



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

SOUTHWEST REGION

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Child Name	DOB:
Address:	Phone Number:
Referrer:	PCP:
Parent/Guardian Name:	Parent/Guardian Email:
Child Insurance:	Insurance ID #:
Diagnosis:	Comments/Needs:

Children and Youth with Special Health Care Needs (CYSHCN) Screener©FACCT		No	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 <u>at least 12</u> 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	No	Yes	No
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	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?	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	Yes	No
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	No	Yes	No
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	No

Care Coordination Focus/Comments

Connecticut Medical HOMES CYSHCN Complexity Index

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

<i>Category</i>	<i>Criteria (Score each Category 0, 1 or 2)</i>	<i>Score</i>
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 <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>)	
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. Revised 2023