IIIP

Guidebook

Individual Interagency Intervention Plan

Through age 21

2004

MnSIC

Minnesota System of Interagency Coordination

Working together to improve services for children and youth with disabilities and their families

www.mnsic.org

Contents

1 Introduction

13 Core Elements

33 Additional Required Elements

57 Appendices

-Definitions

-Federal Settings Codes

-Race/Ethnicity

-List of Home Primary Languages

-County Codes

-Optional Forms

-Inventory of Plan Required Elements

-Copy of Optional Forms

-Copy of IIIP

Introduction

Individual Interagency Intervention Plan

Overview of the Guidebook

The Individual Interagency Intervention Plan (IIIP) Guidebook was developed to provide assistance, guidance and direction for the development of a IIIP to address the concerns and needs of children, youth and young adults with disabilities and their families.

The IIIP Guidebook includes:

- History of Interagency Collaboration
- Legislative authority
- The IIIP Framework
- Guidelines for the use of the IIIP
- Samples of IIIP forms
- Instructions for using the IIIP forms
- Inventory of plans elements integrated into the IIIP

The IIIP Guidebook, the IIIP and other guideline materials are available on the MnSIC (Minnesota System of Interagency Coordination) website www.mnsic.org.

History of Interagency Collaboration

Minnesota has a history of interagency collaboration and coordination of services on behalf of children/youth with disabilities.

- The Family Service Collaboratives have as a potential target population all children/youth, including those with special needs.
- The Children's Mental Health Collaboratives address the needs of children/ youth with severe emotional disturbance.
- IDEA (Individuals with Disabilities Education Act) Part C addresses the needs of infants and toddlers up to age 3 with disabilities.
- The 1995 Omnibus Education Act called for a study on how to realign state and request federal waivers to improve service delivery and promote integration and collaboration between the education and human services system.
- The 1996 the report to the MN Legislature on Interagency Alignment of Statutes and Rules for children with disabilities recommended that a unified system of services for all children be developed before undertaking any major revisions in statutes and rules for children with disabilities.
- The 1998 Minnesota Legislature passed the **Interagency Service for Children with Disabilities Act** (Minnesota Statutes 125A.023 and 125A.027) for children and youth with disabilities ages 3 through 21.

Legislative Authority

The **Interagency Services for Children with Disabilities Act** was passed to assure the development of a coordinated, multi-disciplinary, interagency, intervention service system for children/youth/young adults with disabilities, and their families, throughout Minnesota. This legislation mandates the following:

- That each eligible child/youth have access to an interagency intervention service system that coordinates services and programs required in state and federal law.
- An Individual Interagency Intervention Plan be developed for each eligible child/youth/young adult.
- An interagency agreement or joint powers which outlines the responsibilities for the development and implementation of the coordinated system. This is the responsibility of the governing boards of IEIC's (Interagency Early Intervention Committees). Governing boards of IEIC's have been defined as the county boards (Social Services, Public Health and in some communities Corrections) and school boards.

The target population, for this mandate, are those children/youth/young adults from birth through 21 years of age eligible for special education and receiving services from one other public agency and their families. Children/youth/young adults are disabled as defined by Minnesota Statute 125A.02 (Special Education Statutes).

The statute [Minnesota Statutes (M.S. 125A.023 subdivision 3d (1-3)] identifies the programs and initiative to be coordinated though this interagency system and the IIIP. They are the:

- Maternal and Health Program
- Individuals With Disabilities Education Act (IDEA)
- Medical Assistance
- Developmental Disabilities Assistance and Bill of Rights Act
- Head Start Act
- Rehabilitation Services
- Juvenile Court Act
- Children's Mental Health Collaboratives
- Family Service Collaboratives
- Family Community Support Plan
- Minnesota Care Program
- Local Public Health Act
- Community Social Service Act
- Community Interagency Transition Committees (CTIC)

Note: Also to be included are services provided under a health plan in conformity with an Individual Interagency Intervention Plan.

In addition to identifying the program and initiatives to be coordinated, the law states that: **Nothing in this section increases or decreases the obligation of the state, county, regional agency, local school district or local agency or organization, to pay for education, health or social services.** MS 125A.027 Subd 2 (b).

To further clarify the role of schools and counties, additional legislation was passed in 2001. This legislation, (MS 125A.023 Subd 4 (c)) states that school and county boards shall coordinate interagency services. Service responsibilities for eligible children, ages 3 to 21, shall be established in interagency agreements or joint powers board agreements. In addition, interagency agreements or joint powers board agreements shall be developed to establish agency responsibility to assure that coordinated interagency services are coordinated, provided, and paid for, and that payment is facilitated from public and private sources. In addition the statute further defined the roles of school boards and county boards.

School boards must:

- provide, pay for, and facilitate payment for special education services
- as required under sections 125A.05 and 125A.06.

County boards must:

- provide, pay for, and facilitate payment for those programs over which they have service and fiscal responsibility
- as referenced in section 125A.023, subdivision 3, paragraph (d), clause (1).

The statute phases-in the implementation of this coordinated system. The first phase (ages three through kindergarten entrance) was completed as of January 1, 2001. The up to age 9 phase was in place on July 1, 2001, and up to age 14 on July 1, 2002. The final phase, through age 21, is due for implementation on July 1, 2003.

As per the implementation dates, it is expected that the IIIP will be used for all eligible children/youth up to age 14 beginning on July 1, 2002. The document meets all the requirements for plans through the age 21. It is not required that the IIIP be used for children/youth from age 14 through age 21 until July 1, 2003. However, it is available now to be used over the age of 14, if local areas choose to do so.

The IIIP Framework

Development of the IIIP

The purpose of the IIIP for children/youth/young adults with disabilities ages birth through 21 is to: Identify and organize both formal and informal supports to facilitate the development of a plan that addresses the concerns of the child/youth, family and young adult.

The IIIP framework was modeled after two interagency plans currently in use, the Individualized Family Service Plan and the Collaborative Family Service Plan.

A MnSIC workgroup, with input from various state and local partners and families, developed a framework for the IIIP. This framework included identification of data elements to be included and the arrangement of the data elements.

This workgroup analyzed the programs and initiatives to be coordinated and reviewed the statutes, rules and laws governing the development of written individualized service plans. The statutes, rules and laws outlined the data elements that were required to be included in each written plan. Common elements were identified. The outcome was a IIIP with integrated data elements from the required existing plans. The plan elements integrated into the IIIP were included if:

- They were required, and
- There was consensus and agreement by the state agencies governing those plans.

Plans Replaced by the IIIP

The IIIP is approved as a replacement for the plans, listed below. State agencies overseeing these programs and plans have approved the IIIP for ages birth through 21. (A description of these plans as well as their specific requirements is located in the *Inventory of Plan Required Elements* located in the Appendices)

The IIIP replaces these plans:

- Individualized Service Plan (ISP)
- Community Alternative Care Plan (CAC)
- Community Alternatives for Disabled Individuals Plan (CADI)
- Traumatic Brain Injury Plan (TBI)
- Individualized Education Plan (IEP)
- Individual Family Community Support Plan (IFCSP)
- Individual Family Service Plan (IFSP)
- Individual Community Support Plan (ICSP)
- Multi Agency Plan of Care

Plans Coordinated through the IIIP

In addition to replacing plans integrated into the IIIP, the IIIP is approved to be the vehicle for coordinating some other plans. These other plans that are “coordinated through” the IIIP process, do not have their data elements integrated into the IIIP. They are to be included in the coordinated planning process. The term we have used to describe these plans is “coordinated through” because they are plans that:

- Have a single service/program focus (IPE)
- Are vendor or provider specific (IHP or IPP)
- Do not have statewide standardized plan elements (Corrections)
- Are specific or unique to a specific population (IPE)
- Are a legal contractual arrangement (Out of Home Placement Plan)
- Are used by agency’s with a smaller specialized population (SSB)

The concept of "coordinated through" means that it is expected that the process will include and facilitate the development of these plans during the development of the IIIP. For example, managers of these plans would attend the IIIP meeting and contribute their expertise and coordinated goals to the IIIP and develop their plan. These "coordinated through" the IIIP process plans are:

- Individualized Plan for employment (IPE)
- Corrections
- Individualized Habilitation or Program Plans (IHP, IPP)
- Individualized Treatment Plan (ITP)
- Out of Home Placement Plans
- Nursing Care Plans
- Home Care Plans
- Other provider or program specific plans

The IIIP Document

(All data elements do not need to be completed for every child/youth or young adult.)

After completion of the **Core Elements** section, other pages to be completed will depend on the child/youth's age, services, plans the IIIP replaces and agencies/ programs involved with the child/youth and family. The IIIP includes a section for these unique elements called, **Additional Required Elements**. This section contains additional documentation items that are required for some or specific plans. The appendix includes some optional forms that can be used to support the planning process or to replace similar pages in the IIIP.

The IIIP contains all of the required elements of an individualized written plan for the plans listed above as replaced by the IIIP. However, there is often additional information that is necessary to meet federal and state laws or rules which is required to be documented in a file, but not on the written plan. Examples of these include:

- Parental notification and authorization
- Confidentiality and privacy rights
- Appeals
- Mediation
- Due process
- Worksheets and supporting documents
- Extensive assessment/evaluation reports
- Billings forms

IIIP Procedural Safeguards

It is assumed that procedural safeguards will be implemented throughout the system. Agencies should use the procedural safeguards that exist within their current system.

Data privacy and confidentiality issues need to be addressed by local systems to assure that practices are consistent with state and federal data practices acts such as:

- IDEA (Individual With Disabilities Education Act) FERPA

- Informed written consent from client/family (Tennesen Warning)
- MN Government Data Practices Act (20 USCA 1232g)
- HIPAA (Health Insurance Portability and Accountability Act of 1996)

The IIIP as a Process and a Document

The IIIP is both a process and a document. The **process** that leads to the development of the IIIP is the critical component to the development and implementation of a successful interagency, coordinated, single plan for a child/youth and their family.

As a **document**, the IIIP is a collection of required elements of specific plans and facilitates coordination of other plans through the IIIP. The document (IIIP) simply allows for the program data requirements of a plan to reside together in a more comprehensive and integrated fashion. It describes the needed services and funding arrangements for a child/youth with disabilities and their family across a variety of programs, agencies and services.

As a **process**, the IIIP provides a vehicle for families and providers for joint planning and sharing of resources. This joint planning process enhances family/ person centered planning and results in more holistic and community based services for the child/youth and family.

The IIIP document as well as the process used to develop the IIIP is meant to be flexible and fluid to allow it to meet the diverse and changing priorities and needs of children/youth/young adults with disabilities and their families.

In order for the IIIP planning process to be successful, the IIIP needs to be supported by and imbedded within a well coordinated interagency local system. This system should have made decisions regarding implementation issues, such as:

- Who starts the IIIP process?
- Who writes the IIIP?
- Who arranges the meetings?
- Who monitors the plan?
- Who manages the paperwork?
- What about disputes?
- What is a team?
- What about timelines? etc.
- Other

Only when these questions are addressed, will a team be able to fully operationalize itself to jointly plan, authorize and provide services through this more coordinated comprehensive approach.

The IIIP Process Philosophies, Principles and Values

The IIIP process is to be developed within a philosophical context which incorporates strengths based, family/person centered and wraparound principles. Each community should decide how to use these principles in the design of models, processes or procedures.

Examples of various philosophies and principles that currently guide the development of models, processes and procedures are:

- **The wraparound process:** The delivery of coordinated interdisciplinary services provided with the input of the child/youth and family and tailored to the strengths and needs of the individual child /youth and family.[i] As John VanDenBerg has described this process: Another term used interchangeably with wraparound is "individualized". Wraparound is a simple process of people helping people. It means that a community starts with the child /youth and the family around them, and the friends and kin around the family, and asks a crucial question - "What do this child/youth and family, and sometimes the people around them, need to have a better life?" When we ask that question we really mean it- if the child /youth and family need something our services do not offer, we create a way to meet the identified needs with something new, individualized to the strengths, culture, preferences, and "ways" of the child/youth and family. [ii]

  In order to practice a process such as wraparound:[iii]

  - A community collaborative structure needs to be in place, with broad representation, that manages the overall wraparound process and establishes the vision and mission. The governance agreement between the mandated partners for the MnSIC implementation is a starting point for the community collaborative structure.
  - A lead organization is designated to function under the community collaborative structure and manages the implementation of the wraparound process. This can also be agreed to in the governance agreement between the county and the school, and their partners.
  - A referral mechanism is established to determine the children/students/young adults and families to be included in the process.
  - Service coordinators are designated to facilitate the wraparound process, conducting strengths/needs assessments; facilitating the team planning process; and managing the implementation of the services/support plan, in this case the IIIP.
  - With the referred child/youth and family, the service coordinator conducts strengths and needs assessment.
  - The service coordinator works with the child/youth and family to form a child and family team.

- The child and family team functions as a team with the child and family engaged in an interactive process to develop a collective vision, related goals, and an individualized plan that is family centered and team based.
- The child and family team develops a crisis plan.
- Within the service/support plan, each goal must have outcomes stated in measurable terms, and the progress on each monitored on a regular basis.
- The community collaborative structure reviews the plans.

❑ **The Family Group Decision Making (FGDM)[iv] process:** Offers an approach to working with families involved with the child welfare system. Families are engaged and empowered by child welfare agencies to make decisions and develop plans that nurture and protect their children from enduring further abuse and neglect. FGDM is characterized as a practice which is family-centered, family strengths-oriented, culturally based, and community-based. It recognizes that families have the most information about themselves to make well-informed decisions and that individuals can find security and a sense of belonging within their families. It emphasizes that, first and foremost, families have the responsibility to not only care for, but also to provide a sense of identity for, their children. It encourages families to connect with their communities, and the communities to link with their families.

❑ **Family Centered Practice:** Views the child/youth within a family system, believes that children/youth and families have strengths and involves families as decision makers. Family centered practices are those that empower families in their roles by building on their unique strengths as families and those of individual family members. The strengths, needs, choices and priorities of the family drive the delivery of services. The key elements are:

- Recognizes the family as the constant
- Recognizes need for collaboration
- Honors diversity
- Recognizes family strengths
- Sharing of complete information
- Encourages family-to-family support
- Incorporates the developmental needs of the child/youth and family
- Implements comprehensive programming
- Provides services responsive to families

Family centered services:

- Respect family values
- Trust the family
- Work together
- Flexible, creative and responsive to family needs and wishes
- Relate to the family as people
- Look at the whole picture
- Recognize parents as decision makers

- ❑ **Family Systems Theory:** Views the family as an interacting, reacting system which is delicately balanced and struggles to maintain that balance. A change or problem in one member of the system, thus affects the entire system.

- ❑ **Person Centered Planning:** Person-centered planning is a process. A person-centered approach means that all planning is driven by the individual and/or the individual's family. It is a process that guides people in developing a plan for the future and a means of implementing that plan. Person-centered planning often uses Personal Futures Planning, activities or strategies.

- ❑ **Personal Futures Planning:** is often used at different transition points, such as from early childhood to regular school programs and from school to adult services. It is also used for transition to new services, such as group home to apartment living and sheltered to supported employment.

Through Person-centered Planning, families are empowered to obtain support in the face of sometimes difficult decisions and uncertain futures.

Key Features of Person-centered Planning are:

- **Focus on and driven by the student's strengths, interests and preferences**
  - Student actively participates/drives the selection of the process and the participants
  - Student's preferences and interests drive the process
  - Not driven by the bureaucracy or "how we have always done it"
- **Focus on capacities and opportunities - establishes a vision**
  - Information is presented in a manner that highlights the positive
  - Student, facilitator and participants look for opportunities to expand a future vision
- **The process is flexible, dynamic and informal**
  - There is no one way
  - Flexibility of format and strategies is the key
  - Informal knowledge is critical to the process
  - The process typically occurs in an informal setting
  - The process evolves over time
- **Requires collaborative team work with commitment to action**
  - People come prepared to work together realizing that this is a process that requires creativity, collaboration and hard work
  - People come prepared to negotiate and compromise
  - This process cannot commit people who are not present at the planning meetings, nor require people who are present to do things or to carry out tasks once the meeting is over
  - The "key" people are committed to honoring and working to carry out the plan

- **Requires an effective facilitator**
  - Effective facilitators listen to people with an open mind, while helping to shape the personal dreams
- **An environment is created where information is shared in a nonjudgmental manner**

Summary

All of the above philosophies, principals and values, emphasize the importance of starting with the child, student, youth, family and young adult in identifying strengths, needs, priorities and concerns in the development of a system and the process which leads to the development of a IIIP. Other common values to apply to the IIIP system and document are:

- A team-driven process involves the family, child/youth, young adults natural supports, agencies, and community services working together to develop, implement, and evaluate the IIIP.
- Families/young adults are full and active partners in every level of the process.
  - Families/young adults are offered a choice of a coordinated planning process or a single planning process.
  - Families/young adults choose who participates in the development and implementation of their child's IIIP.
- Services and supports are individualized, built on strengths, and meet the needs of children/youth, families and young adults across life domains to promote success, safety, and permanence in home, school and community.
- The process is culturally competent, building on the unique values, preferences and strengths of children/youth, families and young adults, and their communities.
- The child/youth, families and young adults teams have flexible approaches and adequate and flexible funding.
- Services are community based. Community based includes home, school and community.
- Outcomes are determined and measured for the system, for the program, and for the individual child/youth, families and young adults.

In order for a successful process leading to the development of a IIIP, system components must be addressed:

- An interagency structure is in place to manage the cross-agency process and determine the vision and mission.
  - For IIIP implementation, county and school boards have signed a governance agreement to determine the interagency coordination and developed the necessary policies and procedures to ensure cross-agency planning.
  - Communities may also chose to use an existing collaborative structure such as: children's mental health, family services collaboratives or any other existing collaborative structure to coordinate the MnSIC implementation.

- The system has decided on how to implement service coordination responsibilities. Some models include hiring a specific person to assume these roles, other models support the division of responsibilities for service coordination among team members or to rotate the responsibility depending on the needs and wishes of the family/student.
- The system has addressed basic questions regarding policies and procedures.

The IIIP **document**, contains the mandated plan requirements of many programs and services. However, there may be additional forms that may be required such as applications, consents, due process, billing forms, etc. which are supplemental documentation pieces that are not required to be on the written individualized plan but, may need to be kept in a file.

The IIIP as a **process**, is the product of interaction, collaboration and partnerships between the child/youth/young adult, the family, the community, and every agency involved in providing services to a child/youth/young adult and family. The premise behind the IIIP is that every team member on the IIIP contributes resources to improve the child's/youth's, family's and young adult's functioning, knowing no single entity can accomplish it alone. The greatest improvements take place when people work together.

---

[i] Hodges, et. al. (1999).

[ii] VanDenBerg, J., & Grealish, E.M. (1998), The Wraparound Process. Training Manual.

[iii] Abstracted from: Burchard, J.D., Bruns, E.J., & Burchard, S.N. (2002) The Wraparound Approach. In B. Burns & K. Hoagwood (Eds.) Community-Based Interventions for Children and Families. Oxford: Oxford University Press.

[iv] Lisa Merkel-Holguin, MSW, National Center on Family Group Decision Making . Children's Services, American Humane Association.

Core Elements

Individual Interagency Intervention Plan

Required by all plans

Contents

- ❑ Demographic Information
- ❑ Family/Student Considerations
- ❑ Description of Child/Student
- ❑ SharedOutcome - Goals/Outcomes, Objectives/Indicators, and Services

Page_____of _____ State of Minnesota 5/04

Individual Interagency Intervention Plan (IIIP)

CORE: Demographic Information Date_____

This plan meets the requirements of and serves as (check all that apply):

- ❑ IEP (Individualized Education Plan)
- ❑ IFCSP (Individual Family Community Support Plan)
- ❑ CADI (Community Alternatives for Disabled Individuals) Plan
- ❑ CAC (Community Alternative Care) Plan
- ❑ ICSP (Individual Community Support Plan)
- ❑ IFSP (Individual Family Service Plan)
- ❑ ISP (Individual Service Plan)
- ❑ TBI (Traumatic Brain Injury) Plan
- ❑ Multiagency Plan of Care
- ❑ Other

Plans Coordinated Through the IIIP Process

- ❑ IPE (Individual Plan for Employment)
- ❑ IHP (Individual Habilitation Plan)
- ❑ ITP (Individual Treatment Plan)
- ❑ Corrections
- ❑ Nursing Care Plans
- ❑ Home Care Service Plans
- ❑ Out-of-Home Placement
- ❑ Other

First Name | M. I. | Last Name

Date of Birth | ❑ Male ❑ Female Gender | Grade | Race/Ethnicity

Primary Language at Home | Primary Language

Soc. Sec. # | MARSS ID # | Other ID #

Parent/Guardian # 1's First Name | M.I. | Last Name

Street Address | Home Phone

City | State | Zip Code | Work Phone

Relationship | Email | Other

Parent/Guardian # 2's First Name | M.I. | Last Name

Street Address | Home Phone

City | State | Zip Code | Work Phone

Relationship | Email | Other

Resident School District Name | District #

Serving School District Name | District #

Resident County Name | County #

Serving County Name | County #

(Initial IIIP only) Referral by | Date of Referral

Primary Disability | Diagnosis Code: DSM-IV | or ICD 9

Presenting concerns and/or diagnosis:

If you ask, we will provide this form in another format, such as Braille, large print or audio tape.

CORE: Demographic Information

Purpose: To collect information about the child/student and the family as required by all the agencies involved. These are plan elements that must be completed on every child/student for federal and state reporting requirements.

