

# Early Support for Infants & Toddlers



Kids' Potential, Our Purpose

## Guidance: Medical Homes and Primary Care

### Overview

The Early Support for Infants and Toddlers (ESIT) Program is partnering with the Department of Health (DOH) Children with Special Health Care Needs (CSHCN) Program to help ensure that children served in early intervention have access to a medical home. A medical home is primary health care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate and culturally effective. Medical homes promote wellness, provide acute care and chronic care management, and build on the strengths and concerns of the family. Ideally every child with special needs would have a medical home, but less than half do (for background information for Family Resources Coordinators (FRCs) on what a medical home is and why it is important, see Appendix 1 or check this website:

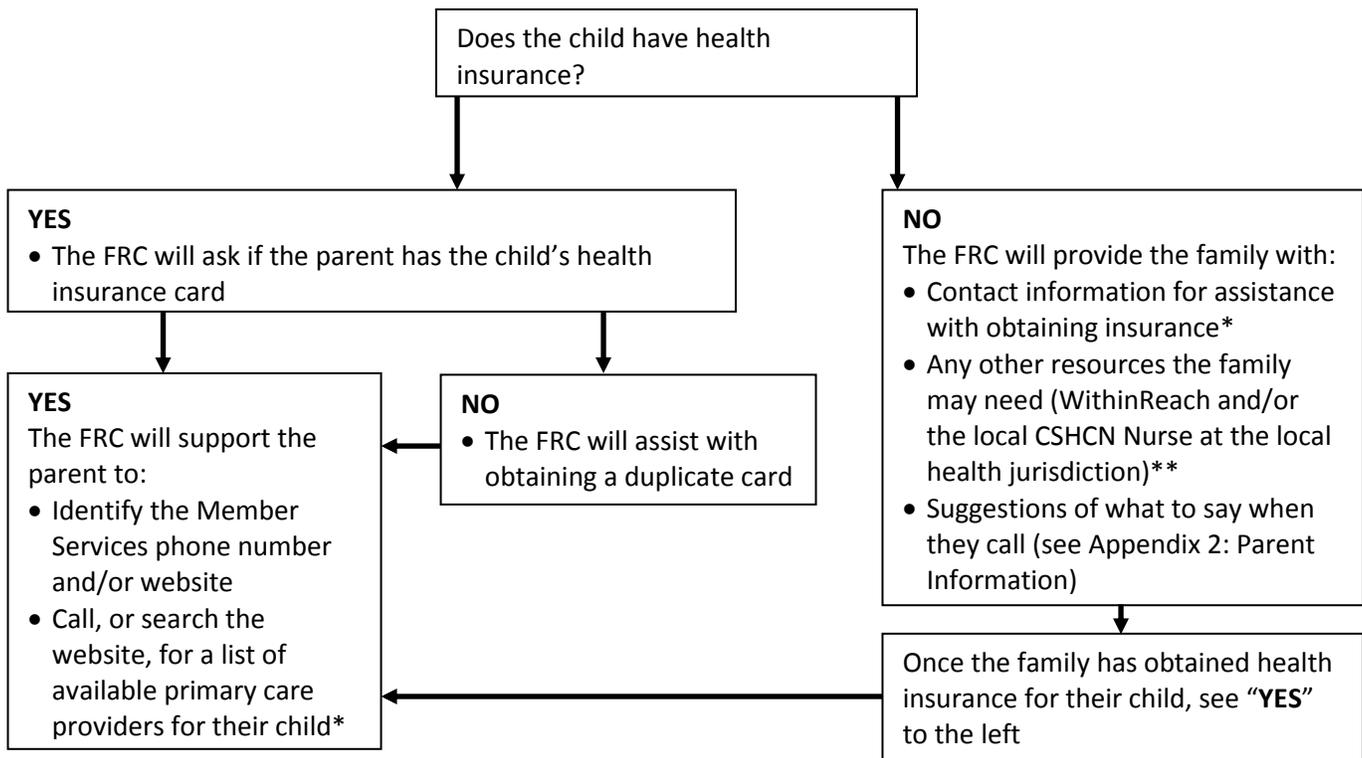
<http://www.hrsa.gov/healthit/toolbox/Childrenstoolbox/BuildingMedicalHome/whyimportant.html>). A first step towards a medical home is to determine whether a child has a primary care provider.

