

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



Revised 10.2023

Provider Name		Child's Name (first)		(last)			Date of Birth:	Date of Birth:	
		Sex: M F	ex: M F Unknown		Child's Preferred Pron		10uns:		
Address Child's Race		Child's Race/Ethnicity:	Race/Ethnicity:						
Phone number  Address:					Tow	n:	Zip:		
Phone:					Primary Language:				
Fax		Child's Insurance:	isurance:			Primary diagnosis:			
Em	ail	Insurance ID#:	nce ID#:			Referrer:			
	Children and Y Special Health ( (CYSHCN) Scree	Care Needs	No	Yes (If yes, answer these questions)▶	ANY medical, behavioral or other			tion that has xpected to <u>least</u> 12 hs?	
Does your child currently need or use <u>medicine</u> <u>prescribed by a doctor</u> (other than vitamins)?					Yes	No	Yes	No No	
2	Does your child need or use more <u>medical care</u> , <u>mental health or educational services</u> than is usual for most children of the same age?				Yes	No	Yes	No	
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?				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	
and Specialty Visits 1 = 1 ho (in last year) 2 = 2 or		1 = 1 hospital 2 = 2 or more	<ul> <li>No service, activity or concern</li> <li>1 hospitalization, ER or specialist visits for complex condition</li> <li>2 or more hospitalizations, ER or specialist visits</li> </ul>						
Phone Calls (in last year, over		1 = 1-2 Office complex c	<ul> <li>0 = No service, activity or concern</li> <li>1 = 1-2 Office Visits or MD/RN/care coordinator phone calls related to complex condition</li> <li>2 = 3 or more office visits or MD phone calls</li> </ul>						
		0 = No service 1 = 1-2 condit 2 = 1-2 condit	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)		1 = One servi 2 = Two or m (Services: assessme	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) 0 = No service, activity or concern						
Social Concerns		1 = "At risk"	1 = "At risk" family/school/social circumstances 2 = Current/urgent complex circumstances						
Total Complexity Score									
DATE:		Completed 1	oy:						