Date
Enter the date of the planning meeting.

The Plan Meets the Requirements and Serves as
Check all plans that are replaced by the IIIP. Refer to the appendix for further information regarding the plans.

Plans Coordinated Through The IIIP Process
Check all the plans that are brought to the coordinated process and included in the planning.

Name
Enter the child/student's first and last name and the middle initial. You may want to note any nicknames for the child/student.

Date of Birth
Enter the month, day and year of birth.

Gender
Circle male or female.

Grade
Enter the current grade level in school. Use "Preschool" or the code used by the school district.

Race/Ethnicity
Enter the code for the race/ethnicity of the child/student. (Use the MARSS codes found in the Appendix.)

Primary Language at Home
Enter the language spoken by the primary caregivers in the home in which the child/student lives. (Use the MARSS codes found in the Appendix.)

Primary Language
Enter the name of the language the child/student first learned to speak, or the primary method of communication. If the child/student is very young and does not yet speak enter N/A. (Use the MARSS codes found in the Appendix.)

Social Security Number
Enter the child/student's social security number if provided voluntarily by the family or required by a specific plan.

MARSS ID
Enter the child/student's MARSS ID number.

Other ID
Enter ID numbers which identify other plans - unique identifier for this child/student.

Parent/Guardian #1
Enter the first and last name and middle initial of the parent or guardian.

Street Address
Enter the street address of the parent or guardian.

Home Phone
Enter the home phone of the parent or guardian.

City
Enter the name of the city of the parent or guardian.

State
Enter the name of the state of the parent or guardian.

Continued

Individual Interagency Intervention Plan (IIIP)

CORE: Demographic Information Date_____

This plan meets the requirements of and serves as (check all that apply):

- ❑ IEP (Individualized Education Plan)
- ❑ IFCSP (Individual Family Community Support Plan)
- ❑ CADI (Community Alternatives for Disabled Individuals) Plan
- ❑ CAC (Community Alternative Care) Plan
- ❑ ICSP (Individual Community Support Plan)
- ❑ IFSP (Individual Family Service Plan)
- ❑ ISP (Individual Service Plan)
- ❑ TBI (Traumatic Brain Injury) Plan
- ❑ Multiagency Plan of Care
- ❑ Other

Plans Coordinated Through the IIIP Process

- ❑ IPE (Individual Plan for Employment)
- ❑ IHP (Individual Habilitation Plan)
- ❑ ITP (Individual Treatment Plan)
- ❑ Corrections
- ❑ Nursing Care Plans
- ❑ Home Care Service Plans
- ❑ Out-of-Home Placement
- ❑ Other

First Name | M. I. | Last Name

Date of Birth | ❑ Male ❑ Female Gender | Grade | Race/Ethnicity

Primary Language at Home | Primary Language

Soc. Sec. # | MARSS ID # | Other ID #

Parent/Guardian # 1's First Name | M.I. | Last Name

Street Address | Home Phone

City | State | Zip Code | Work Phone

Relationship | Email | Other

Parent/Guardian # 2's First Name | M.I. | Last Name

Street Address | Home Phone

City | State | Zip Code | Work Phone

Relationship | Email | Other

Resident School District Name | District #

Serving School District Name | District #

Resident County Name | County #

Serving County Name | County #

(Initial IIIP only) Referral by | Date of Referral

Primary Disability | Diagnosis Code: DSM-IV | or ICD 9

Presenting concerns and/or diagnosis:

If you ask, we will provide this form in another format, such as Braille, large print or audio tape.

Zip Code
Enter the zip code of the parent or guardian.

Work Phone
Enter the work phone number of the parent or guardian.

Relationship
Enter the person's relationship to the child/student from the following list —

- Mother
- Father
- Grandparent
- Foster parent
- Surrogate parent
- Guardian ad litem
- Legal guardian (other than as described above)
- Other

E-mail
Enter the e-mail address, if parent or guardian wishes to be contacted by e-mail.

Other
Enter contact information for other parents or guardians.

Parent/Guardian # 2
Enter the same information as above for other parents or guardians.

Resident School District Name/Number
Enter the name and number of the school district in which "legal parents" currently reside.

Serving School District Name/Number
Enter the name and number of the school district providing the child/student's services.

Resident County Name/Number
Enter the name and number of the county in which the "legal parents" currently reside.

Serving County Name/Number
Enter the name and number of the county providing the child/student's services.

Referral By
Enter the referral source for this child/student.

Referral Date
Enter the date when referral made.

Primary Disability
Enter the primary disability, as determined by evaluation, that qualifies the child/student for special education.

Diagnosis Code (DSM-IV OR ICD 9)
Enter the appropriate codes for the medical or mental health diagnosis if required by the plan replaced by the IIIP.

Presenting Concern and/or Diagnosis
Enter the primary presenting concern for the child/student. This may include medical diagnoses such as cerebral palsy, Down syndrome, visual impairment, hearing impairment, or a notation regarding developmental delays such as language, cognitive, motor, etc., or symptoms displayed by the child/student.

Individual Interagency Intervention Plan (IIIP)

CORE: Family/Student Considerations

Name _____ Date _____

IIIP Meeting Date _____

Projected IIIP Review Date _____

Parent(s) description of child/student's strengths and concerns/needs:

Student description of needs, preferences and interests (by age 14 or earlier, if appropriate):

Services or information needed by family and/or student:

CORE: Family/Student Considerations

Purpose: To provide an opportunity for the family members/students to think about and share their hopes, dreams, and concern for their child/student as well as family/student strengths, needs and priorities. (34 CFR 303.345 Part H) (MS 120.1701 Subp 7 (5) (b) (2)

There are several ways to complete this page or gather the information.

- The family/student may complete this page themselves.
- The family may complete the optional form in the appendix.
- The family/student may prefer to designate someone else to complete this page for them, but it should be written in the family's/student's own words.

It is important to remember that family beliefs and culture play a large part in what and how people share information outside the family.

Name and Date
The child/student's name and the date the page was completed must be filled out on every page.

IIIP Meeting Date
Enter the date of the IIIP meeting.

Projected IIIP Review Date
Enter the date of the projected IIIP review. This date is established by the team and may be the earliest date required by any one of the plans the IIIP replaces.

Parent(s) Description of Child/Student's Strengths and Concerns/Needs
Enter the information, in the family's own words, of how they describe their child/student. This may include what they enjoy most about the child/student; what the child/student enjoys most; how the child/student reacts to his or her environment or people; things that the child/family like to do; and things that concern, confuse, or frustrate them about their child/student. This may include suggestions on how the families wish professionals to treat the child/student and their family.

Other things to include are —

- Services the family has used in the past and what has been helpful to the child/student.
- What the family identifies as the child/student's strengths and concerns related to life domain (i.e., residence, cultural supports/activities or interests, psychological/emotional, safety, medical/health issues, educational placement, social/friends, financial, legal issues, family, spiritual development, leisure recreational activities/fun, vocational aspirations.)

Student Description of Needs, Preferences and Interests (By Age 14, or Earlier, if Appropriate)
Enter information asked on the individual student's needs, taking into consideration the student's preferences and interests.

Services or Information Needed by Family and/or Student
Enter information regarding services or information requested in order for the family to care for the child/student, or for the student to care for himself/herself. This may include things that the families wants their child/family to do or things they want their child/family to have. This can include actual services or items needed now or in the future, or topics of discussion at future meetings. There may not be readily available solutions to all of the issues, but it is helpful to be aware of the issues so that everyone can work together and be as helpful as possible. The Appendix contains samples of services or information that can be included on an optional form.

Individual Interagency Intervention Plan (IIIP)

CORE: Description of Child/Student

_____ _____

Name Date

Address the following areas as required. For children ages three through 21, describe how the disability affects involvement and progress in the general curriculum. For preschool children, describe how the disability affects participation in appropriate activities. Describe how the disability impacts secondary transition planning. (*Required for ages birth to three. **Required for transition planning ages 14-21).

- ❑ *Current Health & Medical Status
- ❑ *Physical/Motor Development
- ❑ *Basic Senses Including Hearing & Vision
- ❑ *Academic Performance/Cognitive Development/Intellectual Functioning
- ❑ *Social/Emotional/Behavioral Development
- ❑ *Communication
- ❑ Environmental (Basic Needs)
- ❑ Other
- ❑ Adaptive Development
- ❑ **Community Access/Use/Participation
- ❑ Legal Representation
- ❑ **Employment
- ❑ **Home Living
- ❑ **Recreation and Leisure
- ❑ **Postsecondary Education and Training
- ❑ *Self-Help Skills

Area _____

Strengths/Current Status _____

_____

_____

Concerns/Needs_____

_____

_____

Area _____

Strengths/Current Status _____

_____

_____

Concerns/Needs_____

_____

_____

Area_____

Strengths/Current Status_____

_____

_____

Concerns/Needs_____

_____

_____

CORE: Description of Child/Student

Purpose: To identify the strengths/current status and concerns/needs of the child/student. This description of the child/student is written at the team meeting with the family taking the lead. It must include all of the required elements (i.e., special education, health, social services, including the waivers).

Name and Date
The child/student's name and the date the page was completed must be filled out on every page.

Address the Following Areas as Required
Check every applicable box as required for the plans addressed in the IIIP. For each area checked, enter summary statements about strengths/current status and concerns/needs made by all the team members as a result of their observations and evaluations/assessments. To meet the requirements of many agency documents, a complete description of the child/student would include statements in all of the areas. This should be written in plain language. Use as many additional pages as necessary. Include in here also the Present Level(s) of Educational Performance and Statements of Education Needs. Describe how the child's/student's disability affects his or her involvement and progress in the general curriculum. How does the disability affect learning at school? How does the disability impact transition planning? Understanding the impact of the child's disability on participating in the child's/student's general curriculum is important. It helps to determine services and accommodations the child needs in order to participate in the general curriculum to the maximum extent possible.

Area
Enter the name of each of the checked titles in the blanks.

Strengths/Current Status
Enter the information describing the child/student's strengths and/or current status as discussed at the team meeting. This includes statements regarding the child/student's present level of performance. Describe the child/student in terms of age appropriateness in comparison to typical peers.

Concerns/Needs
Enter summary information regarding the concerns and/or needs for the child/student as discussed at the team meeting. These need statements should give a reason and identify specific skills, behaviors, or learning to be addressed in the outcomes/goals.

Examples of Information That Might be Included in the Description of the Child/Student —

Current Health and Medical Status

- *Diagnoses*
  - *List of all the child/student's diagnoses (chronic and acute)*
  - *Care plan for each diagnosis, including identification of self care*
  - *Symptoms to watch, report, or act upon; impact of the diagnoses/treatment on functioning, learning and behavior*
- *Current medications (including non-prescription)*
  - *Dosages, compliance, frequency, route, purposes, side effects, precautions and impact on functioning, learning and behavior.*
- *Medical devices and equipment*
  - *Names or types, purpose, precautions, and training needs for staff*
  - *Providers' names or contact names in case of emergencies*

Continued

Individual Interagency Intervention Plan (IIIP)

CORE: Description of Child/Student

_____ _____

Name Date

Address the following areas as required. For children ages three through 21, describe how the disability affects involvement and progress in the general curriculum. For preschool children, describe how the disability affects participation in appropriate activities. Describe how the disability impacts secondary transition planning. (*Required for ages birth to three. **Required for transition planning ages 14-21).

- ❑ *Current Health & Medical Status
- ❑ *Physical/Motor Development
- ❑ *Basic Senses Including Hearing & Vision
- ❑ *Academic Performance/Cognitive Development/Intellectual Functioning
- ❑ *Social/Emotional/Behavioral Development
- ❑ *Communication
- ❑ Environmental (Basic Needs)
- ❑ Other
- ❑ Adaptive Development
- ❑ **Community Access/Use/Participation
- ❑ Legal Representation
- ❑ **Employment
- ❑ **Home Living
- ❑ **Recreation and Leisure
- ❑ **Postsecondary Education and Training
- ❑ *Self-Help Skills

Area _____

Strengths/Current Status _____

_____

_____

Concerns/Needs_____

_____

_____

Area _____

Strengths/Current Status _____

_____

_____

Concerns/Needs_____

_____

_____

Area_____

Strengths/Current Status_____

_____

_____

Concerns/Needs_____

_____

_____

- *Nutritional needs, special diets, and/or food allergies*
- *Primary care and specialized physicians*
  - *Name, address, and phone number*
  - *Date of last visit and recommendations*
- *Hospital Care*
  - *Number of hospitalizations in the past, anticipated in the future, and impact on the child/student*
- *Illness plan*
  - *Who and when to contact and contingency plan if parent cannot be contacted*
- *Pain or discomfort issues*
- *Emergency Care Plan for the child/student (PERK-Plan for Emergency Response for Kids) Emergency Medical Services for Children — 2525 Chicago Ave. S., Suite 314, Mpls, MN 55404 (612-813-7749)*
- *Family/student directives or wishes*
- *Precautions and safety measures*
- *Documentation of overriding health care needs*
- *Areas of unmet medical need*

Physical/Motor Development

- *Percentile on weight/height and head size charts*
- *Ability to perform age-appropriate motor activities*

Basic Sense Including Hearing and Vision

- *Hearing screened at birth? Yes/No, Results*

  Subsequent hearing assessments
- *Impact of hearing loss on functioning*
- *Status of vision*
- *Impact of vision on functioning*

Academic Performance/Cognitive Development/Intellectual Functioning

- *Results of formal and informal testing*
- *Learning styles and preferences*

Social/Emotional/Behavioral Development

- *Orientation —*
  - *Awareness of time, date, place, persons*
  - *Ability to function within home and community*
  - *Oriented to time, place, date, self and others, daily routine and environment*
  - *Distinguish among family, friends, or strangers*
  - *Respond to own name*
  - *Responsive to routine, environment or persons*
  - *Flight of ideas*
- *Emotional issues that affect functioning*
- *Behavior —*
  - *Appropriateness to situations and people*
  - *Repetitive and/or stimulation*
  - *Aggressiveness (verbal or physical)*
  - *Self injurious*
  - *Degree of social connectedness*
  - *Relating to peers according to rules*
  - *Teamwork or team participation*
  - *Progressing from free play to structured rule play*
- *Challenging behaviors/emotions*
- *Interactions with other children/students*
- *Sleeping or eating patterns*
- *Play skills*
- *Attachment/bonding to family*
- *Relationship skills with adults/peers*

Communication

- *Expressive Communication*
  - *Does the child/student verbalize or make sounds, gesture or make signs, or use adaptive or augmentative communication aids? Is the child/student understood by strangers or familiar listeners? How does the child/student express ideas and wants/needs or preferences?*

Continued

Individual Interagency Intervention Plan (IIIP)

CORE: Description of Child/Student

_____ _____
Name Date

Address the following areas as required. For children ages three through 21, describe how the disability affects involvement and progress in the general curriculum. For preschool children, describe how the disability affects participation in appropriate activities. Describe how the disability impacts secondary transition planning. (*Required for ages birth to three. **Required for transition planning ages 14-21).

- ❑ *Current Health & Medical Status
- ❑ *Physical/Motor Development
- ❑ *Basic Senses Including Hearing & Vision
- ❑ *Academic Performance/Cognitive Development/Intellectual Functioning
- ❑ *Social/Emotional/Behavioral Development
- ❑ *Communication
- ❑ Environmental (Basic Needs)
- ❑ Other
- ❑ Adaptive Development
- ❑ **Community Access/Use/Participation
- ❑ Legal Representation
- ❑ **Employment
- ❑ **Home Living
- ❑ **Recreation and Leisure
- ❑ **Postsecondary Education and Training
- ❑ *Self-Help Skills

Area _____

Strengths/Current Status _____

_____

_____

Concerns/Needs_____

_____

_____

Area _____

Strengths/Current Status _____

_____

_____

Concerns/Needs_____

_____

_____

Area_____

Strengths/Current Status_____

_____

_____

Concerns/Needs_____

_____

_____

- *Receptive*
  - *Does the child/student understand conversation, simple or single phrases? Does the child/student comprehend modeling prompts or gestures?*

Environmental (Basic Needs)

- *Issues regarding food, clothing, shelter*

Other

- *Other pertinent information about the child/student*
- *Assistive Technology*

Adaptive Development

- *How does the child/student modify or adjust his/her functioning or behavior to changes in the environment?*
- *How does the child/student make accommodations for his/her disability? (i.e., crawl upstairs instead of walk, sign or point instead of talking, use of a wheelchair for long distances.)*
- *What accommodations are successful strategies for the child/student (i.e., give both oral and written instructions, tape lessons, use of a study carrel, provide for oral testing, classroom aides, and note takers)?*

Community Access/Use/Participation

- *Ability to access community resources/ agencies*
- *Ability to get around in the community independently or with some level of assistance*
- *Transportation issues*
- *Community services currently used or desired by the child/student and/or family*
- *Financial management issues*
- *Service learning opportunities*
- *Functional skills*
- *Safety Skills*

Legal Representation

- *Parents*
- *Legal guardian*
- *Surrogate parents*
- *Self*
- *Other*

Employment

- *Work-readiness skills*
- *Job seeking and job-seeking skills*
- *Time management skills*
- *Organizational skills*
- *Interpersonal skills*
- *Job exploration skills*

Home Living

- *Budgeting skills*
- *Transportation skills*
- *Independent living skills*
- *Self-advocacy skills*

Recreation and Leisure

- *Decision-making skills*
- *Problem-solving skills*
- *Team work skills*
- *Extra curricular options*

Postsecondary Education and Training

- *Accommodation strategies*
- *Study skills*

Self-Help Skills

- *What are the child/student's skills in: toileting, personal care, dressing, eating, protecting themselves from danger?*
- *Identify the areas of independence and those where assistance is needed*

Individual Interagency Intervention Plan (IIIP)

CORE: Shared Outcome— Goals/Outcomes, Objectives/Indicators, and Services

Name:	**Date:**
Shared Outcome:	
Goal: Objective:	Service Minutes/Session: Direct Indirect Service Location Frequency (#/wk, #/mo) Agency Providing Service Start Date Duration Service Provider Name Telephone Address City State Zip 1. Payment Source Authorizing Signature 2. Payment Source Authorizing Signature 3. Payment Source Authorizing Signature
Goal: Objective:	Service Minutes/Session: Direct Indirect Service Location Frequency (#/wk, #/mo) Agency Providing Service Start Date Duration Service Provider Name Telephone Address City State Zip 1. Payment Source Authorizing Signature 2. Payment Source Authorizing Signature 3. Payment Source Authorizing Signature
Goal: Objective:	Service Minutes/Session: Direct Indirect Service Location Frequency (#/wk, #/mo) Agency Providing Service Start Date Duration Service Provider Name Telephone Address City State Zip 1. Payment Source Authorizing Signature 2. Payment Source Authorizing Signature 3. Payment Source Authorizing Signature

This plan must specify services the person needs that are not available and the actions needed to obtain or develop these services. Action taken, if needed:

Core: Shared Outcome—Goals/Outcomes, Objectives/Indicators, and Services

Purpose: This section is for defining shared outcomes, goals/outcomes of desired results of the activities, instruction or therapy for the child/student based on the needs and concerns from the description of the child/student. An objective/indicator outlines the steps that are taken to achieve the goals/outcomes.

The right side of the page identifies the services necessary to meet the needs of the child/student. This includes the location, amount, frequency, duration of the services, and who is responsible for the goals/outcomes and objectives/indicators. It also identifies the services the child/student needs that are not available and the actions taken to develop the services.

Note: Some plans list significant detail in the goals/outcomes or objectives/indicators sections which may not need to be included verbatim in this plan. Instead, the plan may address less detail and refer to a more detailed plan, such as a nursing care plan.

Name and Date
The child/student's name and the date the page was completed must be filled out on every page.

Shared Outcome
It is recommended that IIIP teams develop shared outcomes. This is centered on the belief that it is in the best interests of children/students/young adults/and families and agencies to jointly work on common concerns across multiple environments. The term *shared outcomes* was developed to promote the development of interagency coordinated overarching statements of desired change or difference when there is a multi-agency common concern for a child/student/young adult or family across home, school and community environments.

Several definitions have been developed to explain the shared outcome concept. The following are "generic" words which represent common concepts among the various plans integrated into or coordinated through the IIIP. These definitions are for the purpose of developing common understanding across agencies, programs and plans. Each agency will continue to rely on the laws governing the plans and write their goals/outcomes based on their individual plan requirements.

Each plan's goals/outcomes and objective/indicators are developed based on the collection of data. Data is defined as factual information obtained through assessment, evaluation, screening or observation and is used as a basis for developing a baseline of performance or ability, determining outcomes, planning for services, and used by each agency to develop its own plan components. The data, obtained through each agency's methods, is shared with the team of representatives made up of each agency involved with the family and the family. From the data the child's or family's needs are determined. Key words recognizable by agencies for this are: evaluation, assessment, screening, eligibility determination.

