

Child's Name _____ DOB _____ Planned Care Visit /Date _____ Complexity Score (1): _____ (Exit): _____

Family Name _____ Data points: 1/Date _____ 2/Date _____ 3/Date _____ 4 /Date5/Date _____

Planned Care with a Shared Plan of Care (medical summary, negotiated actions, other attachments)

1. **A shared plan of care is currently in place?** Yes No
2. **Child/family strengths are articulated in the shared plan of care?** Yes No
3. **Child/family preferences are articulated in the shared plan of care?** Yes No
4. **Family can identify a local "locus" or "go to" care coordinator(s) for future support?** Yes No
5. **Family articulates unmet health care needs?** None 1-3 needs More than 3 areas of need
6. **Family articulates unmet social support needs?** None 1-3 needs More than 3 areas of need
7. **Team identifies unmet bio-psychosocial needs?** None 1-3 needs More than 3 areas of need
8. **Coordinator/family shared assessment of progress against goals:**
 - a. Child/family progress against personal goal #1 (original: _____) No Progress Low Progress High Progress Goal Achieved
 - b. Child/family progress against personal goal #2 (original: _____) No Progress Low Progress High Progress Goal Achieved
 - c. Team /family progress against clinical goal #1 (original: _____) No Progress Low Progress High Progress Goal Achieved
 - d. Team/family progress against clinical goal #2 (original: _____) No Progress Low Progress High Progress Goal Achieved
9. **"Care Neighborhood" communication contacts this month:**
 - a. Care coordinator (CC)/clinician initiated contacts with patient's "medical home" None 1-3 times More than 3 times
 - b. "Medical home" initiated contacts with care coordinator/clinician None 1-3 times More than 3 times
 - c. Contacts between family and their medical home (estimated) None 1-3 times More than 3 times
 - d. Contacts among family, coordinating team & specialists (estimated) None 1-3 times More than 3 times
 - e. Other initiated contacts (name): _____ None 1-3 times More than 3 times
10. **Care Coordination Activities:**

	<u>Estimated Time (minutes)</u>	<u>Outcome(s)/ activity promoted/prevented (goals, skills, ED/visits, etc.)</u>
a. Develop/update plan of care	_____	_____
b. Communicate and connect	_____	_____
c. Counsel and teach	_____	_____
d. Advocate to secure resources	_____	_____
e. Other (name)	_____	_____
11. **Other outcomes/comments:**