

Parents are the Power in Medical Home

Directions: *Ask yourself which of the following statements are true about your child's provider(s), the practices, agencies and organizations (e.g., hospital, therapy office) you take your child to, and about your child's medical, physical, and emotional care.*

Accessible

1. My child has health insurance to cover the costs of medical expenses.
2. The providers I take my child to accept the insurance plan we have.
3. If my child's insurance changes, the providers will accept the new insurance plans.
4. I can get my child to the providers he/she needs to see - transportation is available, the practice is physically accessible, the practice is located in a convenient place.
5. I can choose the appointment time and day to take my child to his/her provider.
6. I don't have to wait a long time at the provider's office.
7. The provider's practice has good office hours, including evenings and weekends.
8. My child's provider knows my child and our family well.
9. I don't have to take my child to the emergency room to get routine care.
10. My child receives dental care.
11. I can reach providers or staff even when the office is closed.
12. My provider helps get my child appointments with specialists if needed.

Family-Centered

1. I have access to my child's medical records.
2. My doctor/provider listens carefully to me.
3. I get specific information about my child.
4. A provider gave me information about the special equipment, services, and medications my child needs.
5. I get complete information about my child from providers.
6. I understand the information I get about my child.
7. I have other people who can take care of my child for short periods of time.

Continuous

1. My child's pediatric provider is available to see my child from infancy through childhood and adolescence.
2. I have help with transitions including developmentally appropriate evaluations and information.
3. My provider participates in transition planning with our family and the other providers who work with my child.
4. If my child is hospitalized or requires a higher level of service, my provider participates in admission and discharge planning.
5. My provider has discussed transition to adult services with us and we have made a plan for the transition together.

Comprehensive

1. My child's provider is well-trained.
2. My child's provider is able to manage all aspects of my child's care including physical and medical concerns, social-emotional and behavioral issues, and educational and behavioral needs.
3. My child has a care plan.
4. My child gets routine immunizations.
5. My child gets screened for development.
6. I get reminders about my child's health care visits, including preventative care (well-child) visits.
7. My child's provider asks about behavior and development.
8. My child has had routine hearing, vision, and nutrition assessments.
9. My child's provider asks about our home and family environment.
10. My child's provider advocates for my child's needs.
11. My child's provider also identifies non-medical issues and makes sure my child has access to services if needed.
12. Visits with my child's provider are long enough to talk about the things that need to be discussed and get our questions answered.

Coordinated

1. My child's provider developed a care plan with us.
2. My child's care plan is shared among providers, agencies, and organizations involved in my child's care.
3. I have access to care coordinators and services when I need them.
4. My child's primary provider/practice coordinates care and services.

5. My child's primary provider takes responsibility for my child's ongoing care and coordination of services.
6. My child's primary provider communicates well with others involved in my child's care.
7. My child's care is coordinated across different systems if needed (e.g., early intervention, public health, hospital).
8. People involved in my child's care have access to my child's medical record.
9. Our care team connected us to family support services and/or resources.
10. When a referral is made, our provider communicates the necessary information about my child.
11. My child's provider gives us information about consultations, evaluations, and recommendations made by others.
12. My child's provider helps us put information from consultations and evaluations into my child's care plan.
13. My child's care plan addresses my child's needs.

Compassionate

1. My child's provider expresses concern about my child and about our family through words and actions.
2. My child's provider understands how my child feels and how people in our family feel.
3. My child's provider cares about my child and about our family.
4. My child's provider shares our feelings and concerns with others involved in my child's care.
5. My child's provider advocates for my child and for our family.

Culturally Responsive

1. My child's provider understands and respects our family's culture, background, beliefs, rituals, and customs.
2. Our family's background is considered and valued in making care plans for my child.
3. Translators, interpreters, and materials are available to me so that I can understand things in my language of choice.
4. Information is available in my language of choice.
5. My child's provider includes family members and friends that I have identified as important in my child's life and care.
6. Treatment plans and care plans have recommendations that fit with our family's beliefs, customs, and rituals.