A shared outcome is defined as language that describes the change or difference expected for a child/student/young adult/ or family as determined by the IIIP team based on data. In order to address the identified needs, out-

Continued

Page_____of _____ State of Minnesota 5/04

Individual Interagency Intervention Plan (IIIP)

CORE: Shared Outcome— Goals/Outcomes, Objectives/Indicators, and Services

Name:	**Date:**
Shared Outcome:	
Goal: Objective:	Service Minutes/Session: Direct Indirect Service Location Frequency (#/wk, #/mo) Agency Providing Service Start Date Duration Service Provider Name Telephone Address City State Zip 1. Payment Source Authorizing Signature 2. Payment Source Authorizing Signature 3. Payment Source Authorizing Signature
Goal: Objective:	Service Minutes/Session: Direct Indirect Service Location Frequency (#/wk, #/mo) Agency Providing Service Start Date Duration Service Provider Name Telephone Address City State Zip 1. Payment Source Authorizing Signature 2. Payment Source Authorizing Signature 3. Payment Source Authorizing Signature
Goal: Objective:	Service Minutes/Session: Direct Indirect Service Location Frequency (#/wk, #/mo) Agency Providing Service Start Date Duration Service Provider Name Telephone Address City State Zip 1. Payment Source Authorizing Signature 2. Payment Source Authorizing Signature 3. Payment Source Authorizing Signature

This plan must specify services the person needs that are not available and the actions needed to obtain or develop these services. Action taken, if needed:

comes are developed and agreed upon. Outcomes describe the desired expectations for an individual or family as determined by the team. Outcomes may be shared by all or some of the agencies involved ie: shared outcomes. They may also exist for just one agency. Based upon the outcomes, each agency uses its own accountability process to measure an individual's or family's progress toward an outcome. For example, outcomes in which the education agency is involved would require, in most cases, goals and objectives. (Sometimes an outcome requires services only, and not goals, if only modifications or accommodations are required in order to permit the child to progress in the general curriculum. Fed. Reg. Vol. 64, No. 48, Friday, March 12, 1999, p. 12472.) Services, modifications, and accommodations, as determined by the team, are then listed, just as in a traditional IEP. For the various agency participants, the accountability process and services component may look different. Key words recognizable by agencies for this are long term goals, benchmarks, results.

Progress is defined as forward movement of a child/student/young adult/ or family skill development toward a stated outcome as measured by each agency's accountability process. The IIIP does not change how accountability is monitored or progress is measured for children. Key words are: short term objectives, goals, indicators.

Services are those activities engaged in (paid for, or provided or arrange) by an agency to assist the individual/ families in progressing toward the outcome.

Goals/Outcomes
Number the goal/outcome. Use as many goal/outcome pages as necessary. Describe the goals/outcomes to be achieved. This may come from a single need or a combination of needs identified on the description page. There should not be an outcome unless a need has been identified.

Objectives/Indicators
Each goal/outcome should have at least two objectives. These should address the tasks or activities required to assist the child/student in achieving the desired goal/outcome. Each objective should include the skills to be performed, conditions for evaluation, criteria for evaluation, evaluation procedures, and timelines written according to each plan's requirements. These are used to determine progress toward the goal/outcome and effectiveness of the service.

Services
The Services pages are designed to be an interagency record, documenting the services provided by multiple service providers from education, public health, human services, and other community partners and individuals, as well as by the family. It documents how agencies will work together and share in the work toward the same goals using different strategies, focusing on different objectives, or coordinating efforts on the same objective in accordance with each agency's expertise and responsibilities.

Service
Enter the type of service to be provided (i.e., instruction such as learning disability or speech or related services such as occupational therapy, or other services such as nursing, personal care attendant, respite care, therapy/counseling, mental health, case management, service coordination, respiratory therapy, equipment, home modifications, etc.)

Minutes/Sessions
Enter the number of minutes per session that are direct and/or indirect.

Direct
Enter the actual number of minutes per session this activity will be direct service with the child/student.

Indirect
Enter the actual number of minutes per session this activity will be an indirect service. This includes activities which involve a parent or another adult, rather than working directly with the child/student.

Service Location
Enter the location where the service will take place. If there is more than one, list each separate location.

Continued

Page_____of _____ State of Minnesota 5/04

Individual Interagency Intervention Plan (IIIP)

CORE: Shared Outcome— Goals/Outcomes, Objectives/Indicators, and Services

Name:	**Date:**
Shared Outcome:	
Goal: Objective:	Service Minutes/Session: Direct Indirect Service Location Frequency (#/wk, #/mo) Agency Providing Service Start Date Duration Service Provider Name Telephone Address City State Zip 1. Payment Source Authorizing Signature 2. Payment Source Authorizing Signature 3. Payment Source Authorizing Signature
Goal: Objective:	Service Minutes/Session: Direct Indirect Service Location Frequency (#/wk, #/mo) Agency Providing Service Start Date Duration Service Provider Name Telephone Address City State Zip 1. Payment Source Authorizing Signature 2. Payment Source Authorizing Signature 3. Payment Source Authorizing Signature
Goal: Objective:	Service Minutes/Session: Direct Indirect Service Location Frequency (#/wk, #/mo) Agency Providing Service Start Date Duration Service Provider Name Telephone Address City State Zip 1. Payment Source Authorizing Signature 2. Payment Source Authorizing Signature 3. Payment Source Authorizing Signature

This plan must specify services the person needs that are not available and the actions needed to obtain or develop these services. Action taken, if needed:

Frequency
Enter the frequency with which each service will be provided, i.e. times per week or month.

Agency Providing Service
Enter the name of the agency that is responsible for providing this service.

Start Date
Enter the month/day/year the activity or service is scheduled to begin.

Duration
Enter the expected length of time this service will continue (days, months, number of sessions, etc.) or the ending date of service.

Service Provider Name
Enter the name of the person providing the service.

Telephone
Enter the phone number of the person/agency providing the service.

Address/City/State/Zip
Enter the address of the person/agency providing the service.

Payment Source
Enter the name of the resource responsible for paying for the service.

Authorization Signature
Obtain the signature of the party responsible for paying for, or facilitating payment for a service for a child/student. This is not the service provider's signature.

Unavailable Services Statement
Some plans require including services that are not available. Enter services needed by the child/student that are not available. The Plan must include actions to obtain or develop these services.

Page_____of _____ State of Minnesota 5/04

Individual Interagency Intervention Plan (IIIP)

CORE: Shared Outcome— Goals/Outcomes, Objectives/Indicators, and Services

Example

Name: John Jones	**Date:** 2/11/2004
Shared Outcome: 1. Increase John's self regulation of anger behavior in home, school, and community.	
Goal #1. School: John will increase his use of appropriate manner of disagreeing from verbal and physical aggression to disagreeing in a calm and concise manner. Objective 1A: When asked, John will verbally identify the steps to disagreeing appropriately 95% of the time. Objective 1B: In a role play, John will make eye contact, use a pleasant voice, say "I understand how you feel," say "I feel differently because. . .," and listen to the other person 95% of the time	Social Skill Building Group 20 X Service / Minutes/Session: Direct Indirect Lang Elementary School / 2 Xs per week Service Location / Frequency (#/wk, #/mo) District 2003 / 9/5/2003 School Year Agency Providing Service / Start Date / Duration Social Worker / Susan Smith / (444) 555-5555 Service Provider / Name / Telephone Lang Elementary School / Your City / Your State / xxxxx Address / City / State / Zip District 2003 1. Payment Source / Authorizing Signature 2. Payment Source / Authorizing Signature 3. Payment Source / Authorizing Signature
Goal #2. Children's Mental Health or Corrections: Increase appropriate behavior at home and in the community. Objective 2: Will assist family in developing and implementing a home behavior management plan.	In-Home Family Therapy 60 x Service / Minutes/Session: Direct Indirect John's Home / 1X Service Location / Frequency (#/wk, #/mo) Your County Social Services / 9/1/2003 6 months Agency Providing Service / Start Date / Duration Social Worker / Angela Fish / (777) 999-9999 Service Provider / Name / Telephone Your County Social Services / Your City / Your State / xxxx Address / City / State / Zip Your County Social Services 1. Payment Source / Authorizing Signature 2. Payment Source / Authorizing Signature 3. Payment Source / Authorizing Signature
Goal #3. Public Health: Increase appropriate behavior at home and in the community. Indicator 3A: Will evaluate home for safety issues. Indicator 3B: Provide support to family in implementing behavior plan. Indicator 3C: Assist family in locating physician for medication managment. Indicator 3D: Monitor medication, inclujding side effects.	Home Visiting 60 X X Service / Minutes/Session: Direct Indirect John's Home / 1X Service Location / Frequency (#/wk, #/mo) Your County Public Health / 9/1/2003 6 months Agency Providing Service / Start Date / Duration Public Health Nurse / Sarah Anderson / (333) 999-9999 Service Provider / Name / Telephone Your County Public Hlth Agency / Your City / Your State / xxxx Address / City / State / Zip Your County Public Health Agency 1. Payment Source / Authorizing Signature 2. Payment Source / Authorizing Signature 3. Payment Source / Authorizing Signature

This plan must specify services the person needs that are not available and the actions needed to obtain or develop these services. Action taken, if needed:

Additional Required Elements

Individual Interagency Intervention Plan

Required by specific plans

Contents

- ❑ Additional Information Required for Birth to Three
- ❑ Additional Information Required for Three through Twenty-one
- ❑ Periodic Review Required for Ages Birth to Three
- ❑ High Standards Required for Ages Three to Graduation from High School
- ❑ Profile of Learning Chart for IEP Planning - Primary Grades
- ❑ Profile of Learning Chart for IEP Planning - Intermediate Grades
- ❑ Profile of Learning Chart for IEP Planning - Middle Grades
- ❑ Profile of Learning Chart for IEP Planning - High School Grades
- ❑ Signatures Required for ISP (Individualized Service Plan), IFSP (Individual Family Service Plan) and Waiver Care Plans
- ❑ Signatures, IF REQUIRED, and Designee Assignments
- ❑ Signatures Required for Medical Assistance Waiver Care Plans (CAC, CADI, and TBI)

Individual Interagency Intervention Plan (IIIP)

Additional Information Required for Ages Birth to Three

Name _____ Date _____

Federal Setting #_____

The team assures that services are provided in natural environments? ❑ Yes ❑ No

Settings where services are provided ***(check all that apply)***:

❑ Child/Student's home
❑ Family day care
❑ Other family location
❑ Child care program
❑ Early childhood program
❑ Head Start
❑ Community-based program
❑ Early Childhood Family Education

If services are provided outside natural environments, state rationale:

What we can do to help this child access or adapt to all places:

Transition Planning

❑ Discussed transition with family
❑ Notified child study team of transition
❑ Reviewed child's program options from third birthday to end of school year
❑ This IIIP contains one or more transition outcomes

If this document becomes inactive prior to annual review, end date_____

Reason:

Additional Required Elements

Required for Ages Birth to Three

Purpose: To provide the Least Restrictive Environment (LRE) assurance statement. To assist the team in identifying and selecting the most appropriate settings. To document the transition planning for children at age three.

Name and Date
The child/student's name and the date the page was completed must be filled out on every page.

The Team Assures That Services are Provided in Natural Environments
The team assures that they have selected the least restrictive environment. Check yes or no.

Settings Where Services are Provided
Check all the appropriate boxes, identifying where services will be provided to the child/student.

Federal Child Count Setting
Enter the appropriate code. The definitions and codes are listed in the Appendix.

If Services are Provided Outside of Natural Environments, State Rationale
Explain why this is the most appropriate setting for this child/student,

What We Can Do to Help This Child/Student Access or Adapt to All Places
Describe opportunities and settings in which the child/student and family will be involved in regular activities, enabling interactions with peer groups and how this interaction will be facilitated. List any special adaptations needed to allow this interaction, including special equipment, materials, technology, methods, or changes necessary in the environment(s).

Transition Planning
This is a checklist of the ongoing transition/planning process to remind teams of the steps that are required. A full transition IFSP must be written no less than six months before a child's/student's third birthday, but planning begins much earlier.

If This Document Becomes Inactive Prior to Annual Review, End Date and Reason
Enter the date that this plan becomes inactive, if prior to the annual review. Also enter the reason this plan is inactivated.

Individual Interagency Intervention Plan (IIIP)

Additional Information Required for Ages Three through Twenty-one

_____ _____
Name Date

Federal Setting #_____

Progress Reporting
Frequency and method(s) to be used for reporting to parents:

Adaptations
Adaptations needed, including: 1) supplemental aids and services in general and special education, and 2) program modifications or supports for school personnel to meet the needs of the students, and 3) assistive technology: *(See Optional Formas for Adaptation Checklist)*

Least Restrictive Environment (LRE)/Most Integrated Setting Explanation
If the student is not able to participate full-time with students without disabilities in the regular classroom and/or in extra-curricular and non-academic activities, explain the extent of non-participation and reasons for this non-participation:

Extended School Year (ESY)
Are extended school year services required for this student? ❑ Yes ❑ No ❑ More data needed

If yes, services are described within this plan or in attached documentation.

Transfer of Rights at Age of Majority
Addressed only in IEPs for students who will reach age 17 during the tenure of this IIIP. Prior to the student's 17th birthday, the student was informed of the rights that will transfer to him/her upon reaching the age of majority (18), unless a legal guardian or conservator has been appointed.

Date student was informed _____

Secondary Transition Planning
Transition Needs: For students about to enter grade 9 or reach age 14 and thereafter, describe the focus of courses of study to address transtition needs from secondary services to postsecondary:

Transtion Services: For students about to enter grade 9 or reach age 14 and thereafter, identify instructional services, related services, and interagency responsibilities and any needed linkages to address transition from secondary services to postsecondary education and training, emplоment, community participation, recreation and leisure, and home living, and the person(s) accountable for each activity:

Additional Required Elements

Required for Ages Three through Twenty-one

Purpose: To record the necessary elements of an Individualized Education Plan (IEP) for children/students ages three and above.

Name and Date
The child/student's name and the date the page was completed must be filled out on every page.

Federal Setting
Enter MARSS code from Appendix

Progress Reporting
Enter the procedures or methods and frequency for reporting progress to the parents.

Adaptations
Describe the adaptations or modifications needed to permit successful education of the student. Examples include: grading, credits, transportation, facilities, materials, equipment, technology, adaptive devices, techniques or methods, curriculum coordination of support services, etc.

Least Restrictive Environment (LRE) Explanation
If the student is not able to participate full-time with students without disabilities in the regular classroom and/or in extracurricular and non-academic activities, explain the extent of non-participation and reasons for this non-participation.

Extended School Year (ESY)
Check the appropriate box. If yes is checked, you must attach the statement as per MR 3525.2900 Subpart 1G.

Transfer of Rights at Age of Majority
Enter date student was informed of his or her rights.

Secondary Transition Planning
Describe the transition needs and services for students entering the 9th grade, or before, if appropriate.

 State of Minnesota 5/04

Individual Interagency Intervention Plan (IIIP)

Periodic Review Required for Ages Birth to Three

Name _____ Date _____

Goal/Outcome:

Review of Objectives

Goal/Outcome:

Review of Objectives:

Goal/Outcome:

Review of Objectives:

Goal/Outcome:

Review of Objectives:

Additional Required Elements: Periodic Review

Required for Ages Birth to Three

Purpose: To provide a place for periodic review and evaluation of each goal/outcome.

Name and Date
The child/student's name and the date the page was completed must be filled out on every page.

Goal/Outcome
Enter the number and the goal/outcome from the goal/outcome page

Review of Objectives
Describe the progress towards meeting each objective, noting the criteria, procedures, and timelines given for each. Indicate whether the objective should be continued, modified/revised, or discontinued.

Page_____ of _____

State of Minnesota 5/04

Individual Interagency Intervention Plan (IIIP)

High Standards Required for Ages Three to Graduation from High School

Name _____ Date _____

Minnesota Comprehensive Assessment

Address for MCA's administered during the student's annual IEP year.

❑ Will participate without accommodations

❑ Will participate with accommodations listed: *(Modifications are not allowed.)*

❑ Exempt; state reason and when alternate assessment will be conducted:

Basic Standards Assessment

Address for MCA's administered during the student's annual IEP year.

❑ Will participate without accommodations or modifications

❑ Will participate with accommodations listed:

❑ Will participate with modifications listed:

❑ Exempt; state reason:

District Initiated System Assessment

Address each time a student is in a grade being assessed by the district

❑ Will participate without accommodations

❑ Will participate with accommodations listed:

❑ Exempt; eason & alternative assessments listed:

	State	Individual*	Exempt**	Date Passed
Reading				
Math				
Writing				

Check te appropriate box to indicate the level the student will attempt. *If the modification is to alter the district's passing level, enter the test score expected to be achieved. **If the student is exempt, the goals on the IEP will be the criteria for awarding the diploma.

Profile of Learning/High Standards and/or Minnesota Academic Standards

❑ Will participate in the Profile of Learning High Standards. See attached documentation and identify local requirements. *(Based on existing locally established requirements.)* **and/or**

❑ Will participate in the Minnesota Academic Standards as they are written. No changes will be made.

❑ The IEP team has deermined that some of the Minnesota Academic Standards are inappropriate. some or all of student's IEP goals and objectives will replace the inappropriate academic standard(s) listed below. *(List inappropriate standards here)*

❑ The IEP team has determined that because the nature of the child's disability, all the Minnnesota Academic Standards are inappropriate. The student's IEP goals and objectives will be the established alternative standard(s).

Additional Required Elements: High Standards

Required for Ages Three to Graduation from High School

Purpose: Record on the IEP the accommodations, modifications or exemptions that are necessary for the child/student receiving special education services to participate in state or district wide assessments of student achievement.

Name and Date
The child/student's name and the date the page was completed must be filled out on every page.

Minnesota Comprehensive Assessment
Check the appropriate box. Describe any accommodation(s) used, not modifications, in order for the child/student to participate in these tests. Describe any reasons for exemption and when an alternative assessment will be conducted. Address only in IEPs for grades 3, 5, 8, and 10+.

District Initiated System Assessment
Check the appropriate box. Describe any accommodation(s) used, not modifications, in order for the child/student to participate in these tests. Describe any reasons for exemption and when an alternative assessment will be conducted. Address only in IEPs for grades 3, 5, 8, and 10+.

Basic Standards Assessment
Check the appropriate box. Describe any accommodation(s) or modification(s) used in order for the child/student to participate in these tests. If appropriate, describe the reasons for exemption. Modifications are not allowed on the initial basic standards in eighth grade in order to establish a baseline skill level for the student.

Check the appropriate boxes and indicate the decisions for each level the student will attempt. *If the modification is to alter the district passing level, enter the test score expected to be achieved. **If the student is exempt, the goals on the IEP will be the criteria for awarding diploma.

Page____ of _____ State of Minnesota 5/04

Individual Interagency Intervention Plan (IIIP)

Profile of Learning Chart for IEP Planning for Primary Grades

Name _____ Date _____

(If either "individual" or "exempt" is checked, corresponding Content Standard for Planning Worksheet may be attached.)

STANDARD Identify local standards on the right	Locally Required Standards	STATE	INDI-VIDUAL	EXEMPT	**STANDARD** Identify local standards on the right	Locally Required Standards	STATE	INDI-VIDUAL	EXEMPT
Read, Listen, View					**Scientific Concepts & Applications**				
Literal Comprehension					*Direct Science Experience*				
Interpretation and Evaluation					**Social Studies**				
Write and Speak					*Family, School, and Community*				
Writing and Speaking					**Physical Education & Lifetime Fitness**				
Arts & Literature					*Personal Health and Fitness*				
Artistic Creativity, Performance and Expression					**Economics & Business**				
Mathematical Concepts & Applications					*Technology*				
Number Sense					**World Languages**				
Shape, Space, Measurement					*World Language*				
Inquiry & Research									
Data, Categorization, Classification, and Recording									

Comments:

Additional Required Elements: Primary

Profile of Learning Chart for IEP Planning

Purpose: Attached to the IEP and documents the child's/student's progress on the profiles of learning content standards for the primary grades.

Name and Date
The child/student's name and the date the page was completed must be filled out on every page.

The Profile of Learning will be attached to the annual IEP. The team will use a Content Standard IEP Planning Worksheet for the planning process of the IEP meeting, but this worksheet is not attached to the IEP. The Profile of Learning Chart tracks the child's/student's progress on the content standards. A content standard defines the skills that children/students must demonstrate.

Individual Interagency Intervention Plan (IIIP)

Profile of Learning Chart for Intermediate Grades

Name _____ Date _____

(If either "individual" or "exempt" is checked, corresponding Content Standard for Planning Worksheet may be attached.)

STANDARD Identify local standards on the right	Locally Required Standards	STATE	INDI-VIDUAL	EXEMPT	**STANDARD** Identify local standards on the right	Locally Required Standards	STATE	INDI-VIDUAL	EXEMPT
Read, Listen, View					**Scientific Concepts & Applications**				
Literal Comprehension					*Living and Nonliving Systems*				
Interpretation and Evaluation					**Social Studies**				
Write and Speak					*Historical Events*				
Writing					*Geography and Citizenship*				
Speaking					**Physical Education & Lifetime Fitness**				
Arts and Literature					*Personal Health and Nutrition*				
Artistic Creativity, Performance, and Expression					*Physical Education and Fitness*				
Mathematical Concepts & Applications					**Economics & Business**				
Shape, Space, Measurement					*Technology Skills*				
Number Sense					**World Languages**				
Chance and Data Handling					*World Language*				
Inquiry & Research									
Media, Observation, and Investigation									

Comments:

Additional Required Elements: Intermediate

Profile of Learning Chart for IEP Planning

Purpose: Attached to the IEP and documents the child's/student's progress on the profiles of learning content standards for the intermediate grades.

Name and Date
The child/student's name and the date the page was completed must be filled out on every page.

The Profile of Learning will be attached to the annual IEP. The team will use a Content Standard IEP Planning Worksheet for the planning process of the IEP meeting, but this worksheet is not attached to the IEP. The Profile of Learning Chart tracks the child's/student's progress on the content standards. A content standard defines the skills that children/students must demonstrate.

