By achieving the (6) performance outcomes, you ensure that CYSHCN have access to a medical home.

1) Children are screened early and continuously for special health care needs:
   - **Coordinated, Continuous, Comprehensive Care**
     - Medical home professionals can help ensure timely & appropriate follow-up for patients who screen positive
     - Children identified through screening can have their care coordinated through one central location
     - Children with special needs can receive ongoing monitoring for secondary conditions

2) Families participate in decision-making at all levels & are satisfied with the services they receive:
   - **Family-Centered Care**
     - Medical home physician is knowledgeable about the CYSHCN & family and needs
     - Mutual responsibility & trust exists between patient, family & medical home physician
     - Family is recognized as principal caregiver & center of strength & support for child, as well as the expert
     - Clear, unbiased & complete information & options are shared on an ongoing basis with family
     - Families & youth are supported to play a central role in care coordination & share responsibility in decision making

3) Children receive regular ongoing comprehensive care within a Medical Home:
   - **Accessible, Family-Centered, Comprehensive, Continuous, Coordinated, Compassionate & Culturally-Effective**
     - Physician & family share responsibility
4) Families have adequate private and/or public insurance to pay for needed services:
   - **Accessible**
     - All insurance, including Medicaid, is accepted
     - Changes in insurance are accommodated
   - **Comprehensive**
     - Information is made available about private insurance & public resources

5) Services for children & families are organized & easy to use:
   - **Accessible**
     - Care is provided in the CYSHCN’s community
     - Practice is accessible by public transportation, where available
   - **Coordinated**
     - Families are linked to support & advocacy groups, parent-to-parent groups & other family resources
   - **Culturally-Effective**
     - CYSHCN’s & family’s cultural background, including beliefs, rituals & customs are recognized, valued, respected & incorporated into care plan

6) Youth with special health care needs receive services necessary to make appropriate transitions to all aspects of adult life, including adult health care, work & independence:
   - **Accessible**
     - Families & youth are able to speak directly to the physician when needed
   - **Family-Centered**
     - Families & youth are supported to play a central role in care coordination & share responsibility in decision-making
   - **Continuous**
     - Assistance with transitions, in the form of developmentally-appropriate health assessments & counseling, is available to the CYSHCN & family