Connecticut Medical Home Initiative for Children & Youth with Special Health Care Needs Screener and Complexity Index Tool

Medical Home Initiative
Generations Family Health Center
35 Wicker St.
Putnam, CT
860-774-7501, ext. 2014,
FAX 779-2191

Child's Name (first) _____ (last) _____ DOB _____

Sex M F Race _____ **Primary Diagnosis** _____

Parent/Guardian _____ Phone _____

Address _____ Town _____ Zip_____

Referrer _____ Primary Care Physician_____

Child's Insurance _____ ____ **Child does NOT have insurance**

Other Comments _____ **This Is Screener Update** ____

Date Completed: _____

	Children and Youth with Special Health Care Needs Screener©FACCT	No	Yes If yes, answer these questions →	Is this because of ANY medical, behavioral or other health condition?	Is this a condition that has lasted or is expected to last for *at least* 12 months?
1	Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?	☐	☐ →	Yes ☐ No ☐	Yes ☐ No ☐
2	Does your child need or use more medical care, mental health or educational services than is usual for most children of the same age?	☐	☐	Yes ☐ No ☐	Yes ☐ No ☐
3	Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?	☐	☐ →	Yes ☐ No ☐	Yes ☐ No ☐
4	Does your child need or get special therapy, such as physical, occupational or speech therapy?	☐	☐ →	Yes ☐ No ☐	Yes ☐ No ☐
5	Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets treatment or counseling?	☐	☐	→	Yes ☐ No ☐

If your child has a chronic Health, Behavioral or Developmental concern please tell us more about it.

Connecticut Medical HOME CYSHCN Complexity Index →

Adapted from a similar tool developed by Exeter Pediatric Associates and the Center for Medical Home Improvement.

Category	Choose the number that describes the activity	Number
Hospitalizations, ER Usage and Specialty Visits (in last year)	0 = No service, activity or concern 1 = 1 hospitalization, ER or specialist visits for complex condition 2 = 2 or more hospitalizations, ER or specialist visits	
Office Visits and/or Phone Calls (in last year, over and above well-child visits)	0 = No service, activity or concern 1 = 1-2 Office Visits or MD/RN/care coordinator phone calls related to complex condition 2 = 3 or more office visits or MD phone calls	
Medical Condition(s): One or more diagnoses	0 = No service, activity or concern 1 = 1-2 conditions, no complications related to diagnosis 2 = 1-2 conditions with complications or 3 or more conditions	
Extra Care & Services at PCP office, home, school or community setting (see *Services*)	0 = No service, activity or concern 1 = One service from list below 2 = Two or more services from list below (*Services*: medications/medical technologies/therapeutic assessments/treatments/procedures and care coordination activities)	
Social Concerns	0 = No service, activity or concern 1 = Family/school/social concerns /needs 2 = Current/urgent situation/needs	

Total: _____

Follow-up Actions: Extended Funds __ Respite application done __ Educational Advocacy__ Family Support Network __ Behavioral Health Support__ Insurance Advocacy __ Basic Needs__ Other:_____

Follow-up Date: _____ **Care Coordinator:** _____ Ext:____