Page_____ of _____ State of Minnesota 5/04

Individual Interagency Intervention Plan (IIIP)

Profile/High Standards Chart for IEP Planning for Middle School

Name _____ Date _____

(If either "individual" or "exempt" is checked, corresponding Content Standard for Planning Worksheet may be attached.)

STANDARD Identify local standards on the right	Locally Required Standards	STATE	INDI-VIDUAL	EXEMPT	**STANDARD** Identify local standards on the right	Locally Required Standards	STATE	INDI-VIDUAL	EXEMPT
Read, Listen, View					**Scientific Concepts & Applications**				
Nonfiction					*Living Systems*				
Fiction					*Earth Systems*				
Technical Reading					*Physical Systems*				
Write & Speak					**Social Studies**				
Writing					*Current Issue Analysis*				
Interpersonal Communication					*Geography and Culture*				
Arts & Literature					*History and Citizenship*				
Artistic Creativity and Performance					**Physical Education & Lifetime Fitness**				
Artistic Interpretation					*Personal Health*				
Mathematical Concepts & Applications					*Physical Education and Fitness*				
Space, Shape, and Measurement					*Career Exploration*				
Number Sense					**Economics & Business**				
Chance and Data Handling					*Personal Resources*				
Patterns and Functions					*Group Resources*				
Inquiry & Research					*Informed Consumerism*				
Direct Observation					*Technology Applications*				
Accessing Information					**World Languages**				
Controlled Experiments					*World Language*				

Comments:

Additional Required Elements: Middle School

Profile of Learning Chart for IEP Planning

Purpose: Attached to the IEP and documents the child's/student's progress on the profiles of learning content standards for the middle grades.

Name and Date
The child/student's name and the date the page was completed must be filled out on every page.

The Profile of Learning will be attached to the annual IEP. The team will use a Content Standard IEP Planning Worksheet for the planning process of the IEP meeting, but this worksheet is not attached to the IEP. The Profile of Learning Chart tracks the child's/student's progress on the content standards. A content standard defines the skills that children/students must demonstrate.

Individual Interagency Intervention Plan (IIIP)

Profile/High Standards Chart for IEP Planning for High School

Name _____ Date _____

(If either "individual" or "exempt" is checked, corresponding Content Standard for Planning Worksheet may be attached.)

STANDARD Identify local standards on the right	Locally Required Standards	STATE	INDI-VIDUAL	EXEMPT	**STANDARD** Identify local standards on the right	Locally Required Standards	STATE	INDI-VIDUAL	EXEMPT
Read, Listen, View					***Case Study (or)***				
Choose 1: Complex Information (or)					*New Product Development*				
Technical Reading, Listening & Viewing					**Scientific Concepts & Applications**				
Write & Speak					*Choose 2 of 5: Concepts in Biology (or)*				
Choose 1: Academic Writing (or)					*Concepts in Chemistry (or)*				
Technical Writing					*Earth and Space Systems (or)*				
Choose 1: Public Speaking (or)					*Concepts in Physics (or)*				
Interpersonal Communication					*Environmental Systems*				
Arts & Literature					**Social Studies**				
**Arts Creation & Performance*					**Themes of United States History*				
**Arts Analysis & Interpretation*					**United States Citizenship*				
Mathematical Concepts & Applications					**Diverse Perspectives*				
Choose 1: Discrete Mathematics (or)					*Choose 1 of 3: Human Geography (or)*				
Chance & Data Analysis					*Institutions & Traditions In Society (or)*				
Choose 1: Algebraic Patterns (or)					*Community Interaction*				
Technical Applications					**Physical Education & Lifetime Fitness**				
**Shape, Space, and Measurement*					**Individual & Community Health*				
Inquiry & Research					**Physical Education& Fitness*				
Choose 1 of 7: Math Research (or)					*Choose 1: Career Investigation (or)*				
History of Science (or)					*Occupational Experience*				
History Through Culture (or)					**Economics & Business**				
History of the Arts (or) *World History and Cultures (or)*					**Economic Systems* *Choose 1 of 5: Natural & Managed Systems (or)*				
Recorders of History (or)					*Personal & Family Resource Management (or)*				
Issue Analysis					*Business Management (or)*				
Choose 1 of 6: Research Process (or)					*Financial Systems (or)*				
Social Science Processes (or)					*Technical Systems*				
Research & Create a Business Plan (or)					**World Languages**				
Market Research (or)					***World Language*				

*Required **Optional (Additional comments can be added to the back of this sheet, to the worksheet pages, or to the adaptations section of the IIIP)

Additional Required Elements: High School

Profile of Learning Chart for IEP Planning

Purpose: Attached to the IEP and documents the child's/student's progress on the profiles of learning content standards for high school.

Name and Date
The child/student's name and the date the page was completed must be filled out on every page.

The Profile of Learning will be attached to the annual IEP. The team will use a Content Standard IEP Planning Worksheet for the planning process of the IEP meeting, but this worksheet is not attached to the IEP. The Profile of Learning Chart tracks the child's/student's progress on the content standards. A content standard defines the skills that children/students must demonstrate.

Individual Interagency Intervention Plan (IIIP)

Signatures Required for ISP (Individualized Service Plan), IFSP (Individualized Family Service Plan) and Waiver Care Plans

_____ _____
Name Date

Parent/Guardian Signatures:
When you sign this form, it means that you have read or have had this Interagency Individual Intervention Plan (IIIP) read to you. Signing this document means you agree with the goals and services for your family and your child/student as written in this plan. It is important that you know you have the right not to sign this plan if you do not agree with it in its entirety.

_____ _____
Signature Relationship to Child/Student

_____ _____
Signature Relationship to Child/Student

I/We have also been informed of my/our right to request a conciliation conference or an administrative appeal for county developmental disability case management and related services.

_____ _____
Signature Relationship to Child/Student

_____ _____
Signature Relationship to Child/Student

Additional Required Elements

Signatures Required for ISP, IFSP and Waiver Care Plans

Purpose: To obtain parent/guardian signatures required on the ISP (Individualized Service Plan), IFSP (Individualized Family Service Plan), and the Medical Assistance Waivers.

Note: A signature may obligate agency services. However, nothing in the law "increases or decreases the obligation of the state, county, regional agency, local school district, or local agency or organization to pay for education, health care or social services." Each signer should refer to the rules, regulation, policy, or procedure regarding what the signature means for the agency and family.

Name and Date
The child/student's name and the date the page was completed must be filled out on every page.

Parent/Guardian Signatures
Obtain the signatures of the parent or legal guardian (required for ISP and the DHS waivers).

Relationship
Enter the relationship of this child/student to the person signing this plan, such as: parent, grandparent, legal guardian, etc., required on the plans replaced by the IIIP.

 State of Minnesota 5/04

Individual Interagency Intervention Plan (IIIP)

Signatures, IF REQUIRED, and Designee Assignments

_____ _____

Name Date

Signatures, IF REQUIRED

_____

County or Other Case Manager

_____

Physician or Other Health Care Professional

_____

Other

Designee Assignments:

IIIP Coordinator

Name _____ Position _____

Agency _____ Telephone _____

IEP Manager

Name _____ Position _____

Agency _____ Telephone _____

Multiagency Plan of Care

Name _____ Position _____

Agency _____ Telephone _____

Additional Required Elements

Signatures, IF REQUIRED, and Designee Assignments

Purpose: To obtain signatures required on the IIIP and to assign or designate a service coordinator/case manager/ plan manager.

The maintenance of the original signed document is to be determined by the agencies involved in the 3-21 Coordinated System for this child/student with disabilities. Each case manager or agency representative will need to obtain the appropriate additional documentation required for their records such as consent and due process forms, etc.

Note: A signature may obligate agency services. However, nothing in the law "increases or decreases the obligation of the state, county, regional agency, local school district, or local agency or organization to pay for education, health care or social services." Each signer should refer to the rules, regulation, policy, or procedure regarding what the signature means for the agency and family.

(Refer to the Appendix for details on which plans require signatures/designee assignments.)

Name and Date
The child/student's name and the date the page was completed must be filled out on every page.

Signatures, If Required
Obtain the signatures of the participants of the team who are required to sign the plan.

County or Other Case Manager
Obtain the signature of the case manager(s), such as those representing child/student welfare, mental health, and developmental disabilities.

Date
Date the form was signed.

Physician or Other Health Care Professional
Obtain the signature of the child's/student's physician for approving an ISP for a child/student with overriding health care needs.

Other
Obtain the signatures of any other persons required on the plans replaced by the IIIP.

Designee Assignments
Some plans require the signature of the case manager/service coordinator/plan manager. Others require only the name of this person, written on the plan.

IIIP Coordinator
If there is a specific IIIP Coordinator assigned to this child/student, they may be designated here. This is an optional designation.

IEP Manager/Mulitagency Plan of Care
Write the name of the person as required.

Individual Interagency Intervention Plan (IIIP)

Signatures Required for Medical Assistance Waiver Care Plans

(CAC, CADI, and TBI)

_____ _____
Name Date

_____ _____ _____
Service Span Start Date Service Span End Date PMI#

_____
Case Mix Classification

Clients Rights and Signatures

A. ❑ Yes ❑ No I was offered a choice of home and community-based care, nursing facility or hospital placement.
B. ❑ Yes ❑ No I was offered a choice of home and community-based services.
C. ❑ Yes ❑ No I was offered a choice of providers.
D. ❑ Yes ❑ No ❑ NA I have read and understand each of the rights and responsibilities stated on the application for home and community-based services, including my right to appeal.
E. ❑ Yes ❑ No I have read the Individual Care Plan and agree with it.

Check One

F. ❑ I agree with my care plan.
G. ❑ I agree with most of my care plan and want community services.
H.. ❑ I agree with most of my care plan but wish to discuss the plan further before initiating or changing community services.

_____ _____
Client/Legal Guardian Signature Date

_____ _____
Client/Legal Guardian Signature (Reassessments only) Date

_____ _____
Signature of person completing this plan (Reassessments only) Date

_____ _____
Approval by county of Medicaid responsibility if different from county of service Date

_____
Date care plan was mailed/given to applicant

Additional Required Elements

Signatures Required for Medical Assistance Waiver Care Plans

(CAC, CADI, and TBI)

Purpose: To document and assure that clients were offered home and community-based care or hospital placement. To document that clients were offered a choice of providers. To ensure concurrence wit the plan and to obtain the signature of the client or legal guardian.

The assigned waiver case manager is responsible for the completion of this page, following the directions provided in training or according to the manual specific for these waivers.

Name and Date
The child/student's name and the date the page was completed must be filled out on every page.

Appendix

Individual Interagency Intervention Plan

Definitions

Federal Settings Codes

Race/Ethnicity

List of Home Primary Languages

County Codes

Optional Forms

Inventory of Plan Required Elements

Copy of Optional Forms

Copy of IIIP

IIIP Definitions

CAC Waiver (Community Alternative Care)

A waiver which allows use of Medicaid funds for home and community-based services as an alternative to chronically ill and disabled persons under age 65 who require an acute (hospital) level of care.

CADI Waiver (Community Alternative for Disabled Individuals)

A waiver which allows use of medicaid funds for home and community-based services as an alternative to persons under age 65 who require a nursing-home level of care.

DSM-IV

Diagnostic and Statistical Manual Revision IV is a classification of mental disorders designed to provide clear definitions of diagnostic categories to facilitate diagnosis, communication, study and treatment of various mental disorders. It represents only a portion of the ICD-9-CM codes and provides greater detail in some areas of mental disorders. DSM and DSM-IV are trademark's of the American Psychiatric Association.

Extended School Year Services (ESY)

ESY means special education and related services that are provided to a child with a disability beyond the normal school year of the public agency in accordance with the child's IEP; and at no cost to the parents of the child and meet the standards of the SEA.

Health Care Professional

A licensed professional who within their scope of practice can review and approve care plans for individuals with overriding health care needs.

ICD-9-CM

The International Classification of Diseases, 9th Revision, Clinical Modifications is issued by the Public Health Service and the Health Care Financing Administration of the U.S. Department of Health and Human Services as an official source for coding and reporting diseases.

Individual Community Support Plan (ICSP)

The plan used for Minnesota residents over the age of 18 who have a serious and persistent mental illness (as defined in MS 245.462, Subd. 20) to provide person with an opportunity to manage their mental illness and work toward recovery, self sufficiency and integration into society.

IEP (Individual Education Plan)

Used by school districts to plan for the educational needs of a child eligible for special education.

IFCSP (Individual Family Community Support Plan)

Used by interagency teams to plan for children and their families involved with Family Service or Children's Mental Health Collaboratives.

IFSP (Individual Family Service Plan)

The plan used by interagency teams o plan for children from birth to age three eligible for Early Intervention Services (Part C).

ISP (Individual Service Plan)

The plan used for Rule 185 eligible children and adults with mental retardation and related conditions.

Least Restrictive Environment (LRE)

To the maximum extent appropriate, children with a disability, including those in public or private institutions or other care facilities, are educated with children who are not disabled, and that special classes, separate schooling, or other removal of children with a disability from the regular educational environment occurs only when and to the extent that the nature or severity of the disability is such that education in regular classes with the use of supplementary services cannot be achieved satisfactorily.

Legal Parents

Parent(s) who have legal custody.

MARSS I.D.

A number assigned to each child attending school or receiving school services.

MR/RC Waiver (Mental Retardation and Related Conditions)

A waiver which allows use of Medicaid funds for home and community-based services as an alternative to ICF/MR care.

Multiagency Plan of Care

A written plan of intervention and integrated services developed by a multiagency team in conjunction wit the child an family to identify and provide integrated services and funding for these services, for a child with a severe emotional disturbance and his/her family.

Natural Environment

The setting in which the child receives services is the same or, as close as possible to the one they would be in if they were not disabled.

Overriding Health Care Needs

A medical condition that affects the service options available to the person because the condition requires —

- Specialized or intensive medical supervision; and,
- Nonmedical service providers to adapt their services to accommodate medical supervision which meets the health and safety needs of the person.

- Required documentation for rule 185 (ISP) MN Rules, part 9525.004 subpart 18.

Public Agency

A public agency that provides the services required under programs and initiatives listed in Minn. Stat. 125A.023 Subd. 3. Private agencies are considered "public" when they are vendors of public services (e.g. contracted).

Surrogate Parent

A person appointed by the providing district to intervene on the child's behalf to help ensure that the rights of a child to a free and appropriate education are protected. The term surrogate parent applies only to the development of and consent for special education assessment and services. The surrogate parent shall not be a person who receives public funds to educate or care for the child. However, a foster parent may serve as a surrogate parent if appointed and if no conflict of interest exists.

TBI (Traumatic Brain Injury)

A waiver which allows the use of Medicaid funds for home and community-based services for persons under age 65 with brain injury who are experiencing significant cognitive and behavioral deficits and who require a level of care in either a specialized nursing facility or a neurobehavioral hospital.

Federal Settings

as of 3/02

School Age Instructional Settings

00 No IEP/IFSP/IIIP
01 Outside of regular classroom less than 21% of school day
02 Resource room between 21% and 60% of school day
03 Separate classroom more than 60% of school day
04 Public separate day school facility greater than 50% of school day
05 Private separate day school facility greater than 50% of school day
06 Public residential facilities greater than 50% of school day
07 Private residential facilities greater than 50% of school day
08 Homebound/hospital placement

Early Childhood Instructional Setting

Use for ECSE students Age Birth through Two

11 Designed for children with developmental delays
12 Designed for typically developing children
13 Home
14 Hospital (inpatient)
15 Resident facility
16 Service provider location
17 Other setting

Use for ECSE Students Age Three to Kindergarten Entrance

01 Early childhood setting
02 Early childhood special education setting
03 Home
04 Part-time early childhood/part-time early childhood special education setting
05 Residential facility
06 Separate school
07 Itinerant service outside the home (optional)
08 Reverse mainstream setting (optional)

Race/Ethnicity

Race/ethnicity is used in federal and state civil rights and statistical reports. This is a nonscientific racial/ethnic designation as defined by the U.S. Department of Education.

The manner of collection is left to the discretion of the district. Districts should make it clear that the data are used for purposes of compliance with federal and state civil rights laws. Students, parents, and/or guardians may be asked to self-identify, or the school staff who enroll students may assign the race/ethnicity based on sight.

1. **American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America and maintain cultural identification through tribal affiliation or community recognition.
2. **Asian or Pacific Islander:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent. This area includes China, India, Japan, Korea, the Philippine Islands and Samoa.
3. **Hispanic:** Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin — regardless of race.
4. **Black, not of Hispanic origin:** Persons having origins in any of the Black racial groups of Africa.
5. **White, not of Hispanic Origin:** Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

List of Home Primary Languages

AFGHAN 60
AFRIKAANS 01
AMERICAN INDIAN (Not Ojibwe or Dakotah) 06
AMHARIC 50
ARABIC 02
ARMENIAN 03
BENGALI 10
BOHEMIAN 04
BHUTANESE 62
BURMESE 55
CAMBODIAN 05
CANTONESE 07
CEBUANO 36
CHEYENNE 06
CHINESE 07
CHIPPEWA 35
CROATIAN 41
CUTCHI 10
CZECH 04
DAKOTAH 08
DANISH 09
DUTCH 33
ENGLISH 11
ENGLISH, CREOLIZED 57
ESTONIAN 12
FARSI 13
FINNISH 14
FLEMISH 33
FRENCH 15
GAELIC 16
GERMAN 17
GREEK 54
GUJARATI 10
HAUSA 50
HAWAIIAN 56
HEBREW 18
HINDI 19
HINDUSTANI 19
HMONG 20
HUNGARIAN 21
ICELANDIC 22
ILOCANO 36
ILONKO 36
INDONESIAN 32
IRANI 13
ITALIAN 23
JAPANESE 24
KANNADA 10
KHALKHA 25
KHMER 05
KONKANI 10
KOREAN 26
KURDISH 27
LACOTAH 08
LAO 28
LAOTIAN 28
LASCAR 10
LATVIAN 29
LITHUANIAN 31
MAGYAR 21
MALAY 32
MALAYALAM 10
MARATHI 10
MARSHALLESE 56
MICRONESIAN 56
MONGOLIAN 25
NETHERLANDISH 33
NORWEGIAN 34
OJIBWE 35
OKINAWAN 24
PALAU 56
PERSIAN 13
PILIPINO 36
POLISH 37
POLYNESIAN 56
PORTUGUESE 38
PUNJABI 10
ROMANIAN 39
RUSSIAN 40
SAMOAN 56
SANTEE 08
SERBIAN 41
SERBO-CROATIAN 41
SIAMESE 47
SIGN LANGUAGE 42
SINGHALESE 58
SIOUX 08
SLAVONIAN 44
SLOVAK 43
SLOVENE 44
SLOVENIAN 44
SPANISH 45
SWAHILI 50
SWEDISH 46
TAGALOG 36
TAIWANESE 07
TAMIL 10
TELUGU 10
THAI 47
TIGRINYA 50
TONGAN 56
TURKISH 48
UKRANIAN 49
URDU 19
VIETNAMESE 51
WINNEBAGO 06
YAO 61
YIDDISH 59
YORUBA 50

County Codes

001	Aitkin	039	Lake of the Woods	077	Todd
002	Anoka	040	Le Sueur	078	Traverse
003	Becker	041	Lincoln	079	Wabasha
004	Beltrami	042	Lyon	080	Wadena
005	Benton	043	McLeod	081	Waseca
006	Big Stone	044	Mahnomen	082	Washington
007	Blue Earth	045	Marshall	083	Watonwan
008	Brown	046	Martin	084	Wilkin
009	Carlton	047	Meeker	085	Winona
010	Carver	048	Mille Lacs	086	Wright
011	Cass	049	Morrison	087	Yellow Medicine
012	Chippewa	050	Mower		
013	Chisago	051	Murray		
014	Clay	052	Nicollet		
015	Clearwater	053	Nobles		
016	Cook	054	Norman		
017	Cottonwood	055	Olmsted		
018	Crow Wing	056	Otter Tail		
019	Dakota	057	Pennington		
020	Dodge	058	Pine		
021	Douglas	059	Pipestone		
022	Faribault	060	Polk		
023	Fillmore	061	Pope		
024	Freeborn	062	Ramsey		
025	Goodhue	063	Red Lake		
026	Grant	064	Redwood		
027	Hennepin	065	Renville		
028	Houston	066	Rice		
029	Hubbard	067	Rock		
030	Isanti	068	Roseau		
031	Itasca	069	St. Louis		
032	Jackson	070	Scott		
033	Kanabec	071	Sherburne		
034	Kandiyohi	072	Sibley		
035	Kittson	073	Stearns		
036	Koochiching	074	Steele		
037	Lac Qui Parle	075	Stevens		
038	Lake	076	Swift		

Optional Forms

Individual Interagency Intervention Plan

May be used in addition to the required elements of the IIIP to assist in the planning process, add additional information to the IIIP, or replace similar pages in the IIIP

Contents

- ❑ **Medical Assistance Waiver Care Plans (CAC, CADI, and TBI Plans)**
- ❑ **CADI and TBI Plans**
- ❑ **Meeting Plan**
- ❑ **Action Plan**
- ❑ **Progress Report**
- ❑ **Family Considerations and Concerns**
- ❑ **Outcome Page**
- ❑ **Action Plan**
- ❑ **Emergency Medical/Crisis/Behavior Intervention Plan**
- ❑ **Adaptation Checklist**

Page_____ of _____ State of Minnesota 5/04

Individual Interagency Intervention Plan (IIIP)

OPTIONAL FORM: Medical Assistance Waiver Care Plans

(CAC, CADI, and TBI Plans)

Name _____ Date _____

Service Span Start Date _____ Service Span End Date _____ PMI# _____

Service	Frequency of Services (e.g., per day; days per week)	UNIT	HCPC Code	Provider Name/ Number	Start/End Dates (If different than services span date)	Rate Per Unit	Units Per Month	Cost Per Month
Case Management		15 min.	X5476					
Case Aide		15 min.	X5491					
Case Management Conversion		Open	X5424					
RN–Skilled Nurse Visit–MA		Visit	X5284					
RN–PDN–MA		15 min.	X5646					
RN–Vent. Dep. PDN–MA		15 min.	X5647					
RN–PDN–Ext.		30 min.	X5266					
RN–Vent. Dep. PDN–Ext.		30 min.	X5434					
RN–ICU–Home Health–Ext.		30 min.	X5433					
LPN–PDN–MA		15 min.	X5648					
LPN–Vent. Dep. PDN–MA		15 min.	X5649					
LPN–PDN–Ext.		30 min.	X5267					
LPN–Vent. Dep. PDN–Ext.		30 min.	X5437					
LPN–ICU–Home Health		30 min.	X5436					
PCA–MA		15 min.	X5645					
PCA–RN Supv.–MA		15 min.	X4037					
PCA–Ext.		15 min.	X5581					
Home Health Aide–MA		Visit	X5285					
Home Health Aide –Ext.		15 min.	X5650					
Homemaker		15 min.	X5655					
Family Counseling		15 min.	X5676					
Family Training		15 min.	X5677					

Subtotal_____

Optional Form: Medical Assistance Waiver Care Plans
(CAC, CADI, and TBI Plans)

Purpose: A planning worksheet for medicaid waivers.

