

**FORWARDHEALTH
CHILD CARE COORDINATION (CCC) CARE PLAN**

INSTRUCTIONS: Type or print clearly.

Child care coordination (CCC) providers are required to make an individualized care plan for each member. In CCC, the member is the child, not the caregiver.

CCC care plans must be:

- Written.
- Developed in collaboration with the child's family and/or other supportive persons.
- Made and signed by a qualified professional.
- Signed by the care coordinator.
- Reflective of all CCC services and supports no matter where the funding for those services and supports comes from.
- Reviewed every 60 days during the child's first year of life and at least every 180 days after that.
- Updated when the child's or family's needs change.

Providers can choose whether to use this form or another care form format. Providers can make the care plan on the same day as the initial assessment, but they have to do the initial assessment first. If updates are being made to the care plan, providers should complete, sign, and date a new form. The care plan should be based on the needs identified on the Child Care Coordination (CCC) Family Questionnaire Domains and Questions, F-01118. Refer to the ForwardHealth Online Handbook An Overview topic #767 of the Child Care Coordination service area at forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx for a complete list of CCC forms.

This care plan can also be used to document when services are reduced, transferred, or ended.

Providers are required to give caregivers the name, phone number, and email of the person who can change the child's care plan.

This care plan is not documentation of consent to release member information. For more information about consent requirements, care plan requirements, and requirements for the initial assessment, refer to the Covered and Noncovered Services Section of the Child Care Coordination service area of the ForwardHealth Online Handbook at forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=7&s=2&c=61.

SECTION I – MEMBER AND PROVIDER INFORMATION

1. Name – Member (Last, First, Middle)

2. Name – Member's Primary Caregiver (Last, First, Middle)

3. Name – CCC Provider's Qualified Professional (Last, First, Middle Initial)

4. Name – Agency

5. Member's Medicaid ID Number

6. Date – Assessment Completed

7. Date – Most Recent Assessment Update

8. Who else participated in making this care plan?

SECTION II – STRENGTH-BASED ASSESSMENTS

9. List the child's strengths from the initial or updated assessment.

10. List the strengths of the parent(s) or caregiver(s) from the initial assessment.

SECTION III – CHILD HEALTH AND DEVELOPMENT NEEDS

11. Do the child and their family have any needs related to child health and development?

- ☐ Nutrition and Feeding
- ☐ Medical History
- ☐ Developmental Milestones
- ☐ Not Applicable
- ☐ Other (Specify)

12. Do the child and their family have any needs related to the caregiver's parenting capacity?

- ☐ Basic Care of Child
 - ☐ Emotional Attachment
 - ☐ Stimulation
 - ☐ Guidance and Boundaries
 - ☐ Child Safety
 - ☐ Not Applicable
 - ☐ Other (Specify)
-

13. Do the child and their family have any needs related to social determinants of health?

- ☐ Employment and Education
- ☐ Finances
- ☐ Food and Housing
- ☐ Transportation
- ☐ Social and Environmental Factors
- ☐ Child Care
- ☐ Personal Safety
- ☐ Not Applicable
- ☐ Other (Specify)

SECTION IV – RELATIONSHIPS AND SOCIAL SUPPORT

14. Indicate the people who can help the child and their family meet their care plan goals.

- ☐ Siblings
- ☐ Extended Family
- ☐ Friends
- ☐ Home Visitors
- ☐ Other (Explain) _____

15. List the child's collateral contacts and their contact information.

- a. _____
- b. _____
- c. _____

16. List other providers working with the child and their family, their roles, and their contact information.

- a. _____
- b. _____
- c. _____

17. Does the parent or caregiver want to strengthen their relationships and social supports? ☐ Yes ☐ No

If yes, describe the plan to strengthen their relationships and social supports.

SECTION V – CARE PLAN

18. Describe the care plan below. If the care plan is being updated, briefly describe the reason for the update. Action steps should include details of service arrangements, referrals needed, and providers. Providers can attach as many pages of the Care Plan as they need.

☐ Initial Care Plan

☐ Updated Care Plan

Need Identified in the Assessment	Service or Support to Address Need	Action Steps	Frequency of Service	Goals and Outcomes

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SECTION VI – UNMET NEEDS

19. List any unmet needs or gaps in service.

SECTION VII – SERVICE CHANGES

20. ☐ CCC services have ended.

Describe the reason for ending services.

☐ CCC services are being transferred to a new service provider.

If the member has switched CCC providers, list the name of the new service provider.

SECTION VIII – SIGNATURES

The qualified professional must sign each care plan, including any updates.

21. **SIGNATURE** – CCC Provider's Qualified Professional

22. Date Signed – CCC Provider's Qualified Professional

23. Print Name – CCC Provider's Qualified Professional

24. **SIGNATURE** – Care Coordinator

25. Date Signed – Care Coordinator

26. Print Name – Care Coordinator

27. **SIGNATURE** – Parent, Guardian, or Caregiver

28. Date Signed – Parent, Guardian, or Caregiver

29. Print Name – Parent, Guardian, or Caregiver