### Guidance

One responsibility of the Family Resources Coordinator (FRC) is to help families identify and access community resources and supports that they or their child may need, based on the family's current priorities. During the intake process and/or the initial Individualized Family Service Plan (IFSP) meeting, the FRC must discuss with the family whether or not they have a primary care provider (PCP) for their child.

If the family DOES NOT have a primary care provider, the following are the steps the FRC must take:

1. During the intake process, use the decision tree below to support the family to identify a primary care provider:



\*FRCs must not make recommendations for any specific primary care provider or insurance provider over another. Their role is to provide support for the family and offer options during the process. FRCs can refer families to Parent to Parent for additional navigation assistance.

\*\* Call the Family Health Hotline **1-800-322-2588** or visit [www.parenthelp123.org](http://www.parenthelp123.org) for support enrolling in a health insurance plan and/or locating a primary care provider.

2. If a primary care provider has not been identified by the initial IFSP meeting, offer to write an FRC community resources and supports outcome to assist the family. An example outcome for this scenario is below:

<b>Outcome #___ What do we want to accomplish?</b> We want to locate a primary care provider and/or medical home so our family receives comprehensive, coordinated medical care.
<b>Who will do what?</b> The FRC will support the family in exploring options for and obtaining insurance coverage/a primary care provider/medical home. The family will use resources such as WithinReach and CSHCN to find out about local options for providers and assistance with health insurance.
Review Date: _____ Progress code (circle one): Achieved    Continue    Discontinue    Revise Comments:

3. The family (with FRC assistance as needed), will research the options and make an appointment with the primary care provider they choose. The FRC can help the family understand the medical home concept and prepare for a doctor's visit by offering information to the family on the medical home model of primary care. See Appendix 3 for a printable brochure in English and Spanish; to access the brochures online visit <http://medicalhome.org/resource/support/brochures/> and to access an older brochure in six other languages, visit <http://medicalhome.org/resource/support/resources-by-language/>.

When the family DOES have a primary care provider, the following are the steps the FRC must take to allow information sharing between ESIT and the primary care provider and to educate the family about the medical home model of primary care and:

1. Offer the family a release of information to communicate with the primary care provider and ask the family to sign the release. With the family's consent, the FRC must:
  - a. Inform the primary care provider of the child's ESIT enrollment status;
  - b. Share the Individualized Family Service Plan (IFSP) with the primary care provider (if the PCP indicates they would like less information send, at minimum, the initial eligibility and summary of services pages from the IFSP or a summary letter);
  - c. Share progress as needed; and
  - d. Inform the primary care provider of changes to the child's ESIT enrollment.
2. Offer information to the family on the medical home model of primary care (see Appendix 3 for a printable brochure in English and Spanish; to access this brochure online visit <http://medicalhome.org/resource/support/brochures/> and to access an older brochure in six other languages, visit <http://medicalhome.org/resource/support/resources-by-language/>.

## References

Children with Special Health Care Needs. National Survey of Children with Special Health Care Needs 2009/10. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. [www.childhealthdata.org](http://www.childhealthdata.org)

### IDEA, Part C Federal Regulations:

#### **§ 303.34 Service coordination services (case management).**

(2) Coordinating the provision of early intervention services and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes) that the child needs or is being provided;

#### **§ 303.344 Content of an IFSP.**

(e) *Other services.* To the extent appropriate, the IFSP also must—(1) Identify medical and other services that the child or family needs or receiving through other sources, but that are neither required nor funded under this part.