and needs for their child as described by the parents to the service coordinator for the coming year.
>
> **What transitions will be supported in this plan in the coming year?** Specific events or circumstances that are expected to change in the child's life in the coming year. Some examples may be a move from one home or school to another, a change in family make-up, transition to adult services or other factors that will change for the child.

What services/supports can the family and/or participant gain access to on their own or through other means? List specific services and/or supports the family can gain access independently or through another source of assistance.

List of problems identified during assessment:* List all problems identified in the CSC Needs Assessment. These items require a corresponding objective on the CSC Plan.

List of potential risks identified during assessment:* **OR** ☐ **No potential risks identified**
List all potential risks identified in the *CSC Assessment* or indicate if no potential risks are identified. Identified items require a corresponding objective on the *CSC plan*.

Current service gaps/support gaps and unmet needs identified during assessment*: List all identified gaps in services and supports to meet needs identified during *CSC Assessment*.

Tentative Schedule for Service Coordination services based on this plan: Identify the deadlines for the 180 day review and annual reassessment. The 180 day review should occur no later than 180 days from the effective date of the service coordination plan which typically will be the date of the parent signature. The annual reassessment ideally should occur 4 days before the expiration of the service coordination plan which typically will be 1 year from the date of the parent signature.

180 Progress review will occur by this date: Date of 180 Progress Review
Annual Reassessment will occur by this date: Date of annual reassessment

Current Health Connections Referral for service coordination expires: List the exact date that the Healthy Connections Referral (or Physician Referral in not enrolled in Healthy Connections) expires.

To assure continuity of service, Service Coordinator will coordinate renewal of Healthy Connections referral for assessment and service provision by: List the date by which the Service Coordinator will have obtained a new Healthy Connections Referral.

List, including cost, of all formal and informal services and natural supports currently received by the participant: A comprehensive list of costs, specific providers, schedule of service initiation and frequency and anticipated dates of delivery of <u>all</u> service and supports the child is receiving. Include paid and non-paid services and supports, including services funded by Medicaid or any other public or private programs or entities and natural supports that are received by the participant.

What will the participant, family and/or provider do in an emergency situation: Explain detailed plan if family is in an emergency situation, including, but not limited to, emergencies identified in the plan as a risk.

How will the SC coordinate services after an emergency: Detailed information on plan describing procedure to be followed post-emergency. Include contact information and who and when they will be contacted.

What will the participant, family and/or provider do in an emergency situation: Include specific instructions for the family and/or provider in case of an emergency. While basic emergency information can be included in this objective, all risk factors identified in the *CSC Assessment* should be addressed as well.

How will the SC coordinate services after an emergency: Detailed plan that the Service Coordinator will execute following an emergency.

Service Coordinator Signature and Date: Signature of Service Coordinator and date signed.

Parent/Guardian Signature or Signature of Participant if over 18 and Date: Signature of the parent or legal guardian and the date of the signature are entered here and should be the final step in plan development. The parent or legal guardian must sign for a child under age 18; no one other than the parent or legal guardian may

sign for a CSC Plan. Statements that someone is a guardian may not be accepted without a copy of court documents. Talk with the regional DHW CSC Coordinator in your respective region if there are questions about who may sign.

For a person between 18 and 21, signature of the participant and the date of the signature are entered here unless a court has appointed a guardian for that person.

Parent, guardians or individuals age 18 to 21 should not be asked to sign Service Coordination plans until the Service Coordination Needs Assessment has been completed and the plan is completely written.

Part B: Goals and Objectives

Children's Service Coordination Plan for: Enter name of child for whom plan is for on each page.

Page #: Page number counting Part A. Number all pages.

Goal # :
Enter the number or letter of the goal and the text of the goal. The goal should include what the family wants for their child. Goals are written in broader terms than an objective but are clear enough to determine whether they were achieved or not.

Descriptors such as "demonstrate, be able to, increase, decrease, or completes" are examples of behaviors that can be observed and documented. The CSC professional writing the plan then converts broad goals into statements that are measurable (objectives).

Time frame to achieve this goal: Enter the time period for which the goal will be completed. Goals are projected over longer periods of time than objectives.

Objective # :
Enter the number or letter of the objective and the measurable objective. Objectives are written for shorter periods of time than goals (less than a year) and are specific and measurable.

Objectives must include the parent/caregiver responsibilities related to that goal; one of the functions of service coordination in rule is to empower the participant and his family or guardian to coordinate and retain services as independently as possible.

Start Date, End Date, and Steps to accomplish objective and person responsible for each step, including parent/caregiver responsibilities: Enter the month, day and year for the start and end dates. These dates are specific to the time frame needed to achieve the objective. They may be less than one year but no longer than the duration of the plan and should be based on the child's and family's need.

List the steps that are needed to accomplish the objective and list by name the person who is responsible for each step.

Children's Service Coordination Plan Addendum

An addendum is required when there is a new goals, change in goals, change of agency, a change of region, or a request for authorization for crisis services.

Changing Service Coordination Agencies

An addendum is required if there is a change in Service Coordination Agencies. The incoming Service Coordination Agency is required to complete the addendum and should notify the existing Service Coordination

Agency immediately upon the effective date of the addendum. DHW does not need copies of other types of Plan Addenda.

The incoming Service Coordination Agency must also submit a completed and signed *Informed Consent/Choice Form* to the DHW along with the *CSC Addendum*. These forms are available through regional DHW offices.

The existing Service Coordinating Agency is required to provide a copy of the current *CSC Plan*, including the *Assessment* to the parent upon request as part of the transition to the new agency.

The effective date of the addendum is the date of the parent signature and the change of Service Coordination agency is effective that date as well.

Use the directions for the beginning fields in the *CSC Plan*. Summarize the requested change(s) and for new goals and objectives, complete those fields using the directions for the *CSC Plan* Objectives page.