The medical home provides comprehensive health assessments.

Pre-visit assessments are completed by the medical home with the family to ensure the medical home team has comprehensive data on the child/family and provides care in an appropriate manner.

Accommodations for special needs, such as provision of home visits versus office visits are made available by the medical home.

The medical home conducts activities to support CYSHCN and their families in self-management of the child's health and health care.

The medical home develops, maintains, and updates a comprehensive, integrated plan of care that includes patient/family identified goals.

The medical home serving CYSHCN has a process for keeping an updated record of and managing medications.

The medical home conducts effective transitions of care between primary and specialty services, facilities, and providers and institutional settings to ensure preference for health services and sharing of information across systems.

The medical home conducts activities that are responsive to feedback from the child/family and provide care in an appropriate manner.

The system encourages shared management of CYSHCN between pediatric primary care and specialty providers through payment models or other policies that promote improved integration among multiple systems. About 50% of surveyed Title V officials, and more than 60% of the surveyed Medicaid officials, indicated that this domain was one of the most useful domains of the National Standards for CYSHCN.

Examples of how states have used this domain:

Louisiana Title V used this domain to inform medical home strategies.

New Mexico is using this domain to strengthen medical homes with a focus on care coordination and improve understanding and impact of the delegated model of care coordination. New Mexico also incorporated features of this domain into its Title V action plan and strategies.

Comprehensive specialty services, including behavioral health services, acute services in a 24-hour clinical setting, intermediate services, and outpatient services and community support services are made available by specialty providers when needed.

Follow-up referral after positive developmental screen. Giving you the information you needed when you needed it!

Learning how to meet your own needs while caring for (child)? How well the child's doctors communicate it?

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