The assigned waiver case manager completes this page following the directions provided in training or according to the manual specific for these waivers.

Name and Date
The child/student's name and the date the page was completed must be filled out on every page.

Page_____ of _____ State of Minnesota 5/04

Individual Interagency Intervention Plan (IIIP)

OPTIONAL FORM: Medical Assistance Waiver Care Plans

(CAC, CADI, and TBI Plans)

_____ _____
Name Date

_____ _____ _____
Service Span Start Date Service Span End Date PMI#

Service	Frequency of Services (e.g., per day; days per week)	UNIT	HCPC Code	Provider Name/ Number	Start/End Dates (If different than services span date)	Rate Per Unit	Units Per Month	Cost Per Month
Respite (in-home)		Daily	X5481					
Respite (out-of-home)		Daily	X5485					
RN–Ind PDN–MA		15 Min.	X5641					
RN–Ind PDN–Ext.		30 Min.	X5266					
LPN–Ind. PDN–MA		15 Min.	X5642					
LPN–Ind. PDN–Ext.		30 Min.	X5267					
PCA–Ind.–MA		15 Min.	X5643					
PCA–Ind. RN Supv.–MA		15 Min.	X5644					
Foster care		Daily	X5449					
Foster care		Monthly	X5450					
RN–Supv. of Ind. PDN		15 Min.	X5441					
Home Modifications		Per Item	X5419					
Physical Therapy–Ext.		15 Min.	X5426					
Occupational Therapy–Ext.		15 Min.	X5429					
Speech Therapy–Ext.			15 Min.	X5427				
Respiratory Therapy–Ext.		15 Min.	X5430					
Nutritional Therapy –Ext.		15 Min.	X5428					
Prescription Drugs–Ext.		Per Item	X5431					
Supplies/ Equipment–Ext.		Per Item	X5467					
Transportation—Ext.		Per Trip	X5601					

Other: _____

Other: _____

Other: _____

Subtotal_____
Previous Page Subtotal_____
TOTAL_____

Optional Form: Medical Assistance Waiver Care Plans

(CAC, CADI, and TBI Plans)

Purpose: A planning worksheet for medicaid waivers.

The assigned waiver case manager completes this page following the directions provided in training or according to the manual specific for these waivers.

Name and Date
The child/student's name and the date the page was completed must be filled out on every page.

Page_____ of _____ State of Minnesota 5/04

Individual Interagency Intervention Plan (IIIP)

OPTIONAL FORM: CADI and TBI Plans

Required for these plans

Name _____ Date _____

Service Span Start Date _____ Service Span End Date _____ PMI# _____

Circle the appropriate x's:

CADI	TBI	Service	Provider Name/ Number	Start/ End Dates (If different than services span date)	Rate Per Unit	Units Per Month	Cost Per Month
x	x	Adult Day Care					
	x	Behavioral Program					
x	x	Case Management					
x	x	Case Management Conversion– one opening					
	x	Chore Services					
	x	Companion Services					
	x	Cognitive Therapy					
x	x	Extended Home Health Aide					
x	x	Extended Home Health Nursing–RN					
x	x	Extended Home Health Nursing–LPN					
	x	Extended Mental Health					
x	x	Extended Personal Care Assistant					
x	x	Extended Medical Supplies and Equipment					
		Extended Therapies:					
x	x	Physical Ext. HH					
x	x	Occupational Ext. HH					
x	x	Speech Ext. HH					
x	x	Respiratory Ext. HH					
x	x	Family Consulting and Training					
x	x	Foster Care					
x		Home-Delivered Meals					
x	x	Homemaker					
	x	Home Modifications					
x		Home/Vehicle/Device Adaptations					
x	x	Independent Living Skills					
	x	Independent Living Skills Therapies					
x	x	Respite Care: ◎ In Home ◎ Out of Home					
	x	Structured Day Program					
	x	Transportation					

Total Waiver Cost Per Month $_____

Optional Form: Medical Assistance Waiver Care Plans
(CADI and TBI Plans)

Purpose: A planning worksheet for medicaid waivers.

The assigned waiver case manager completes this page following the directions provided in training or according to the manual specific for these waivers.

Name and Date
The child/student's name and the date the page was completed must be filled out on every page.

Page_____of _____ State of Minnesota 5/04

Individual Interagency Intervention Plan (IIIP)

OPTIONAL FORM: Meeting Plan

_____ _____
Name Date

_____
Meeting Date

After reviewing family considerations, the family and facilitator determine what to discuss at the IIIP meeting. List the topics, questions, and information to share. Decide what sequence to follow and estimate the time needed.

People to consider for team membership who will be helpful or supportive to the child/student and family and the outcomes/issues/tasks —

Family/Community
- ☐ Parents (must attend to meet educational requirements)
- ☐ Other family members, relatives, friends
- ☐ Community, civic, disability, parent group, cultural representatives
- ☐ Respite care providers
- ☐ Child care providers
- ☐ Advocates
- ☐ Legal representatives
- ☐ Church, other support personnel
- ☐ Other_____

Education
- ☐ School district representative
- ☐ Special Education teacher/staff
- ☐ School nurse
- ☐ Early Childhood Family Education teacher/staff
- ☐ Head Start teacher/staff
- ☐ Community education staff
- ☐ Early childhood program staff (nursery school, child care)
- ☐ Regular Education
- ☐ Occupational therapist
- ☐ Physical therapist
- ☐ Speech pathologist
- ☐ Paraprofessional
- ☐ Postsecondary
- ☐ School Psychologist
- ☐ School Social Worker
- ☐ Other_____

Health Care
- ☐ Primary physician(s)
- ☐ Other physician(s)
- ☐ Private home health care provider
- ☐ Hospital staff
- ☐ Public health nurse
- ☐ MCSHN staff
- ☐ Mental health providers
- ☐ Personal care attendants
- ☐ Other_____

Social Services
- ☐ Developmental disabilities casemanager
- ☐ Mental health casemanager
- ☐ Income maintenance/economic assistance worker
- ☐ Mental health professional
- ☐ Child welfare worker
- ☐ Social worker
- ☐ County Case Manager
- ☐ Deaf & hard of hearing services
- ☐ Other private providers_____
  _____

Employment and Support Services
- ☐ Department of Economic Security
  - ☐ Rehabilitation Services (DRS)
  - ☐ Services for the Blind (SSB)
- ☐ Financial Management Services
- ☐ Supportive Employment
- ☐ Independent Living Centers
- ☐ Housing
- ☐ Community Rehab Providers
- ☐ Group Homes

Other
- ☐ Interpreter: language_____

OPTIONAL FORM: Meeting Plan

Purpose: To plan the team meeting agenda, list information to review, identify potential team membership, or assist in deciding who has information to provide regarding the child/student.

This page can be used during the initial meeting to plan team membership and meeting agenda. It can also be used to document meeting times convenient for the family for future meeting planning.

Name and Date
The child/student's name and the date the page was completed must be filled out on every page.

Meeting Date
Enter the date of this meeting with the family.

Meeting Plan
Enter information that the family and others want to be sure is discussed at the team meeting(s), including topics, concerns, and questions to be answered. An agenda with subjects and time allotments for discussion can also be listed.

Family/Student Team Membership Selection
This is a list of possible people or services to include on the team. When designing the family's team, consider people who know the family and would be helpful as resources and supports. Some may be helpful as extra people to call on for special issues, but may not need to be part of the team. You may also wish to include staff from such groups as Early Hearing Detection Network or Autism Network.

State of Minnesota 5/04

Individual Interagency Intervention Plan (IIIP)

OPTIONAL FORM: Action Plan

Name _____ Date _____

Activity or Desired Change	People Who Can Help	Notes

OPTIONAL FORM: Action Plan

Purpose: To record activities, changes, tasks etc. that need to be documented, but do not require an outcome. It can also be used for brainstorming to determine needs and outcomes, to record notes, and as a place for families/students to list their priorities/ issues/tasks.

Name and Date
The child/student's name and the date the page was completed must be filled out on every page.

Activity or Desired Change
Enter the activity that needs to be done, the task to be accomplished, or the change the team would like to see that does NOT require a major outcome.

People Who Can Help
After team discussion, enter the names of people who might be helpful to work on this activity.

Note: This plan has multiple uses, including suggested ways to indicate that a further assessment is needed, the date the activity was completed, progress notes, or a space for families to record their periodic review of the items for which they have chosen responsibility.

 State of Minnesota 5/04

Individual Interagency Intervention Plan (IIIP)

OPTIONAL FORM: Progress Report

Ages three and above

Name _____ Date _____

School _____ Grade _____ Date of IIIP _____

Progress toward the annual goals and the extent to which annual goals can be achieved by the end of the Individual Education Plan (IEP) year:

Goal/Outcome # _____
☐ Insufficient progress
☐ Adequate progress
☐ Goal met

Comments _____

Goal/Outcome # _____
☐ Insufficient progress
☐ Adequate progress
☐ Goal met

Comments _____

Goal/Outcome # _____
☐ Insufficient progress
☐ Adequate progress
☐ Goal met

Comments _____

Goal/Outcome # _____
☐ Insufficient progress
☐ Adequate progress
☐ Goal met

Comments_____

Goal/Outcome # _____
☐ Insufficient progress
☐ Adequate progress
☐ Goal met

Comments_____

OPTIONAL FORM: Progress Report
Ages three and above

Purpose: To record progress towards annual goals and the extent to which annual goals can be achieved by the end of the IEP year.

Additional pages of this form may be added as needed.

Name and Date
The child/student's name and the date the page was completed must be filled out on every page.

School
Enter the name of the school the child/student is attending.

Grade
Enter the grade level of the child/student.

Date of the IIIP
Enter the date that the IIIP was written.

Goal/Outcome Number
Enter the number of the goal/outcome.

Degree of Progress
Check the box which describes the child/student's progress toward the goal/outcome.

Comments
Specific details of progress.

 State of Minnesota 5/04

Individual Interagency Intervention Plan (IIIP)

OPTIONAL FORM: Family Considerations and Concerns

_____ _____
Name Date

Describe how you see your child/student. Share what you most like and list any concerns or needs. (Continue on back if needed.)

Which of the following do you or other family members feel are important concerns or areas about which you would like more information? (Continue on back if needed.)

For You or Your Child/Student

- ☐ Getting around
- ☐ Communicating
- ☐ Learning
- ☐ Eating/nutrition
- ☐ Sleeping
- ☐ Self help skills
- ☐ Having fun with other children
- ☐ Challenging behaviors/emotions
- ☐ Equipment or supplies
- ☐ Health or dental care
- ☐ Pain or discomfort
- ☐ Vision
- ☐ Hearing
- ☐ Recreation and leisure
- ☐ Postsecondary education/training
- ☐ Home living
- ☐ Employment
- ☐ Community services
- ☐ Financial management
- ☐ Accommodations
- ☐ Assistive technology
- ☐ Career planning
- ☐ Other_____

_____

For You or Your Family

- ☐ Information about resources
- ☐ Information about specific special needs
- ☐ Information about different services and how they work
- ☐ Explanation of professional terms/roles
- ☐ Help with transportation (to school, appointments) and vehicle adaptations
- ☐ Meeting other families whose children have similar needs
- ☐ Finding a support group
- ☐ Information/ideas for siblings, relatives, friends, others
- ☐ Finding or working with doctors/other specialists
- ☐ Coordinating child/student's medical care
- ☐ Coordinating/making appointments and dealing with agencies
- ☐ Finding child care
- ☐ People who can help in your home/respite care
- ☐ Planning/expectations for future
- ☐ Assistance with housing, clothing, jobs, food, telephone
- ☐ Assistance in obtaining funds for extra cost of child/student's needs
- ☐ Help with insurance
- ☐ Information about recreational opportunities
- ☐ Interpreter—language:_____
- ☐ Other_____

_____

What type of help would you want for your child/student and family in the months ahead? (Continue on the back if needed.)

What else do you think would be helpful for others to know about your child/student? (Continue on the back if needed.)

OPTIONAL FORM: Family Considerations and Concerns

Purpose: To assist in the completion of or may replace the family/student consideration portion of the Core Elements of the IIIP. Families can describe how they see their child/student or their wishes, wants, needs, issues or concerns.

Name and Date
The child/student's name and the date the page was completed must be filled out on every page.

Describe How You See Your Child
Either the family or their designee may write this information. If someone else writes this, it should be in the family's own words.

Which of the Following Do You or Other Family Members Feel are Important Concerns or Areas About Which You Would Like More Information?
Either the family or their designee, in discussion with the family, checks the boxes that describe their areas of concern and for which they would like more information.

What Type of Help Would You Want for Your Child and Family in the Months Ahead?
The family or the designee lists the help or assistance the family requests.

What Else Do You Think Would Be Helpful for Others to Know About Your Child?
The family or their designee lists the things that they feel others should be aware about their child/student or family which may impact services to the child.

Page_____of _____ State of Minnesota 5/04

Individual Interagency Intervention Plan (IIIP)

OPTIONAL FORM: Outcome Page

May be used for ages birth to three

_____ _____
Name Date

_____ _____
Outcome # Periodic Review Date

Where do we want to be? (major outcome or goal)

What steps do we need to take?	Describe the degree of progress written in the same format as the objective. Indicate whether to continue (C), modify or revise (M), or discontinue (D) the objective.

OPTIONAL FORM: Outcome Page

May be used for ages birth to three

Purpose: To be used in addition to or in lieu of the goal/outcome/objective/indicator page in the core elements of the IIIP.

Additional pages of this form may be added as needed.

Name and Date
The child/student's name and the date the page was completed must be filled out on every page.

Outcome #
Enter the number of the outcome.

Periodic Review Date
Enter the date that this goal is to be reviewed.

Where Do We Want to Be? (Major Outcome or Goal)
Enter the description of the major outcome or goal based on an identified need.

What Steps Do We Need to Take?
An objective should address part of or be a subtask required to work toward the desired outcome. There should be at least two objectives for each outcome. Each objective should include criteria, procedures, and a timeline written according to the provider's requirements, which will be used to determine progress toward the objective.

Degree of Progress
Describe what progress has been made toward meeting each objective, noting the criteria, procedures, and timelines given for each. Indicate whether the objective should be continued, modified/revised, or discontinued.

State of Minnesota 5/04

Page____of ____

Individual Interagency Intervention Plan (IIIP)

OPTIONAL FORM: Emergency Medical/Crisis/ Behavior Intervention Plan

Name:_____Date_____

Emergency Contact Information **Plan effective _____ to _____**

Parent Name _____HM Phone_____WK Phone: _____Other_____
Parent Name _____HM Phone_____WK Phone: _____Other_____
Other Emergency Contact_____ HM Phone_____WK Phone: _____Other_____
Prim. Care Physician_____Phone: _____Other _____After hours?_____
Specialist_____ Phone: _____Other _____After hours?_____
Specialist_____ Phone: _____Other _____After hours?_____
Therapist/Counselor_____ Phone: _____Other _____After hours?_____
Psychiatrist_____ _____Phone: _____Other _____After hours?_____
Case Mgr/Service Coord_____ Phone: _____Other _____After hours?_____
Anticipated Primary Emergency Dept_____Pharmacy_____
Anticipated Tertiary Care Center_____Phone_____
Other_____
If person needs to be transported, who will transport_____ and to what location_____

Diagnoses

_____ Baseline Physical Findings_____
_____ _____
_____Baseline Vital Signs_____
_____ _____
_____ Baseline Neurological Status_____
_____ _____
_____ Baseline Ancillary findings(Lab, E-ray, ECG)_____
_____ _____
_____ Prosthesis/Applicances/Advanced Technolocy Devices_____
_____ _____

Medications

_____Dosage_____Purpose_____
_____Dosage_____Purpose_____
_____Dosage_____Purpose_____
_____Dosage_____Purpose_____
_____Dosage_____Purpose_____
_____Dosage_____Purpose_____

Immunization (Dates)

DPT/DTAP						Hep. A					
OPV/IPV						Hep. B					
MMR						Varicella					
HIB						TB Status					
Pneu/mococcal						Influenza					
Other											

Common Presenting Problems and Management/Interventions

Problem Diagnostic Studies Treatment/Interventions

_____
_____
_____
_____

Continued

OPTIONAL FORM: Emergency Medical/Crisis/ Behavior Intervention Plan

May be used for ages birth through 21

Purpose: May be used to assist in developing an emergency care plan for children or students who may need immediate intervention due to a disability. The form contains some duplicate demographic information as it is designed to accompany the child/student to emergency care. This is a form that should be completed with the child's/student's medical care or mental health provider for children with these diagnoses or concerns.

Name and Date
The child/student's name and the date the page was completed must be filled out on every page.

Emergency Contact Information
Enter the relevant information regarding the child/student.

Diagnoses
Enter the relevant information regarding the child/student.

Medications
Enter the relevant information regarding the child/student.

Immunizations
Enter the relevant information regarding the child/student.

Common Presenting Problems and Management Interventions
List some of the typical issues that may arise with this child/student, what diagnostic studies are recommended, (if any) and recommended management /treatment/interventions including what has been successful in the past.

Name **Date**

History of past hospitalizations or placements?

Allergies/Medications/Procedures/Interventions To Be Avoided. **WHY?**

Risk of injury to self or others currently?

Crisis/Functional Assessment

What caused the crisis?

What situations have led to crisis/behavior in the past?

What makes it worse?

What prevents it from occurring?

How can it be defused?

How should families members react?

How should non family members react?

Intervention/Management Plan:

OPTIONAL FORM: Emergency Medical/Crisis/ Behavior Intervention Plan

May be used for ages birth through 21

Purpose: May be used to assist in developing an emergency care plan for children or students who may need immediate intervention due to a disability. The form contains some duplicate demographic information as it is designed to accompany the child/student to emergency care. This is a form that should be completed with the child's/student's medical care or mental health provider for children with these diagnoses or concerns.

Name and Date
The child/student's name and the date the page was completed must be filled out on every page.

History Of Past Hospitalizations or Placements
Briefly describe the child's/student's history, including reason, for hospital care or out of home placements.

Allergies/Medications/Procedures/ Interventions To Be Avoided
List and describe the things to be avoided and the reason why.

Risk of Injury to Self or Other Currently?
Describe if, how and under what circumstances this child/student may be in danger of hurting himself or others. Is he currently at risk?

Crisis/Functional Assessment
Examples to describe:

- The current and past causes of crisis.
- How other people and the behaviors make things worse.
- What steps are to be taken to keep everyone safe and calm
- What can be done to reduce tension or avoid conflict in the first place

Crisis Intervention/Management Plan
Examples:
All Plans

- Who is suppose to do what and under what circumstances?
- Does the person needs to be transported by police or ambulance, if not who will transport and to what location?

Mental Health

- Who is to be called?
- Is there a professional who should be called? Should they be called after hours?
- If the child is removed who needs to be called?

ISP

- What consultation and training is to be provided to caregivers and or providers?
- What is the transition plan to return the person to the home setting?
- Recommendations for changes to the ISP to prevent or decrease future crisis situations.

IEP

- Conditional procedures to be used in an emergency situations based on identifying the frequency and severity of targeted behavior for which the conditional procedure is to be used
- Identification of at least 2 positive interventions.
- Design and implement regulated interventions based on PLEP needs, goals and objectives.

State of Minnesota 5/04

Individual Interagency Intervention Plan (IIIP)

OPTIONAL FORM: Adaptations

(optional)

Student:_____ Date:_____ Grade:_____

This list includes some of the adaptations that may be available to this student through team recommendations based on individual student need. This list is not exhaustive and can be modified regularly by the IEP team. The adaptations to be provided will be stated in the Adaptations section of the IEP or attached to the IEP. The person(s) responsible should also be stated.

