

FORWARDHEALTH
CHILD CARE COORDINATION (CCC) CARE PLAN INSTRUCTIONS

INSTRUCTIONS

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. The care plan should be based on the needs identified on the Child Care Coordination (CCC) Family Questionnaire Domains and Questions, F-01118.

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 <https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=7>.

SECTION I – MEMBER AND PROVIDER INFORMATION

Answer the questions as directed on the form.

SECTION II – STRENGTH-BASED ASSESSMENTS

Using information from the initial assessment, describe the child's and family's strengths. Focus on strengths and resources like people, communities, and environments.

SECTION III – CHILD HEALTH AND DEVELOPMENT NEEDS

Using the information from the member's initial assessment, check the boxes next to the member's needs. These will be the needs that can be addressed in the member's care plan in Section V.

SECTION IV – RELATIONSHIPS AND SOCIAL SUPPORT

Using information from the child and their family, record and describe the member's relationships, collateral contacts, medical providers, and any plans to strengthen relationships and social support systems.

Collateral contacts are defined as formal and informal contacts who directly support the Medicaid member receiving CCC services.

SECTION V – CARE PLAN

Check the box to indicate whether the care plan is an initial version or an updated one. If updates are being made to the care plan, providers should complete, sign, and date a new form.

Using the comprehensive assessment and information from Sections II–IV, record and prioritize the child's and their family's needs. Describe the steps, services, frequency of services, and the goals and outcomes of addressing the need. Include any referrals, dates, and contacts needed. Attach additional pages if needed. If an identified need has been fully addressed, state that in the goals and outcomes column.

SECTION VI – UNMET NEEDS

Use the space provided on the form to describe any other needs the family has or other services that would support them.

SECTION VII – SERVICE CHANGES

If CCC services have ended, check the box and give a brief reason for why the services ended. If the member has switched CCC service providers, give the name of the new provider, if known.

SECTION VIII – SIGNATURES

The family member, CCC care coordinator, and CCC provider's qualified professional who developed or updated the care plan must include their printed name and signature and the date signed. The CCC provider's qualified professional is required to develop the initial care plan with the member. Care coordination staff can update the care plan as part of ongoing care coordination and monitoring services.