CHQC MASSACHUSETTS CHILD HEALTH QUALITY COALITION

Care Coordination Strengths and Needs Assessment Tool

Part A: Demographics/Child & Family Strengths

Child/Youth Name: _____

Date of Birth: _____

Parents/Guardian: _____

Phone/email: _____

Accommodations needed for visits: _____

Reason for CC Referral: _____

*Other Identifier: _____

*Other Identifier _____

***Other Identifiers include insurance information, referral source, MRN/patient number, etc. as needed**

Child/Youth's Strengths

What would you like us to know about your child?
What do you enjoy about your child? What does he/she do well? Like? Dislike?

Issues/Concerns

What matters most to you right now?
Recent changes, priorities to be addressed TODAY (Connect to GOAL SETTING in Action Plan)

Date of Contact: _____ Type: Phone / Clinic / Home Visit / Pre-Visit Questionnaire / _____

Family Assets/Stresses

Primary language, learning styles, identify supports
Are there any family problems/concerns that might affect your child?

"The following people in my life can support my family's health care goals"; "I learn best by…"
"Sometimes I need help understanding written healthcare information"; "Interpreter needed"
What would you like us to know about your family? ? Checklist? (eg separation/divorce, death/illness, work issues, substance abuse, violence exposures, immigration, move, siblings)

Consents

Are there forms to be signed for sharing info? Is there information you are not comfortable sharing?

Facilitating communication among team members, ensuring informed consent… Cover Advanced Directives?

Part B: Help Needed by Domain

Medical

Referrals needed, medications, blood/lab tests, functional status, self-care, DME, managing special health problems (growth/nutrition, sleep, etc.)

- *DME needs checklist (mobility devices, hearing, vision, etc.)*
- *Include oral health/access to dental care*
- *Include transition to adult care if older than 14*

Behavioral

Help managing behavioral issues, meeting child's emotional needs, behavioral issues/risky behaviors as barriers to care

Connect to resources for support: behavioral problems at school (need IEP evaluation?); at home (CBHI evaluation for in-home therapy? After school academic support for homework issues?); transitioning to adult care

Social

Making/keeping friends, family support network/caregiver needs, family issues (siblings, divorce, etc.), parenting groups, recreational programs/other community resources.

Educational

Learning/school performance, IEP/504 plans/ADA/Individual Health Plans at school, educational advocates/lawyers, literacy, ESL, GED, tutoring, after-school pgm; Make connections between school issues and mental health issues (home schooling, extended absences, home tutoring for suspensions… medical absences)

Identfiy when/what PCP and behavioral health providers need to communicate with school, when schools need to communicate back, and ensure consent forms are in place

Financial/Insurance

Understanding insurance, helping paying for things insurance doesn't cover (includes dental insurance); Income assistance (SSI, SS-DI, TANF), job training

Other

- *Food assistance (SNAP, WIC, Food Pantries)*
- *Child care/transportation/other assistance programs*
- *Housing assistance, utility assistance, home safety/landlord issues*
- *Guardianship issues, wills/trusts, advanced directives*
- *Independent living*
- *Immigration*
- *Other*

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Part C: Action Plan

Action	Goal	Person Responsible	Time Frame	Status
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Include tests ordered, consults needed, labs needed, DME ordering, community resource connections, family supports

***use extra pages or add additional lines as needed**

Patient:_____ Family:_____ Key Care Integrator Contact: _____ Date: _____

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Part C: Care Team Members/Referral Checklist

	Name/Contact Info	Referral / Follow-Up Needs Date/Time Frame
❑ Primary Care Pediatrician		
❑ Neurology Specialists		
❑ Endocrine		
❑ Gastroenterology		
❑ Orthopedics		
❑ Neuromotor		
❑ Cardiology		
❑ OT/PT/Speech Therapies		
❑ Behavioral health		
❑ Geneticist		
❑ Other:		
❑ Other:		
❑ School/Day Care/EI:		
❑ Payer Case Manager:		
❑ Pharmacist:		

Include needs for unrelated medical issues as appropriate (e.g. oral health); Identify any outstanding consent forms needed

NOTE: This checklist developed for neurology specialty care; alternatives for PCMH/Primary Care and for NICU transfers also available.