Instruction Adaptations:	**Subject/Class:**
Small team instruction	
Guided to unguided instruction	
Leave class for resource room assistance	
Study buddy, peer partner, peer note-taker	
Visual aids	
Auditory aids	
Instructional aids	
Extra time for oral response	
Extra time for written response	
Dictate responses to person or tape	
Study carrel	
Minimize visual distractions	
Minimize auditory distractions	
Additional feedback	
Assignment notebook	
Oral and printed instructions	
Shortened instructions; in segments	
Number and sequence task steps	
Provide a model of end product	
Opportunity to verbalize instructions	
Opportunity to write instructions	
Preferential seating	
Prompts for participtions & transitions	
Repeated review, drill	
Concrete, positive reinforcers	
Other:	
Other:	

Class Testing Adaptations:	**Subject/Class:**
Extra time for completion	
Shortened tests	
Rearrange or segment tests	
Highlighted or otherwise altered tests	
Alternate test	
Short answer tests	
Multiple test sessions	
Tests read to the student	
Dictate responses to person or tape	
Take home or open book tests	
Project or other activity	
Use of manipulatives, other aids	
Recognition instead of essay response	
Minimize distractions; study carrel	
Opportunity to take tests in resource room	
Alternate grading	
Opportunity to retake until passing grade	
Other:	
Other:	

Materials Adaptations:	**Subject/Class:**
Materials +/or lectures on tape	
Highlighted, color coded materials	
Large print materials	
Braille materials	
ESL materials	
Materials, books in alternative format	
Study buddy, peer partner, peer note-taker	
Manipulatives, study aids	
Outline grid	
Flow charts, arrays, web, etc.	
Copy of teacher notes	
Study guides related to test content	
Two sets of books, materials	
Other:	
Other:	
Other:	
Other:	

Assignment Adaptations:	**Subject/Class:**
Extra time for completion	
Reduced assignments using key concepts	
Modified assignments using key concepts	
Alternate assignment	
Alternate test	
Project or other activity (e.g., not written)	
Other format, such as on tape	
Other response, such as oral or taped	
Study buddy, peer partner, peer note-taker	
Task analyze, sequence assignments	
Task analyze, sequence assignments	
Overview of long-term assignments	
Frequent checkpoints for long-term work	
Reinforce appropriate work completion	
Alternate grading	
Other:	
Other	
Other:	

Grading Adaptations:	**Subject/Class:**
Adapt % of work for passing grade	
Partial grade based on individual efforts	
Frequent grading averaged in	
Daily work weighted higher than tests	
Opportunity to rework for better grade	
Grade on corrected work	
Alternate grading, e.g., pass/fail	
Modify class participation expectations	
Other	
Other:	

OPTIONAL FORM: Adaptations (continued)

Behavior Management:	Subject/Class:
Positive reinforcement	
Modify expectations	
Code to identify inapropriate behavior	
Pair with role model peer for team work	
Modified expectations	
Amended consequences	
Preferential seating	
Individualized behavior contract	
Check-in time(s)	
Clearly defined limits	
Frequent reminders	
Frequent breaks	
Proximity control	
Designated safe place for times of stress	
In-class time out	
Private discussion about behavior	
Supervised transitions	
Other:	
Other:	
Other:	
Other:	

Assistive Technology & Other Services:	Subject/Class:
Interpreter	
Augmentative Communication Device	
Instruction in Braille, use of Braille	
Books, materials on tape	
Word processor	
Note taker	
Decoders for TV, film	
Magnification	
Amplification	
Large print matrials	
1-1 paraprofessional support	
Training/technical assistance for student	
Training/technical assistance for family	
Training/technical assistance for staff	
Job Coach	
Counseling	
Other:	
Other:	

For additional academic adaptation suggestions, referr to the "Testing Guidelines for Students with IEP or 504 Plans" materials, including the lists of possible accommodations and modifications.

Transportation:
Special bus/van
Special route
Special seating
Seating Harness
Car seat
Lift
Bus assistant
Behavior contract
Change in discipline policy
Other:
Other:

Comments or Other Adaptations:

Inventory of Plan Required Elements

Individual Interagency Intervention Plan

This section contains descriptions of all the plans that are integrated into the IIIP. It contains information on specific requirements of individual plans. This section will help you decide what is required by specific plans and where to put information on a plan.

Contents

- ❑ **Individual Interagency Intervention Plan (IIIP) (Required Plan Components)**
- ❑ **Individualized Service Plan (ISP)**
- ❑ **MA Waiver Plans (CAC, CADI, and TBI)**
- ❑ **Individualized Education Plan (IEP)**
- ❑ **Individual Family Community Support Plan (IFCSP)**
- ❑ **Individual Family Service Plan (IFSP)**
- ❑ **Individual Community Support Plan (ICSP)**
- ❑ **Multiagency Plan of Care**

INDIVIDUAL INTERAGENCY INTERVENTION PLAN (IIIP)
(REQUIRED PLAN COMPONENTS)

Other plans coordinated through the IIIP:

- **IPE (Individualized Plan For Employment)**
- **Corrections**
- **IHP (Individualized Habilitation Plan)**
- **ITP (Individualized Treatment Plan)**
- **Out of Home Placement (Non Child Protection)**
- **Nursing Care Plans**
- **Home Care Service Plans**
- **Other provider or program specific plans**

	GRID ELEMENT	ISP Individualized Service Plan (0 – adult)	CAC Community Alternative Care (Under 65)	CADI Community Alt. for Disabled Individuals (Under 65)	TBI Traumatic Brain Injury (Under 65)	IEP Individual Education Plan (B through 21)	IFCSP Individual Family Community Support Plan (B to 18)	IFSP Individual Family Service Plan (B to 3)	ICSP Individual Community Support Plan (18 and up)	Multi-Agency Plan of Care (For CMHCs)
1	PERFORMANCE / ASSESSMENT INFO.	X	X	X	X	X	X	X	X	
2	NEEDS SUMMARY	X	X	X	X	X		X		X
3	GOALS & OBJECTIVES	X	X	X	X	X	X	X	X	X
4	SERVICE PROVISION DOCUMENTATION	X	X	X	X	X	X	X	X	X
5	UNAVAILABLE SERVICE DOCUMENTATION	X								
6	LEAST RESTRICTIVE ENVIRONMENT	X				X		X		
7	PROVIDER CHOICE		X							
8	TIMELINE FOR REVIEW PROCESS	Annually	6 months (re-eligibility)	Annually	Annually	Same as general education	180 days or 90 days	6 Months	180 or 90 days	X
9	COST & PAYMENT		X	X	X			X		X
10	PAYMENT ARRANGEMENTS		X	X	X			X		X
11	CASE MANAGER DOCUMENTATION	X	X	X	X	X IEP Manager	X Meeting Schedule	X Service Coordinator		X
12	TEAM MEMBERS									
13	PARENT SIGNATURE	X	X	X				X		
14	OTHER SIGNATURES	X Case mgr.	X Case mgr. Physician	X Case mgr. Physician	X Case Manager					X Case Manager

DESCRIPTION OF GRID ELEMENTS / PLAN REQUIREMENTS

1 Include documentation of assessments (developmental, status, health, etc.)
2 Include summary of self-identified and individual needs
3 Include concrete goals and objectives
4 Identify services provided, including frequency, duration, intensity, location, and dates
5 Identify unavailable services and include plan to address these needs
6 Include LRE / Community Environment / natural environments documentation
7 Include documentation of provider choice
8 Frequency and nature of review process
9 Service cost and payment documentation required
10 Outline payment arrangements
11 Documentation of case manager or primary worker's name and/or position
12 List / identify all required team participants
13 Requirement for parental signature of approval for plan
14 Requirement for other signatures of approval for plan

Name of Plan: Individual Service Plan (ISP)

Purpose of Plan:
To document service needs, goals and objectives and services (kinds amounts and frequency).

Who is eligible for this Plan? (Who is it for?)
People that have been determined eligible for Developmental Disabilities Services. (are mentally retarded or have a related condition)

Statutory Citations: *MS 256B.092 ., MR 9525.0024 .0025*

Responsible agency to develop this plan:
Local social service agencies

Required Elements on IIIP

(Cross Reference for this plan and the IIIP)

Title of Page on IIIP	Required on the Plan
CORE	
Demographic Information	*Check ISP box*
Family/Student Considerations	*256B.092, subd.1b and 9525.0025 subpart 3A*
Description of Child/Student	*Record summary information from the assessment reports in each of the ISP required domains. 256B.092, subd.1b, (1), 9525.0024 subpart 1, A-K. Narrative reports including social histories can be attaches if you choose, summary information will suffice. Documentation of overriding medical needs or any other special considerations can be described here e.g. overriding medical concern documentation can be recorded in the medical status domain. This is also the place to document additional assessments that need to be arranged or completed and where you would document the need to develop an IPP (9525.0024 subpart 3, F,G and H).*
Goals/Outcomes and Objectives and Indicators	*Record long and short term goals and objectives that address the needs identified in the description of the child section and that are based on the persons needs and preferences. Goals must be designed and delivered consistent with the standards outlined in 9525.0008 subpart 3. Long and short term goals and objectives must have a direction of change and be measurable.*
Services	*Record "the specification of services, including case*

	management services, and the amount and frequency of services to be provided" and "specification of the services the person needs that are not available and the actions taken to obtain or develop"(9524.0024 subpart 3, D and E.
Additional Required Elements	
Additional Information for Birth to 3	*Can use to document issues or actions around least restrictive environments or special adaptations*
Additional Information Required for Ages 3 through 21	*Can use to document issues or actions around least restrictive environments or special adaptations. Progress report section can be used to document timelines and methods that will be used for reviews.*
Periodic Review Birth to 3	*Can use to record progress for the 0-3 child.*
High Standards	*NA*
Profile of Learning Chart – Primary Grades	*NA*
Profile of Learning Chart-Intermediate Grades	*NA*
Profile of Learning Chart-Middle Grades	*NA*
Profile of Learning Chart-High School	*NA*
Signatures Required for IFSP, ISP and Waiver Care Plans	*These are required signatures (256B.092, subd.1b (7) and (8). Other agencies will have other forms that are needed to begin services or to assure due process. Parent need to know they are signing here approving the social services plan.*
Signatures, If Required, and Designee Assignments	*256B.092 subd.1b (8) and (9) and 9525.0024 subpart 3, J and K require the signature of the case manager(authorized county representative) and documentation (through a signature) that the plan was reviewed by a health professional if there is an overriding medical need.*
Signatures Required for Medical Assistance Waiver Care Plans (CAC, CADI, TBI)	*If your system requires similar sign off when using the MR/RC waiver, then use this form.*

Additional Documentation Elements Required for This Plan

You will need to keep some items in the file, social histories and other complete assessment information. A Screening document must be submitted and maintained. Service agreements and other documentation is kept as per usual for using the MR/RC waiver to pay for services. The IPP is also typically kept by the social service agency.

Name of Plan: The MA Waiver Plans (CAC, CADI & TBI)

Purpose of Plan:
To document service needs, goals and objectives and services (kinds amounts and frequency).

Who is eligible for this Plan? (Who is it for?)
People that have been determined eligible for MA and are at risk of nursing home, Hospital or other institutional placements

Statutory Citations: *256B.49, 9525.0024, Title 42, Chapter 7, subchapter XIX*

Responsible agency to develop this plan:
Local social service and or public health agencies

Required Elements on IIIP

(Cross Reference for this plan and the IIIP)

Title of Page on IIIP	Required on the Plan
CORE	
Demographic Information	*Check the box that identifies wither CAC, CADI or TBI plans*
Family/Student Considerations	*This is used to record the parents or the clients needs, strengths, requests for services. Helpful in targeting assessment areas or identifying strengths to use in the development of a care plan. This is not required for any of these waiver plans, but the information is very important.*
Description of Child/Student	*The CADI, CAC, and TBI have a very complete assessment information that is needed to document eligibility and facilitate the development of a care plan. Record summary information from the assessment reports. Narrativereports or forms may be attached as per the team process. Summary information will suffice. Medications and emergency care ideas can be described in the domain areas listed on the IIIP.*
Goals/Outcomes and Objectives and Indicators	*Record long and short term goals and objectives that address the needs identified in the description of the child section and that are based on the persons needs and preferences. Both formal and informal supports can be listed.* *Comprehensive nursing care plans can be attached, the purpose of the care could be an outcome, for example, in order to keep "name" in her home, medical and home health supports will be provided on a 'X" per day or week basis.*
Services	*Record the specification of services, as well as the amount and frequency of services to be provided. If waiver dollars are being used to pay for a service this is*

	documented on the services page and the case manager is to authorize payment and can sign.
Additional Required Elements	
Additional Information for Birth to 3	*Can use to document issues or actions around least restrictive environments or special adaptations*
Additional Information Required for Ages 3 through 21	*Can use to document issues or actions around least restrictive environments or special adaptations. Progress report section can be used to document timelines and methods that will be used for reviews.*
Periodic Review Birth to 3	*Can use to record progress for the 0-3 child.*
High Standards	*NA*
Profile of Learning Chart – Primary Grades	*NA*
Profile of Learning Chart-Intermediate Grades	*NA*
Profile of Learning Chart-Middle Grades	*NA*
Profile of Learning Chart-High School	*NA*
Signatures Required for IFSP, ISP and Waiver Care Plans	*These are required signatures. Other agencies will have other forms that are needed to begin services or to assure due process. Parents need to know they are signing here approving the social services plan.*
Signatures, If Required, and Designee Assignments	*This is a page where any additional needed signature or names of people can be listed.*
Signatures Required for Medical Assistance Waiver Care Plans (CAC, CADI, TBI)	*These signatures are required to document choice of provider and to document that notices of rights and responsibilities took place. Other programs do not require this to be documented on the plan and will have other sing off that they will need to gather.*

Additional Documentation Elements Required for This Plan

You will continue to need to keep certain forms in your files. The assessment forms, service agreements and other application information are examples. The service menu worksheets were taken out of this new version of the IIIP. These worksheets can continue to be used but do not need to be included in the IIIP.

NOTE: The MR/RC waiver uses some of the same documentation forms and those need to kept in the file. The ISP is the care plan that is used for children/youth using MR/RC money to pay for needed services.

Name of Plan: Individualized Education Program

Purpose of Plan:

The IEP is a written plan for each pupil that is developed, reviewed, and revised in a meeting that includes, a statement of the pupil's present levels of educational performance, including how the student's disability affect's the pupil's involvement and progress in the general curriculum, or for preschool pupils, how the disability affects the pupil's participation in appropriate activities.

Who is eligible for this Plan? (Who is it for?)

Pupils who have met special education criteria based on outlined requirements.
125A.02 Child with a Disability Defined

Statutory Citations:

M.R. 3525.2810 (Development of the Individualized Education Program Plan
M.R. 3525.2900 (subpart 4) Transition Planning
M.R. 3501.0300-3501.0430 Graduation Standards
M.S. 125A.08 School District Obligations
M.S. 256B.0625 Covered Services
**34 CFR §300.347 Content of the IEP*
**34 CFR §300.29 Definitions*
**34 CFR §300.348 Agency responsibilities*

Responsible agency to develop this plan:

Local Education Agency, school district obligations

Required Elements on IIIP

(Cross Reference for this plan and the IIIP)

Title of Page on IIIP	Required on the Plan
CORE	
Demographic Information	
Family/Student Considerations	*125A.08 School District Obligations*
Description of Child/Student	*125A.08 School District Obligations* *3525.2810 (subpart 2) Development of the IEP*
Goals/Outcomes and Objectives and Indicators	*3525.2810 Development of the Individualized Education Program Plan* *3525.2900 (subpart 4) Transition Planning* **34 CFR §300.347(b)(1)(2) Content of the IEP*
Services	*125A.08 School District Obligations* *256B.0625 Authorized Services covered by medical*

	assistance **34 CFR § 300.29 Transition Services*
Additional Required Elements	
Additional Information for Birth to 3	
Additional Information Required for Ages 3 through 21	
Periodic Review Birth to 3	
High Standards	*(3501.0300-3501.0430)*
Profile of Learning Chart – Primary Grades	*Appendix F: IEP Planning Process* *3501.0340 Variations for Students with IEPs or Section 504 Accommodation Plans*
Profile of Learning Chart-Intermediate Grades	*Appendix F: IEP Planning Process* *3501.0340 Variations for Students with IEPs or Section 504 Accommodation Plans*
Profile of Learning Chart-Middle Grades	*Appendix F: IEP Planning Process* *3501.0340 Variations for Students with IEPs or Section 504 Accommodation Plans*
Profile of Learning Chart-High School	*Appendix F: IEP Planning Process* *3501.0340 Variations for Students with IEPs or Section 504 Accommodation Plans*
Signatures Required for IFSP, ISP and Waiver Care Plans	
Signatures, If Required, and Designee Assignments	
Signatures Required for Medical Assistance Waiver Care Plans (CAC, CADI, TBI)	

Additional Documentation Elements Required for This Plan

Name of Plan: Individual Family Community Support Plan (IFCSP)

Purpose of Plan:

A plan for children with a severe emotional disturbance, developed by a case manager in conjunction with the family and the child, that identifies specific services needed by a child and the child's family to:

(1) treat the symptoms and dysfunctions determined in the diagnostic assessment;

(2) relieve conditions leading to emotional disturbance and improve the personal well-being of the child;

(3) improve family functioning;

(4) enhance daily living skills;

(5) improve functioning in education and recreation settings;

(6) improve interpersonal and family relationships;

(7) enhance vocational development; and

(8) assist in obtaining transportation, housing, health services, and employment.

Who is eligible for this Plan? (Who is it for?)

Children under 18 years of age with severe emotional disturbances and their families.

Statutory Citations:

M.S. 245.4871 Subd.19
M.S. 245.4881 Subd. 4

Responsible agency to develop this plan:

County or other entity authorized by the county board to provide case management services.

Required Elements on IIIP

(Cross Reference for this plan and the IIIP)

Title of Page on IIIP	Required on the Plan
CORE	
Demographic Information	*245.4881 Subd. 3.The case manager shall develop an individual family community support plan for a child as specified in subdivision 4, review the child's progress, and monitor the provision of services.* *245.487 Subd. 19. "Individual family community support plan" means a written plan developed by a case manager in conjunction with the family and the child with severe emotional disturbance on the basis of a diagnostic assessment and a functional assessment.*
Family/Student Considerations	*245.4881 Subd. 4 a) To the extent appropriate, the child with severe emotional disturbance, the child's family, advocates, service providers, and significant others must be involved in all phases of development and implementation of the individual family community support plan.*
Description of Child/Student	*245.4881 Subd. 4. (a) For each child, the case manager must develop an individual family community support plan that incorporates the child's individual treatment plan.*
Goals/Outcomes and Objectives and Indicators	*245.4881 Subd. 4 b) The child's individual family community support plan must state:* *(1) the goals and expected outcomes of each service and criteria for evaluating the effectiveness and appropriateness of the service;* *(2) the activities for accomplishing each goal;* *(3) a schedule for each activity; and* *(4) the frequency of face-to-face contacts by the case manager, as appropriate to client need and the implementation of the individual family community support plan.*
Services	*245.487 Subd. 17. "Family community support services" means services provided under the clinical supervision of a mental health professional and designed to help each child with severe emotional disturbance to function and remain with the child's family in the community. 245.4881. Subd. 4 b) 3) the activities for accomplishing each goal.*
Additional Required Elements	

Additional Information for Birth to 3	
Additional Information Required for Ages 3 through 21	
Periodic Review Birth to 3	
High Standards	
Profile of Learning Chart – Primary Grades	
Profile of Learning Chart-Intermediate Grades	
Profile of Learning Chart-Middle Grades	
Profile of Learning Chart-High School	
Signatures Required for IFSP, ISP and Waiver Care Plans	
Signatures, If Required, and Designee Assignments	**X**
Signatures Required for Medical Assistance Waiver Care Plans (CAC, CADI, TBI)	

Additional Documentation Elements Required for This Plan:

- *Diagnostic assessment.*
- *A complete, written functional assessment.*
- *Individual Treatment Plan (ITP).*

Name of Plan: Individual Family Service Plan (IFSP)

Purpose of Plan:
Used by interagency teams to plan for children from birth to three eligible for Early Intervention Services (Part C)

Who is eligible for this Plan? (Who is it for?)
Children from birth to three eligible for Early Intervention Services (Part C)

Statutory Citations: *Fed. Law Sec 636, Fed Rule 303,State Statute MS 125 A.32*

Responsible agency to develop this plan:
Interagency teams

Required Elements on IIIP

(Cross Reference for this plan and the IIIP)

Title of Page on IIIP	Required on the Plan
CORE	
Demographic Information	*Check IFSP box*
Family/Student Considerations	*SEC. 636 (d)(2), Fed Rule303.344(b), 125A.32(b)(2)* *Statement of resources, priorities and concerns.*
Description of Child/Student	*SEC.636 (d)(1) 303.344(a) 125A.32(b)(1)* *must include info on physical, cog., comm., soc/ emotional, & adaptive development.*
Goals/Outcomes and Objectives and Indicators	*SEC 636 (d)(3) 303.344(c) 125A.32(b)(3)* *major outcomes for the child & family & the criteria, proc. & timelines used to determine progress & need for modifications or revisions*
Services	*SEC 636 (d)(4,6), Fed Rule 303.344 (d,g), 125A.32 (b) (4,7) 125.34, 125A.32(b)(10)* *Specific services including frequency, intensity, & method of delivery.* *Projected dates for initiation of services & anticipated duration of services* *Statement of specific services; frequency, intensity & method of delivering each service, location of services* *Dates and duration of services. Authorized signatures of the agencies responsible for providing, paying for or facilitating payment for early intervention services.*
Additional Required Elements	*N/A*

Additional Information for Birth to 3	*Sec 636 (d) (5,7,8)Assurance that, to the maximum extent appropriate, early intervention services are provided in natural environments.* *For each early intervention service to be provided in a setting that is not a natural environment, the IFSP must include a justification that describes the basis of the team's decision and be clearly tied to the identified needs of the child & the projected outcomes. If appropriate, the justification can be based on the nature of the service required to meet the unique needs of the child. (The provision of service to parents or other family members are excluded from the natural environment justification).* *Payment Arrangements* *Name of Service Coordinator Transition to Part B Services.*
Additional Information Required	*N/A*
for Ages 3 through 21	
Periodic Review Birth to 3	*SEC 636 (b) 303.342(b)*
High Standards	*N/A*
Profile of Learning Chart – Primary Grades	*N/A*
Profile of Learning Chart- Intermediate Grades	*NA*
Profile of Learning Chart- Middle Grades	*NA*
Profile of Learning Chart-High School	*NA*
Signatures Required for IFSP, ISP and Waiver Care Plans	*SEC 636 (e) 125A.32(b)(10)* *Parental consent* *Signature of the parent.*
Signatures, If Required, and Designee Assignments	*SEC 636 (d)(7) 303.344 (h)* *Name of Service Coordinator*
Signatures Required for Medical Assistance Waiver Care Plans (CAC, CADI, TBI)	

Additional Documentation Elements Required for This Plan.

