Family Care Coordination Evaluation Form

Children with Special Health Care Needs

Instructions: See Chapter 6 of the Care Coordination Manual for detailed instructions on how to use this form. Under the Assessed column mark if area was assessed by the care coordinator. If a problem is assessed, describe if intervention/follow-up is necessary or has been done by care coordinator. COMMENTS column can be used for questions or strengths of the record.

County: _____ Date of evaluation: _____ Client Name:_____ DOB:_____

CSH#: _____ RID#: _____

Care Coordinator's Name: _____ Evaluators Name: _____

Tier Level: ___ Contacts made according to Tier Level ☐ **Yes** ☐ **No**

OUTCOME: All children with special health care needs will receive regular ongoing comprehensive care within a medical home.

PARAMETER (Medical Needs/Medical Management)	**Assessed**	**Problems**	**Interventions**	**COMMENTS**
1. Evidence that the client has a usual source of care and routine preventative care.				
2. Evidence that the client has a personal doctor or nurse who knows the client/family and their health history.				
3. Evidence of a medical treatment plan and that the family experiences no problems in obtaining referrals to specialists to complete the plan.				
4. Evidence the child's health care providers communicate with each other when needed.				
5. Evidence the client's health care providers communicate with client's early intervention program, school, child care providers, or vocational rehabilitation program when needed.				

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OUTCOME: All children with special health care needs will receive regular ongoing comprehensive care within a medical home.				
PARAMETER (Medical Needs/Medical Management)	**Assessed**	**Problems**	**Interventions**	**COMMENTS**
6. Evidence that age appropriate anticipatory guidance and/or parental education was provided in the areas of learning, development, behavior, physical care, well being, injury prevention and other health conditions that affect the client's day-to-day life.				
OUTCOME: All families of children with special health care needs will have adequate private and/or public insurance to pay for the services they need.				
PARAMETER (Finances)	**Assessed**	**Problems**	**Intervention**	**COMMENTS**
7. A. Evidence client/family's financial situation was assessed and referrals to necessary services have been completed. Documentation is present of follow- up regarding outcome. B. Documentation is present of follow- up regarding outcome.				

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OUTCOME: All children will be screened early and continuously for special health care needs.				
PARAMETER (Resource Utilization)	**Assessed**	**Problems**	**Intervention**	**COMMENTS**
8. Evidence that the client has received an annual well child evaluation by a health care provider.				
9. Evidence that the health care providers usually or always spent enough time with the client and family, listened carefully, was sensitive to family's values and customs, provided needed information about child's care, and made the family feel like a partner in child's care.				
10. Evidence that assessment of psychosocial well-being of the family included health of family members, emotional well being and support from the family and community..				
11. Evidence of needed follow-up or assistance given to family to increase their coping and strengths.				
12. Evidence that family was informed of their rights and responsibilities and proper documentation was made for authorization of services.				

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OUTCOME: Families of children with special health care needs will participate in decision making at all levels and will be satisfied with the services they receive.

PARAMETER (Collaboration in setting goals for plan of care)	Assessed	Problems	Intervention	COMMENTS
13. Evidence of collaboration between the nurse and client/family about annual goals and expected outcomes.				

OUTCOME: All children with special health care needs will receive the services necessary to make appropriate transitions to all aspects of adult life, including adult health care, work, and independence. COMPLETE THIS SECTION FOR All CLIENTS.

PARAMETER (Resource Utilization)	Assessed	Problems	Intervention	COMMENTS
14. A. Evidence of collaboration with hospitals and all care providers in the transition of preemie care to the home B. Evidence of collaboration with schools in transition of a child with a high level of special needs into primary grades.				
15. Evidence of planning for transition to adult system of care from current pediatric system.				
16. Evidence of assisting the family in planning for guardianship, working independence and stages of developmental levels.				