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

Revised 1.2023

Pediatric Primary Care Provider Name **Address** **Phone number** **Fax** **Email** **To be inserted here**	**Child's Name (first)**	**(last)**	**Date of Birth:**
	Sex: ☐ M ☐ F ☐ Unknown ☐ Other:		**Child's Preferred Pronouns:**
	Child's Race/Ethnicity:	☐ Parent ☐ Guardian Name:	
	Address:	**Town:**	**Zip:**
	Phone:	**Primary Language:**	
	Child's Insurance:	**Primary diagnosis:**	
	Insurance ID#:	**Referrer:**	

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 *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** ☐

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*
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 = "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.