Name of Plan: Individual Community Support Plan (ICSP)

Purpose of Plan:

To provide person with an opportunity to manage their mental illness and work toward recovery, self sufficiency and integration into society. The individual Community Support Plan is integrated into the IIIP.

Who is eligible for this Plan? (Who is it for?)

Any Minnesota Resident who is over age 18 and has a Serious and Persistent Mental Illness as defined in MS 245.462, Subdivision 20.

Statutory Citations:

MS 245.462, Subdivision 12, 20.
MR 9520.0900 to 9520.0926

Responsible agency to develop this plan:

County Social Service Agency or Instrumentality

Required Elements on IIIP

(Cross Reference for this plan and the IIIP)

Title of Page on IIIP	Required on the Plan
CORE	
Demographic Information	*No*
Family/Student Considerations	*No*
Description of Child/Student	*No*
Goals/Outcomes and Objectives and Indicators	*MR 9520.0905, Part H*
Services	*MR 9520.0905, Part H*
Additional Required Elements	
Additional Information for Birth to 3	*No*
Additional Information Required for Ages 3 through 21	*No*
Periodic Review Birth to 3	*No*
High Standards	*No*

Profile of Learning Chart – Primary Grades	*No*
Profile of Learning Chart-Intermediate Grades	*No*
Profile of Learning Chart-Middle Grades	*No*
Profile of Learning Chart-High School	*No*
Signatures Required for IFSP, ISP and Waiver Care Plans	*No*
Signatures, If Required, and Designee Assignments	*No*
Signatures Required for Medical Assistance Waiver Care Plans (CAC, CADI, TBI)	*Yes*

Additional Documentation Elements Required for This Plan

Name of Plan: Multiagency Plan of Care for Children's Mental Health Collaboratives

Purpose of Plan: *A written plan of intervention and integrated services developed by a multiagency team in conjunction with the child and family to identify and provide integrated services and funding for these services, for a child with a severe emotional disturbance and her/his family.*

Who is eligible for this Plan? (Who is it for?)

Children served trough a children's mental health collaborative.This means children up to age 18 with an emotional or behavioral disturbance or who are at risk of suffering an emotional or behavioral disturbance as evidenced by a behavior or condition that affects the child's ability to function in a primary aspect of daily living including personal relations, living arrangements, work, school and recreation, and a child who can benefit from:

(1) multiagency service coordination and wraparound services; or
(2) informal coordination of traditional mental health services provided on a temporary basis.

Children between the ages of 18 and 21 who meet these criteria may be included in the target population at the option of the local children's mental health collaborative.

Statutory Citations:

M.S. 245.491 Subd. 16.
M.S.245.491 to 245.496.

Responsible agency to develop this plan:

A local children's mental health collaborative.

Required Elements on IIIP

(Cross Reference for this plan and the IIIP)

Title of Page on IIIP	Required on the Plan
CORE	
Demographic Information	*245.492 Subd. 16. "Multiagency plan of care" means a written plan of intervention and integrated services*
Family/Student Considerations	*245.492 Subd. 16. ...developed by a multiagency team in conjunction with the child and family based on their unique strengths and needs as determined by a multiagency assessment.*
Description of Child/Student	*245.492 Subd. 16. ...developed by a multiagency team in conjunction with the child and family based on their*

	unique strengths and needs as determined by a multiagency assessment.
Goals/Outcomes and Objectives and Indicators	*245.492 Subd. 16. The plan must outline measurable client outcomes and specific services needed to attain these outcomes.*
Services	*245.492 Subd. 16. "Multiagency plan of care" means a written plan of intervention and integrated services…*
Additional Required Elements	
Additional Information for Birth to 3	
Additional Information Required for Ages 3 through 21	
Periodic Review Birth to 3	
High Standards	
Profile of Learning Chart – Primary Grades	
Profile of Learning Chart-Intermediate Grades	
Profile of Learning Chart-Middle Grades	
Profile of Learning Chart-High School	
Signatures Required for IFSP, ISP and Waiver Care Plans	
Signatures, If Required, and Designee Assignments	*X*
Signatures Required for Medical Assistance Waiver Care Plans (CAC, CADI, TBI)	

Additional Documentation Elements Required for This Plan

- *The judicial or administrative procedures needed to implement the plan of care, the agencies responsible for initiating these procedures.*

Optional Forms

Individual Interagency Intervention Plan

May be used in addition to the required elements of the IIIP to assist in the planning process, add additional information to the IIIP, or replace similar pages in the IIIP

Contents

- ❑ **Medical Assistance Waiver Care Plans (CAC, CADI, and TBI Plans)**
- ❑ **CADI and TBI Plans**
- ❑ **Meeting Plan**
- ❑ **Action Plan**
- ❑ **Progress Report**
- ❑ **Family Considerations and Concerns**
- ❑ **Outcome Page**
- ❑ **Action Plan**
- ❑ **Emergency Medical/Crisis/Behavior Intervention Plan**
- ❑ **Adaptation Checklist**

State of Minnesota 5/04

Individual Interagency Intervention Plan (IIP)

OPTIONAL FORM: Medical Assistance Waiver Care Plans

(CAC, CADI, and TBI Plans)

Name _____ Date _____

Service Span Start Date _____ Service Span End Date _____ PMI# _____

Service	Frequency of Services (e.g., per day; days per week)	UNIT	HCPC Code	Provider Name/ Number	Start/End Dates (If different than services span date)	Rate Per Unit	Units Per Month	Cost Per Month
Case Management		15 min.	X5476					
Case Aide		15 min.	X5491					
Case Management Conversion		Open	X5424					
RN–Skilled Nurse Visit–MA		Visit	X5284					
RN–PDN–MA		15 min.	X5646					
RN–Vent. Dep. PDN–MA		15 min.	X5647					
RN–PDN–Ext.		30 min.	X5266					
RN–Vent. Dep. PDN–Ext.		30 min.	X5434					
RN–ICU–Home Health–Ext.		30 min.	X5433					
LPN–PDN–MA		15 min.	X5648					
LPN–Vent. Dep. PDN–MA		15 min.	X5649					
LPN–PDN–Ext.		30 min.	X5267					
LPN–Vent. Dep. PDN–Ext.		30 min.	X5437					
LPN–ICU–Home Health		30 min.	X5436					
PCA–MA		15 min.	X5645					
PCA–RN Supv.–MA		15 min.	X4037					
PCA–Ext.		15 min.	X5581					
Home Health Aide–MA		Visit	X5285					
Home Health Aide –Ext.		15 min.	X5650					
Homemaker		15 min.	X5655					
Family Counseling		15 min.	X5676					
Family Training		15 min.	X5677					

Subtotal_____

Individual Interagency Intervention Plan (IIIP)

OPTIONAL FORM: Medical Assistance Waiver Care Plans

(CAC, CADI, and TBI Plans)

_____ _____
Name Date

_____ _____ _____
Service Span Start Date Service Span End Date PMI#

Service	Frequency of Services (e.g., per day; days per week)	UNIT	HCPC Code	Provider Name/ Number	Start/End Dates (If different than services span date)	Rate Per Unit	Units Per Month	Cost Per Month
Respite (in-home)		Daily	X5481					
Respite (out-of-home)		Daily	X5485					
RN–Ind PDN–MA		15 Min.	X5641					
RN–Ind PDN–Ext.		30 Min.	X5266					
LPN–Ind. PDN–MA		15 Min.	X5642					
LPN–Ind. PDN–Ext.		30 Min.	X5267					
PCA–Ind.–MA		15 Min.	X5643					
PCA–Ind. RN Supv.–MA		15 Min.	X5644					
Foster care		Daily	X5449					
Foster care		Monthly	X5450					
RN–Supv. of Ind. PDN		15 Min.	X5441					
Home Modifications		Per Item	X5419					
Physical Therapy–Ext.		15 Min.	X5426					
Occupational Therapy–Ext.		15 Min.	X5429					
Speech Therapy–Ext.			15 Min.	X5427				
Respiratory Therapy–Ext.		15 Min.	X5430					
Nutritional Therapy –Ext.		15 Min.	X5428					
Prescription Drugs–Ext.		Per Item	X5431					
Supplies/ Equipment–Ext.		Per Item	X5467					
Transportation—Ext.		Per Trip	X5601					

Other: _____

Other: _____

Other: _____

Subtotal_____
Previous Page Subtotal_____
TOTAL_____

Individual Interagency Intervention Plan (IIIP)

OPTIONAL FORM: CADI and TBI Plans

Required for these plans

Name _____ Date _____

Service Span Start Date _____ Service Span End Date _____ PMI# _____

Circle the appropriate x's:

CADI	TBI	Service	Provider Name/ Number	Start/ End Dates (If different than services span date)	Rate Per Unit	Units Per Month	Cost Per Month
x	x	Adult Day Care					
	x	Behavioral Program					
x	x	Case Management					
x	x	Case Management Conversion– one opening					
	x	Chore Services					
	x	Companion Services					
	x	Cognitive Therapy					
x	x	Extended Home Health Aide					
x	x	Extended Home Health Nursing–RN					
x	x	Extended Home Health Nursing–LPN					
	x	Extended Mental Health					
x	x	Extended Personal Care Assistant					
x	x	Extended Medical Supplies and Equipment					
		Extended Therapies:					
x	x	Physical Ext. HH					
x	x	Occupational Ext. HH					
x	x	Speech Ext. HH					
x	x	Respiratory Ext. HH					
x	x	Family Consulting and Training					
x	x	Foster Care					
x		Home-Delivered Meals					
x	x	Homemaker					
	x	Home Modifications					
x		Home/Vehicle/Device Adaptations					
x	x	Independent Living Skills					
	x	Independent Living Skills Therapies					
x	x	Respite Care: ◎ In Home ◎ Out of Home					
	x	Structured Day Program					
	x	Transportation					

Total Waiver Cost Per Month $_____

Individual Interagency Intervention Plan (IIIP)

OPTIONAL FORM: Meeting Plan

Name _____ Date _____

Meeting Date _____

After reviewing family considerations, the family and facilitator determine what to discuss at the IIIP meeting. List the topics, questions, and information to share. Decide what sequence to follow and estimate the time needed.

People to consider for team membership who will be helpful or supportive to the child/student and family and the outcomes/issues/tasks —

Family/Community

- ☐ Parents (must attend to meet educational requirements)
- ☐ Other family members, relatives, friends
- ☐ Community, civic, disability, parent group, cultural representatives
- ☐ Respite care providers
- ☐ Child care providers
- ☐ Advocates
- ☐ Legal representatives
- ☐ Church, other support personnel
- ☐ Other_____

Education

- ☐ School district representative
- ☐ Special Education teacher/staff
- ☐ School nurse
- ☐ Early Childhood Family Education teacher/staff
- ☐ Head Start teacher/staff
- ☐ Community education staff
- ☐ Early childhood program staff (nursery school, child care)
- ☐ Regular Education
- ☐ Occupational therapist
- ☐ Physical therapist
- ☐ Speech pathologist
- ☐ Paraprofessional
- ☐ Postsecondary
- ☐ School Psychologist
- ☐ School Social Worker
- ☐ Other_____

Health Care

- ☐ Primary physician(s)
- ☐ Other physician(s)
- ☐ Private home health care provider
- ☐ Hospital staff
- ☐ Public health nurse
- ☐ MCSHN staff
- ☐ Mental health providers
- ☐ Personal care attendants
- ☐ Other_____

Social Services

- ☐ Developmental disabilities casemanager
- ☐ Mental health casemanager
- ☐ Income maintenance/economic assistance worker
- ☐ Mental health professional
- ☐ Child welfare worker
- ☐ Social worker
- ☐ County Case Manager
- ☐ Deaf & hard of hearing services
- ☐ Other private providers_____
  _____

Employment and Support Services

- ☐ Department of Economic Security
  - ☐ Rehabilitation Services (DRS)
  - ☐ Services for the Blind (SSB)
- ☐ Financial Management Services
- ☐ Supportive Employment
- ☐ Independent Living Centers
- ☐ Housing
- ☐ Community Rehab Providers
- ☐ Group Homes

Other

- ☐ Interpreter: language_____

State of Minnesota 5/04

Individual Interagency Intervention Plan (IIIP)

OPTIONAL FORM: Action Plan

_____ _____

Name Date

Activity or Desired Change	People Who Can Help	Notes

State of Minnesota 5/04

Individual Interagency Intervention Plan (IIIP)

OPTIONAL FORM: Progress Report

Ages three and above

_____ _____
Name Date

_____ _____ _____
School Grade Date of IIIP

Progress toward the annual goals and the extent to which annual goals can be achieved by the end of the Individual Education Plan (IEP) year:

Goal/Outcome # _____
☐ Insufficient progress
☐ Adequate progress
☐ Goal met

Comments _____
_____
_____
_____

Goal/Outcome # _____
☐ Insufficient progress
☐ Adequate progress
☐ Goal met

Comments _____
_____
_____
_____

Goal/Outcome # _____
☐ Insufficient progress
☐ Adequate progress
☐ Goal met

Comments _____
_____
_____
_____

Goal/Outcome # _____
☐ Insufficient progress
☐ Adequate progress
☐ Goal met

Comments_____
_____
_____
_____

Goal/Outcome # _____
☐ Insufficient progress
☐ Adequate progress
☐ Goal met

Comments_____
_____
_____
_____

State of Minnesota 5/04

Individual Interagency Intervention Plan (IIP)

OPTIONAL FORM: Family Considerations and Concerns

_____ _____

Name Date

Describe how you see your child/student. Share what you most like and list any concerns or needs. (Continue on back if needed.)

Which of the following do you or other family members feel are important concerns or areas about which you would like more information? (Continue on back if needed.)

For You or Your Child/Student

- ☐ Getting around
- ☐ Communicating
- ☐ Learning
- ☐ Eating/nutrition
- ☐ Sleeping
- ☐ Self help skills
- ☐ Having fun with other children
- ☐ Challenging behaviors/emotions
- ☐ Equipment or supplies
- ☐ Health or dental care
- ☐ Pain or discomfort
- ☐ Vision
- ☐ Hearing
- ☐ Recreation and leisure
- ☐ Postsecondary education/training
- ☐ Home living
- ☐ Employment
- ☐ Community services
- ☐ Financial management
- ☐ Accommodations
- ☐ Assistive technology
- ☐ Career planning
- ☐ Other_____

_____

For You or Your Family

- ☐ Information about resources
- ☐ Information about specific special needs
- ☐ Information about different services and how they work
- ☐ Explanation of professional terms/roles
- ☐ Help with transportation (to school, appointments) and vehicle adaptations
- ☐ Meeting other families whose children have similar needs
- ☐ Finding a support group
- ☐ Information/ideas for siblings, relatives, friends, others
- ☐ Finding or working with doctors/other specialists
- ☐ Coordinating child/student's medical care
- ☐ Coordinating/making appointments and dealing with agencies
- ☐ Finding child care
- ☐ People who can help in your home/respite care
- ☐ Planning/expectations for future
- ☐ Assistance with housing, clothing, jobs, food, telephone
- ☐ Assistance in obtaining funds for extra cost of child/student's needs
- ☐ Help with insurance
- ☐ Information about recreational opportunities
- ☐ Interpreter—language:_____
- ☐ Other_____

_____

What type of help would you want for your child/student and family in the months ahead? (Continue on the back if needed.)

What else do you think would be helpful for others to know about your child/student? (Continue on the back if needed.)

State of Minnesota 5/04

Individual Interagency Intervention Plan (IIIP)

OPTIONAL FORM: Outcome Page

May be used for ages birth to three

_____ _____

Name Date

_____ _____

Outcome # Periodic Review Date

Where do we want to be? (major outcome or goal)

What steps do we need to take?	Describe the degree of progress written in the same format as the objective. Indicate whether to continue (C), modify or revise (M), or discontinue (D) the objective.

Individual Interagency Intervention Plan (IIIP)

OPTIONAL FORM: Emergency Medical/Crisis/ Behavior Intervention Plan

Name:_____Date_____

Emergency Contact Information **Plan effective _____ to _____**

Parent Name _____HM Phone_____WK Phone: _____Other_____
Parent Name _____HM Phone_____WK Phone: _____Other_____
Other Emergency Contact_____ HM Phone_____WK Phone: _____Other_____
Prim. Care Physician_____Phone: _____Other _____After hours?_____
Specialist_____ Phone: _____Other _____After hours?_____
Specialist_____ Phone: _____Other _____After hours?_____
Therapist/Counselor_____ Phone: _____Other _____After hours?_____
Psychiatrist_____ _____Phone: _____Other _____After hours?_____
Case Mgr/Service Coord_____ Phone: _____Other _____After hours?_____
Anticipated Primary Emergency Dept_____Pharmacy_____
Anticipated Tertiary Care Center_____Phone_____
Other_____
If person needs to be transported, who will transport_____ and to what location_____

Diagnoses

_____ Baseline Physical Findings_____
_____ _____
_____Baseline Vital Signs_____
_____ _____
_____ Baseline Neurological Status_____
_____ _____
_____ Baseline Ancillary findings(Lab, E-ray, ECG)_____
_____ _____
_____ Prosthesis/Applicances/Advanced Technolocy Devices_____
_____ _____

Medications

_____Dosage_____Purpose_____
_____Dosage_____Purpose_____
_____Dosage_____Purpose_____
_____Dosage_____Purpose_____
_____Dosage_____Purpose_____
_____Dosage_____Purpose_____

Immunization (Dates)

DPT/DTAP						Hep. A					
OPV/IPV						Hep. B					
MMR						Varicella					
HIB						TB Status					
Pneu/mococcal						Influenza					
Other											

Common Presenting Problems and Management/Interventions

Problem Diagnostic Studies Treatment/Interventions

_____
_____
_____
_____

Continued

Name **Date**

History of past hospitalizations or placements?

Allergies/Medications/Procedures/Interventions To Be Avoided. **WHY?**

_____ _____
_____ _____
_____ _____
_____ _____

Risk of injury to self or others currently?

Crisis/Functional Assessment

What caused the crisis?

What situations have led to crisis/behavior in the past?

What makes it worse?

What prevents it from occurring?

How can it be defused?

How should families members react?

How should non family members react?

Intervention/Management Plan:_____

State of Minnesota 5/04

Individual Interagency Intervention Plan (IIIP)

OPTIONAL FORM: Adaptations

(optional)

Student:_____ Date:_____ Grade:_____

This list includes some of the adaptations that may be available to this student through team recommendations based on individual student need. This list is not exhaustive and can be modified regularly by the IEP team. The adaptations to be provided will be stated in the Adaptations section of the IEP or attached to the IEP. The person(s) responsible should also be stated.

