ATTACHMENT 3.1-A
Page 17xx-9

STATE: MINNESOTA

Effective: July 1, 2022

TN: 22-0027

Approved:11/15/2022

Supersedes: 21-12, (17-06, 16-02, 14-08)

4.b. Early and periodic screening, diagnosis, and Treatment services. (continued)

- 2. Coordinated Care Conference brings together the team of professionals that work with the child and family to develop and coordinate the implementation of the individual treatment plan (ITP) to assure that services are coordinated and integrated across providers and service delivery systems. Participants in the conference will perform some, or all, of the following:
  - a. Coordinate and integrate information from the CMDE process
  - b. Describe intensive treatment options and expectations across service settings;
  - c. Document intensive treatment scope, modality, intensity, frequency and duration based on the CMDE recommendations and family choice;
  - d. Review the child's progress toward goals with the child's family;
  - e. Coordinate services provided to the child and family;
  - f. Identify the level and type of parent involvement in the child's intensive treatment;
  - g. Coordinate program transition; and
  - h. Integrate care and services across service providers to ensure access to appropriate and necessary care including medically necessary speech therapy, occupational therapy, mental health, human services or special education;

Qualified providers: May include any of the qualified providers including Must be completed by the Qualified Supervising Professional (QSP), and may include the CMDE Provider, Level I Provider, and Level II Provider.

- 3. Individual Treatment Plan (ITP) is a person-centered, written plan of care for a child receiving EIDBI services. This includes development, ongoing monitoring, and updating of the ITP. The ITP must be based on the CMDE, be culturally and linguistically appropriate, and include input from the child's family and legal representative, who must sign in addition to the QSP. The ITP specifies the:
  - child's functional goals, including baseline measures and projected dates of accomplishment, which are developmentally appropriate, and work toward generalization across people and environments;
  - treatment modality or modalities;
  - treatment intensity, frequency and duration;
  - setting
  - discharge criteria;

ATTACHMENT 3.1-B
Page 16xx-9

STATE: MINNESOTA

Effective: July 1, 2022

TN: 22-0027

Approved:11/15/2022

Supersedes: 21-12 (17-06, 16-02, 14-08)

4.b. Early and periodic screening, diagnosis, and Treatment services. (continued)

- 4. Coordinated Care Conference brings together the team of professionals that work with the child and family to develop and coordinate the implementation of the individual treatment plan (ITP) to assure that services are coordinated and integrated across providers and service delivery systems. Participants in the conference will perform some, or all, of the following:
  - a. Coordinate and integrate information from the CMDE process
  - b. Describe intensive treatment options and expectations across service settings;
  - c. Document intensive treatment scope, modality, intensity, frequency and duration based on the CMDE recommendations and family choice;
  - d. Review the child's progress toward goals with the child's family;
  - e. Coordinate services provided to the child and family;
  - f. Identify the level and type of parent involvement in the child's intensive treatment;
  - g. Coordinate program transition; and
  - h. Integrate care and services across service providers to ensure access to appropriate and necessary care including medically necessary speech therapy, occupational therapy, mental health, human services or special education;

Qualified providers: May include any of the qualified providers including Must be completed by the Qualified Supervising Professional (QSP), and may include the CMDE Provider, Level I Provider, and Level II Provider.

- 5. Individual Treatment Plan (ITP) is a person-centered, written plan of care for a child receiving EIDBI services. This includes development, ongoing monitoring, and updating of the ITP. The ITP must be based on the CMDE, be culturally and linguistically appropriate, and include input from the child's family and legal representative, who must sign in addition to the QSP. The ITP specifies the:
  - child's functional goals, including baseline measures and projected dates of accomplishment, which are developmentally appropriate, and work toward generalization across people and environments;
  - treatment modality or modalities;
  - treatment intensity, frequency and duration;
  - setting
  - discharge criteria;