Understanding the Medical and Health Management Support Needs of Each Child/Family

Information that enables pediatric practices to understand population and patient needs to deliver targeted, planned care

Date Assessed: _______________

Pt Name: (first)______________________(last)__________________________ DOB:_____/_____/_________

* Health Complexity [OBJECTIVE data]: *(e.g. problem list)* Care

☐ No identifiable medical diagnoses or risk factors *CMART entry =1*	☐ Significant medical/ MH risk factors (family history, etc.) but no current chronic disease *CMART entry =2*	☐ One chronic medical/mental health condition *CMART entry =3*	☐ Two or more chronic medical/mental health conditions *CMART entry =4*	☐ Complex multisystem medical and/or MH conditions *CMART entry =5*

Added factors affecting Support Level Assessment of patient/family needs [SUBJECTIVE data]:

☐ **No concerns of added factors** that influence the **support needed by the child/family for medical & health management**

-or-

FAMILY Factors

☐ **Family stressors/limitation of resources** (anxiety, depression, substance abuse, adverse experiences, post-trauma, coping, family disruption, foster care, chronically ill sibs or parent, financial, transportation, insurance, lack of support network, etc.)

☐ **Treatment plan management or follow-up** (following through with appointments, treatment plan or medication regimen, etc.)

☐ **Parental health literacy or language/cultural** (understanding diagnoses and treatment plan or navigating health system, cultural preferences, English not 1st language, difficulty w/ spoken or written communication, etc.)

PATIENT Factors & Services

☐ **Additional daily support needed** (physical disability, sleep problems, feeding problems, etc.)

☐ **Behavioral/Social** Poor control of behavior disorders, anxiety, ODD, sleep, school attendance, high risk behaviors, social functioning, social isolation, adverse experiences, post-trauma, coping, etc.

☐ **Intellectual/Developmental** (Cognitive challenges, outside therapies, tutoring, IEP, EI, etc.)

☐ **Language/Visual/Hearing deficits** (affecting support needs)

* Current Support Level ASSESSMENT based on overall needs: Care

(Amount of medical and health management support needed from practice)

1	2	3	4
highest	lots extra	some extra	standard

☐ Child is candidate for more than usual routine care by visit or phone.

Desired check-in interval____________ Phone OK? Y / N
(if different than tier interval indicated below)

☐ Social Complexity ICD-10 code Z60.9 added to problem list
(Z60.9 = Problem related to social environment, unspecified)

☐ Add to Care Manager Panel: ______________________
Care Manager name

Assessment Guidance/PLAN/Actions Guide:

SLA Level	Description of Overall Patient Complexity	Support and Actions Guidance Considerations	Contact Interval
1 highest	Complex, special needs from PCP team due to medical, behavioral, mental health AND/OR complicated family or patient factors. If care management is actively served by specialist(s), tier 2 or 3 may be appropriate instead.	Whether offered/accepted or not, these patients are likely to benefit from individualized care management and pre-visit planning from the PCP care team for added coordination, education, med mgmt, proactive outreaches and to best prepare for office visits.	Could benefit from proactive contact approx every 3 months
2 lots extra	Multiple chronic diseases or single chronic disease not well controlled or high severity AND/OR presence of complicated patient or family factors. May be complex but with stable self-management that requires less PCP team support.	Benefit from lower intensity care management and pre-visit planning from the PCP care team. Consider for Pre-visit planning and care plan. May need additional reminders, proactive outreach, some care coordination, and/or referrals for family support.	Could benefit from proactive contact approx every 6 months
3 some extra	Single chronic disease, or multiple that are well controlled AND/OR presence of patient or family factors. Patient may be considered at risk of higher medical or support needs but currently do not need extra support from the PCP team.	Might benefit from some disease based reminders or other proactive outreach in addition to preventive care reminders. Benefit from periodic review and/or contact to assess if they should move to a higher or lower support level tier.	Could benefit from proactive contact approx. every 6-12 mo
4	Absence of significant chronic disease or patient or family factors	Supported adequately with standard preventive care.	Standard well care