



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

Revised 6.2022



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

	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"/>

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
H 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	
O 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	
M 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	
E xtra 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)	
S 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.