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|--|--|--|-----------------|-------------------------|--------------------|------|
| Pediatric Primary Care Provider Name Address Phone number Fax Email To be inserted here | Child's Name (first) | | (last) | | Date of Birth: | |
| | Sex: <input type="checkbox"/> M <input type="checkbox"/> F | | Race/Ethnicity: | | Primary Diagnosis: | |
| | <input type="checkbox"/> Parent <input type="checkbox"/> Guardian: | | | | Phone: | |
| | Address: | | | Town: | | Zip: |
| | Referrer: | | | Primary Care Physician: | | |
| | Child's Insurance: | | | Insurance ID#: | | |
| | Other Comments: | | | | | |

| Children and Youth with Special Health Care Needs (CYSHCN) 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 <i>at least</i> 12 months? |
|---|--|--------------------------|--|---|---|
| 1 | Does your child currently need or use <u>medicine prescribed by a doctor</u> (other than vitamins)? | <input type="checkbox"/> | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2 | Does your child need or use more <u>medical care, mental health or educational services</u> than is usual for most children of the same age? | <input type="checkbox"/> | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3 | Is your child <u>limited or prevented</u> in any way in his or her ability to do the things most children of the same age can do? | <input type="checkbox"/> | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4 | Does your child need or get <u>special therapy</u> , such as physical, occupational or speech therapy? | <input type="checkbox"/> | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5 | Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets <u>treatment or counseling</u> ? | <input type="checkbox"/> | <input type="checkbox"/> | → Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Connecticut Medical HOMES CYSHCN Complexity Index

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

| Category | Criteria (Score each Category 0, 1 or 2) | Score |
|---|--|-------|
| <u>H</u> ospitalizations, 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 | |
| <u>O</u> ffice 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 | |
| <u>M</u> edical 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 | |
| <u>E</u> xtra Care & Services at PCP office, home, school or community setting (see <i>Services</i>) | 0 = No service, activity or concern 1 = One service from list below 2 = Two or more services from list below (<i>Services: medications/medical technologies/therapeutic assessments/treatments/procedures and care coordination activities</i>) | |
| <u>S</u> ocial Concerns | 0 = No service, activity or concern 1 = "At risk" family/school/social circumstances 2 = Current/urgent complex circumstances | |
| Total Complexity Score | | |
| DATE: | Completed by: | |

*The Connecticut Medical Home Initiative for Children and Youth with Special Health Care Needs is a program supported by the State of Connecticut Department of Public Health. Information is available on their website at www.ct.gov/dph/medicalhome. Revised 11.2020