Instruction Adaptations:	**Subject/Class:**
Small team instruction	
Guided to unguided instruction	
Leave class for resource room assistance	
Study buddy, peer partner, peer note-taker	
Visual aids	
Auditory aids	
Instructional aids	
Extra time for oral response	
Extra time for written response	
Dictate responses to person or tape	
Study carrel	
Minimize visual distractions	
Minimize auditory distractions	
Additional feedback	
Assignment notebook	
Oral and printed instructions	
Shortened instructions; in segments	
Number and sequence task steps	
Provide a model of end product	
Opportunity to verbalize instructions	
Opportunity to write instructions	
Preferential seating	
Prompts for participtions & transitions	
Repeated review, drill	
Concrete, positive reinforcers	
Other:	
Other:	

Class Testing Adaptations:	**Subject/Class:**
Extra time for completion	
Shortened tests	
Rearrange or segment tests	
Highlighted or otherwise altered tests	
Alternate test	
Short answer tests	
Multiple test sessions	
Tests read to the student	
Dictate responses to person or tape	
Take home or open book tests	
Project or other activity	
Use of manipulatives, other aids	
Recognition instead of essay response	
Minimize distractions; study carrel	
Opportunity to take tests in resource room	
Alternate grading	
Opportunity to retake until passing grade	
Other:	
Other:	

Materials Adaptations:	**Subject/Class:**
Materials +/or lectures on tape	
Highlighted, color coded materials	
Large print materials	
Braille materials	
ESL materials	
Materials, books in alternative format	
Study buddy, peer partner, peer note-taker	
Manipulatives, study aids	
Outline grid	
Flow charts, arrays, web, etc.	
Copy of teacher notes	
Study guides related to test content	
Two sets of books, materials	
Other:	
Other:	
Other:	
Other:	

Assignment Adaptations:	**Subject/Class:**
Extra time for completion	
Reduced assignments using key concepts	
Modified assignments using key concepts	
Alternate assignment	
Alternate test	
Project or other activity (e.g., not written)	
Other format, such as on tape	
Other response, such as oral or taped	
Study buddy, peer partner, peer note-taker	
Task analyze, sequence assignments	
Task analyze, sequence assignments	
Overview of long-term assignments	
Frequent checkpoints for long-term work	
Reinforce appropriate work completion	
Alternate grading	
Other:	
Other	
Other:	

Grading Adaptations:	**Subject/Class:**
Adapt % of work for passing grade	
Partial grade based on individual efforts	
Frequent grading averaged in	
Daily work weighted higher than tests	
Opportunity to rework for better grade	
Grade on corrected work	
Alternate grading, e.g., pass/fail	
Modify class participation expectations	
Other	
Other:	

OPTIONAL FORM: Adaptations (continued)

Behavior Management:	Subject/Class:
Positive reinforcement	
Modify expectations	
Code to identify inapropriate behavior	
Pair with role model peer for team work	
Modified expectations	
Amended consequences	
Preferential seating	
Individualized behavior contract	
Check-in time(s)	
Clearly defined limits	
Frequent reminders	
Frequent breaks	
Proximity control	
Designated safe place for times of stress	
In-class time out	
Private discussion about behavior	
Supervised transitions	
Other:	
Other:	
Other:	
Other:	

Assistive Technology & Other Services:	Subject/Class:
Interpreter	
Augmentative Communication Device	
Instruction in Braille, use of Braille	
Books, materials on tape	
Word processor	
Note taker	
Decoders for TV, film	
Magnification	
Amplification	
Large print matrials	
1-1 paraprofessional support	
Training/technical assistance for student	
Training/technical assistance for family	
Training/technical assistance for staff	
Job Coach	
Counseling	
Other:	
Other:	

For additional academic adaptation suggestions, referr to the "Testing Guidelines for Students with IEP or 504 Plans" materials, including the lists of possible accommodations and modifications.

Transportation:
Special bus/van
Special route
Special seating
Seating Harness
Car seat
Lift
Bus assistant
Behavior contract
Change in discipline policy
Other:
Other:

Comments or Other Adaptations:

IIIP

Individual Interagency Intervention Plan

For Children and Youth Birth through 21

Core Elements

Individual Interagency Intervention Plan

Required by all plans

Contents

- ❑ **Demographic Information**
- ❑ **Family/Student Considerations**
- ❑ **Description of Child/Student**
- ❑ **SharedOutcome - Goals/Outcomes, Objectives/Indicators, and Services**

Individual Interagency Intervention Plan (IIIP)

CORE: Demographic Information Date_____

This plan meets the requirements of and serves as (check all that apply):

- ❑ IEP (Individualized Education Plan)
- ❑ IFCSP (Individual Family Community Support Plan)
- ❑ CADI (Community Alternatives for Disabled Individuals) Plan
- ❑ CAC (Community Alternative Care) Plan
- ❑ ICSP (Individual Community Support Plan)
- ❑ IFSP (Individual Family Service Plan)
- ❑ ISP (Individual Service Plan)
- ❑ TBI (Traumatic Brain Injury) Plan
- ❑ Multiagency Plan of Care
- ❑ Other

Plans Coordinated Through the IIIP Process

- ❑ IPE (Individual Plan for Employment)
- ❑ IHP (Individual Habilitation Plan)
- ❑ ITP (Individual Treatment Plan)
- ❑ Corrections
- ❑ Nursing Care Plans
- ❑ Home Care Service Plans
- ❑ Out-of-Home Placement
- ❑ Other

First Name | M. I. | Last Name

Date of Birth | ❑ Male ❑ Female Gender | Grade | Race/Ethnicity

Primary Language at Home | Primary Language

Soc. Sec. # | MARSS ID # | Other ID #

Parent/Guardian # 1's First Name | M.I. | Last Name

Street Address | Home Phone

City | State | Zip Code | Work Phone

Relationship | Email | Other

Parent/Guardian # 2's First Name | M.I. | Last Name

Street Address | Home Phone

City | State | Zip Code | Work Phone

Relationship | Email | Other

Resident School District Name | District #

Serving School District Name | District #

Resident County Name | County #

Serving County Name | County #

(Initial IIIP only) Referral by | Date of Referral

Primary Disability | Diagnosis Code: DSM-IV | or ICD 9

Presenting concerns and/or diagnosis:

If you ask, we will provide this form in another format, such as Braille, large print or audio tape.

Individual Interagency Intervention Plan (IIIP)

CORE: Family/Student Considerations

Name _____ Date _____

IIIP Meeting Date _____

Projected IIIP Review Date _____

Parent(s) description of child/student's strengths and concerns/needs:

Student description of needs, preferences and interests (by age 14 or earlier, if appropriate):

Services or information needed by family and/or student:

Individual Interagency Intervention Plan (IIIP)

CORE: Description of Child/Student

_____ _____
Name Date

Address the following areas as required. For children ages three through 21, describe how the disability affects involvement and progress in the general curriculum. For preschool children, describe how the disability affects participation in appropriate activities. Describe how the disability impacts secondary transition planning. (*Required for ages birth to three. **Required for transition planning ages 14-21).

- ❑ *Current Health & Medical Status
- ❑ *Physical/Motor Development
- ❑ *Basic Senses Including Hearing & Vision
- ❑ *Academic Performance/Cognitive Development/Intellectual Functioning
- ❑ *Social/Emotional/Behavioral Development
- ❑ *Communication
- ❑ Environmental (Basic Needs)
- ❑ Other
- ❑ Adaptive Development
- ❑ **Community Access/Use/Participation
- ❑ Legal Representation
- ❑ **Employment
- ❑ **Home Living
- ❑ **Recreation and Leisure
- ❑ **Postsecondary Education and Training
- ❑ *Self-Help Skills

Area _____

Strengths/Current Status _____

_____

_____

Concerns/Needs_____

_____

_____

Area _____

Strengths/Current Status _____

_____

_____

Concerns/Needs_____

_____

_____

Area_____

Strengths/Current Status_____

_____

_____

Concerns/Needs_____

_____

_____

Individual Interagency Intervention Plan (IIIP)

CORE: Shared Outcome— Goals/Outcomes, Objectives/Indicators, and Services

Name:	**Date:**
Shared Outcome:	
Goal: Objective:	Service Minutes/Session: Direct Indirect Service Location Frequency (#/wk, #/mo) Agency Providing Service Start Date Duration Service Provider Name Telephone Address City State Zip 1. Payment Source Authorizing Signature 2. Payment Source Authorizing Signature 3. Payment Source Authorizing Signature
Goal: Objective:	Service Minutes/Session: Direct Indirect Service Location Frequency (#/wk, #/mo) Agency Providing Service Start Date Duration Service Provider Name Telephone Address City State Zip 1. Payment Source Authorizing Signature 2. Payment Source Authorizing Signature 3. Payment Source Authorizing Signature
Goal: Objective:	Service Minutes/Session: Direct Indirect Service Location Frequency (#/wk, #/mo) Agency Providing Service Start Date Duration Service Provider Name Telephone Address City State Zip 1. Payment Source Authorizing Signature 2. Payment Source Authorizing Signature 3. Payment Source Authorizing Signature

This plan must specify services the person needs that are not available and the actions needed to obtain or develop these services. Action taken, if needed:

Additional Required Elements

Individual Interagency Intervention Plan

Required by specific plans

Contents

- ❑ Additional Information Required for Birth to Three
- ❑ Additional Information Required for Three through Twenty-one
- ❑ Periodic Review Required for Ages Birth to Three
- ❑ High Standards Required for Ages Three to Graduation from High School
- ❑ Profile of Learning Chart for IEP Planning - Primary Grades
- ❑ Profile of Learning Chart for IEP Planning - Intermediate Grades
- ❑ Profile of Learning Chart for IEP Planning - Middle Grades
- ❑ Profile of Learning Chart for IEP Planning - High School Grades
- ❑ Signatures Required for ISP (Individualized Service Plan), IFSP (Individual Family Service Plan) and Waiver Care Plans
- ❑ Signatures, IF REQUIRED, and Designee Assignments
- ❑ Signatures Required for Medical Assistance Waiver Care Plans (CAC, CADI, and TBI)

Individual Interagency Intervention Plan (IIIP)

Additional Information Required for Ages Birth to Three

Name _____ Date _____

Federal Setting #_____

The team assures that services are provided in natural environments? ❑ **Yes** ❑ **No**

Settings where services are provided *(check all that apply)*:

❑ Child/Student's home
❑ Family day care
❑ Other family location
❑ Child care program
❑ Early childhood program
❑ Head Start
❑ Community-based program
❑ Early Childhood Family Education

If services are provided outside natural environments, state rationale:

What we can do to help this child access or adapt to all places:

Transition Planning

❑ Discussed transition with family
❑ Notified child study team of transition
❑ Reviewed child's program options from third birthday to end of school year
❑ This IIIP contains one or more transition outcomes

If this document becomes inactive prior to annual review, end date_____

Reason:

Individual Interagency Intervention Plan (IIIP)

Additional Information Required for Ages Three through Twenty-one

_____ _____
Name Date

Federal Setting #_____

Progress Reporting
Frequency and method(s) to be used for reporting to parents:

Adaptations
Adaptations needed, including: 1) supplemental aids and services in general and special education, and 2) program modifications or supports for school personnel to meet the needs of the students, and 3) assistive technology: *(See Optional Formas for Adaptation Checklist)*

Least Restrictive Environment (LRE)/Most Integrated Setting Explanation
If the student is not able to participate full-time with students without disabilities in the regular classroom and/or in extra-curricular and non-academic activities, explain the extent of non-participation and reasons for this non-participation:

Extended School Year (ESY)
Are extended school year services required for this student? ❑ Yes ❑ No ❑ More data needed

If yes, services are described within this plan or in attached documentation.

Transfer of Rights at Age of Majority
Addressed only in IEPs for students who will reach age 17 during the tenure of this IIIP. Prior to the student's 17th birthday, the student was informed of the rights that will transfer to him/her upon reaching the age of majority (18), unless a legal guardian or conservator has been appointed.

Date student was informed _____

Secondary Transition Planning
Transition Needs: For students about to enter grade 9 or reach age 14 and thereafter, describe the focus of courses of study to address transtition needs from secondary services to postsecondary:

Transtion Services: For students about to enter grade 9 or reach age 14 and thereafter, identify instructional services, related services, and interagency responsibilities and any needed linkages to address transition from secondary services to postsecondary education and training, emploment, community participation, recreation and leisure, and home living, and the person(s) accountable for each activity:

State of Minnesota 5/04

Individual Interagency Intervention Plan (IIIP)

Periodic Review Required for Ages Birth to Three

Name Date

Goal/Outcome:

Review of Objectives:

Goal/Outcome:

Review of Objectives:

Goal/Outcome:

Review of Objectives:

Goal/Outcome:

Review of Objectives:

State of Minnesota 5/04

Individual Interagency Intervention Plan (IIIP)

High Standards Required for Ages Three to Graduation from High School

Name _____ Date _____

Minnesota Comprehensive Assessment

Address for MCA's administered during the student's annual IEP year.

❑ Will participate without accommodations

❑ Will participate with accommodations listed: *(Modifications are not allowed.)*

❑ Exempt; state reason and when alternate assessment will be conducted:

Basic Standards Assessment

Address for MCA's administered during the student's annual IEP year.

❑ Will participate without accommodations or modifications

❑ Will participate with accommodations listed:

❑ Will participate with modifications listed:

❑ Exempt; state reason:

District Initiated System Assessment

Address each time a student is in a grade being assessed by the district

❑ Will participate without accommodations

❑ Will participate with accommodations listed:

❑ Exempt; eason & alternative assessments listed:

	State	Individual*	Exempt**	Date Passed
Reading				
Math				
Writing				

Check te appropriate box to indicate the level the student will attempt. *If the modification is to alter the district's passing level, enter the test score expected to be achieved. **If the student is exempt, the goals on the IEP will be the criteria for awarding the diploma.

Profile of Learning/High Standards and/or Minnesota Academic Standards

❑ Will participate in the Profile of Learning High Standards. See attached documentation and identify local requirements. *(Based on existing locally established requirements.)* **and/or**

❑ Will participate in the Minnesota Academic Standards as they are written. No changes will be made.

❑ The IEP team has deermined that some of the Minnesota Academic Standards are inappropriate. some or all of student's IEP goals and objectives will replace the inappropriate academic standard(s) listed below. *(List inappropriate standards here)*

❑ The IEP team has determined that because the nature of the child's disability, all the Minnnesota Academic Standards are inappropriate. The student's IEP goals and objectives will be the established alternative standard(s).

Individual Interagency Intervention Plan (IIIP)

Profile of Learning Chart for IEP Planning for Primary Grades

Name _____ Date _____

(If either "individual" or "exempt" is checked, corresponding Content Standard for Planning Worksheet may be attached.)

STANDARD Identify local standards on the right	Locally Required Standards	STATE	INDI-VIDUAL	EXEMPT	**STANDARD** Identify local standards on the right	Locally Required Standards	STATE	INDI-VIDUAL	EXEMPT
Read, Listen, View					**Scientific Concepts & Applications**				
Literal Comprehension					*Direct Science Experience*				
Interpretation and Evaluation					**Social Studies**				
Write and Speak					*Family, School, and Community*				
Writing and Speaking					**Physical Education & Lifetime Fitness**				
Arts & Literature					*Personal Health and Fitness*				
Artistic Creativity, Performance and Expression					**Economics & Business**				
Mathematical Concepts & Applications					*Technology*				
Number Sense					**World Languages**				
Shape, Space, Measurement					*World Language*				
Inquiry & Research									
Data, Categorization, Classification, and Recording									

Comments:

Individual Interagency Intervention Plan (IIIP)

Profile of Learning Chart for Intermediate Grades

Name _____ Date _____

(If either "individual" or "exempt" is checked, corresponding Content Standard for Planning Worksheet may be attached.)

STANDARD Identify local standards on the right	Locally Required Standards	STATE	INDI-VIDUAL	EXEMPT	**STANDARD** Identify local standards on the right	Locally Required Standards	STATE	INDI-VIDUAL	EXEMPT
Read, Listen, View					**Scientific Concepts & Applications**				
Literal Comprehension					*Living and Nonliving Systems*				
Interpretation and Evaluation					**Social Studies**				
Write and Speak					*Historical Events*				
Writing					*Geography and Citizenship*				
Speaking					**Physical Education & Lifetime Fitness**				
Arts and Literature					*Personal Health and Nutrition*				
Artistic Creativity, Performance, and Expression					*Physical Education and Fitness*				
Mathematical Concepts & Applications					**Economics & Business**				
Shape, Space, Measurement					*Technology Skills*				
Number Sense					**World Languages**				
Chance and Data Handling					*World Language*				
Inquiry & Research									
Media, Observation, and Investigation									

Comments:

State of Minnesota 5/04

Individual Interagency Intervention Plan (IIIP)

Profile/High Standards Chart for IEP Planning for Middle School

Name _____ Date _____

(If either "individual" or "exempt" is checked, corresponding Content Standard for Planning Worksheet may be attached.)

STANDARD Identify local standards on the right	Locally Required Standards	STATE	INDI-VIDUAL	EXEMPT	**STANDARD** Identify local standards on the right	Locally Required Standards	STATE	INDI-VIDUAL	EXEMPT
Read, Listen, View					**Scientific Concepts & Applications**				
Nonfiction					*Living Systems*				
Fiction					*Earth Systems*				
Technical Reading					*Physical Systems*				
Write & Speak					**Social Studies**				
Writing					*Current Issue Analysis*				
Interpersonal Communication					*Geography and Culture*				
Arts & Literature					*History and Citizenship*				
Artistic Creativity and Performance					**Physical Education & Lifetime Fitness**				
Artistic Interpretation					*Personal Health*				
Mathematical Concepts & Applications					*Physical Education and Fitness*				
Space, Shape, and Measurement					*Career Exploration*				
Number Sense					**Economics & Business**				
Chance and Data Handling					*Personal Resources*				
Patterns and Functions					*Group Resources*				
Inquiry & Research					*Informed Consumerism*				
Direct Observation					*Technology Applications*				
Accessing Information					**World Languages**				
Controlled Experiments					*World Language*				

Comments:

Individual Interagency Intervention Plan (IIIP)

Profile/High Standards Chart for IEP Planning for High School

Name _____ Date _____

(If either "individual" or "exempt" is checked, corresponding Content Standard for Planning Worksheet may be attached.)

STANDARD Identify local standards on the right	Locally Required Standards	STATE	INDI-VIDUAL	EXEMPT	**STANDARD** Identify local standards on the right	Locally Required Standards	STATE	INDI-VIDUAL	EXEMPT
Read, Listen, View					***Case Study (or)***				
Choose 1: Complex Information (or)					*New Product Development*				
Technical Reading, Listening & Viewing					**Scientific Concepts & Applications**				
Write & Speak					*Choose 2 of 5: Concepts in Biology (or)*				
Choose 1: Academic Writing (or)					*Concepts in Chemistry (or)*				
Technical Writing					*Earth and Space Systems (or)*				
Choose 1: Public Speaking (or)					*Concepts in Physics (or)*				
Interpersonal Communication					*Environmental Systems*				
Arts & Literature					**Social Studies**				
**Arts Creation & Performance*					**Themes of United States History*				
**Arts Analysis & Interpretation*					**United States Citizenship*				
Mathematical Concepts & Applications					**Diverse Perspectives*				
Choose 1: Discrete Mathematics (or)					*Choose 1 of 3: Human Geography (or)*				
Chance & Data Analysis					*Institutions & Traditions In Society (or)*				
Choose 1: Algebraic Patterns (or)					*Community Interaction*				
Technical Applications					**Physical Education & Lifetime Fitness**				
**Shape, Space, and Measurement*					**Individual & Community Health*				
Inquiry & Research					**Physical Education& Fitness*				
Choose 1 of 7: Math Research (or)					*Choose 1: Career Investigation (or)*				
History of Science (or)					*Occupational Experience*				
History Through Culture (or)					**Economics & Business**				
History of the Arts (or) *World History and Cultures (or)*					**Economic Systems* *Choose 1 of 5: Natural & Managed Systems (or)*				
Recorders of History (or)					*Personal & Family Resource Management (or)*				
Issue Analysis					*Business Management (or)*				
Choose 1 of 6: Research Process (or)					*Financial Systems (or)*				
Social Science Processes (or)					*Technical Systems*				
Research & Create a Business Plan (or)					**World Languages**				
Market Research (or)					***World Language*				

*Required **Optional (Additional comments can be added to the back of this sheet, to the worksheet pages, or to the adaptations section of the IIIP)

Individual Interagency Intervention Plan (IIIP)

Signatures Required for ISP (Individualized Service Plan), IFSP (Individualized Family Service Plan) and Waiver Care Plans

Name _____ Date _____

Parent/Guardian Signatures:
When you sign this form, it means that you have read or have had this Interagency Individual Intervention Plan (IIIP) read to you. Signing this document means you agree with the goals and services for your family and your child/student as written in this plan. It is important that you know you have the right not to sign this plan if you do not agree with it in its entirety.

Signature _____ Relationship to Child/Student _____

Signature _____ Relationship to Child/Student _____

I/We have also been informed of my/our right to request a conciliation conference or an administrative appeal for county developmental disability case management and related services.

Signature _____ Relationship to Child/Student _____

Signature _____ Relationship to Child/Student _____

State of Minnesota 5/04

Individual Interagency Intervention Plan (IIIP)

Signatures, IF REQUIRED, and Designee Assignments

Name _____ Date _____

Signatures, IF REQUIRED

_____
County or Other Case Manager

_____
Physician or Other Health Care Professional

_____
Other

Designee Assignments:

IIIP Coordinator

Name _____ Position _____

Agency _____ Telephone _____

IEP Manager

Name _____ Position _____

Agency _____ Telephone _____

Multiagency Plan of Care

Name _____ Position _____

Agency _____ Telephone _____

Individual Interagency Intervention Plan (IIIP)

Signatures Required for Medical Assistance Waiver Care Plans

(CAC, CADI, and TBI)

_____ _____
Name Date

_____ _____ _____
Service Span Start Date Service Span End Date PMI#

_____
Case Mix Classification

Clients Rights and Signatures

A. ❑ Yes ❑ No I was offered a choice of home and community-based care, nursing facility or hospital placement.
B. ❑ Yes ❑ No I was offered a choice of home and community-based services.
C. ❑ Yes ❑ No I was offered a choice of providers.
D. ❑ Yes ❑ No ❑ NA I have read and understand each of the rights and responsibilities stated on the application for home and community-based services, including my right to appeal.
E. ❑ Yes ❑ No I have read the Individual Care Plan and agree with it.

Check One

F. ❑ I agree with my care plan.
G. ❑ I agree with most of my care plan and want community services.
H.. ❑ I agree with most of my care plan but wish to discuss the plan further before initiating or changing community services.

_____ _____
Client/Legal Guardian Signature Date

_____ _____
Client/Legal Guardian Signature (Reassessments only) Date

_____ _____
Signature of person completing this plan (Reassessments only) Date

_____ _____
Approval by county of Medicaid responsibility if different from county of service Date

_____
Date care plan was mailed/given to applicant