

## Medical Home for Children with Special Health Care Needs

*A medical home provides a “home base” for your child’s health care needs.*

The American Academy of Pediatrics describes the medical home as a model of delivering primary care that is accessible, continuous, coordinated, comprehensive, family-centered, compassionate, and culturally effective.

### What is a Medical Home?

A medical home is an approach to providing health care services in a high quality and cost effective manner. A Medical Home is not a place, but rather a partnership between your family and your child’s doctor/health care team. A medical home extends beyond the four walls of a clinical practice. It includes specialty care, educational services, family support and more.



### What are the Benefits of a Medical Home?

**Family-centered care:** A medical home provides family-centered care through a trusting, collaborative, working partnership with families, respecting their diversity, and recognizing that they are the constant in a child’s life.

### Community-based system:

The medical home is an important part of a community-based system. A medical home promotes healthy development and well-being for the child and their family. Community-based services, such as the child’s school, Head Start and Early Intervention services may be involved. The entire team consists of:

- Family
- Community services and
- Primary care

All parts work together to promote the healthy development and well-being of children and their families.

A medical home may coordinate a Care Conference so that your child’s team can come together to discuss how your child is doing, needed referrals, and community resources.

### Care coordination:

The medical home works with a coordinated team. A Care Coordinator can help bring together your child’s entire team, provide you with resources, and help you coordinate care across specialties and community services.



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**1 800-800-4005**

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If a Care Coordinator has not been offered to your family, you can request one be added to your team. Some families may choose to take on the role of Care Coordinator themselves.

#### Transitions:

As your child grows older, they will transition within systems of health care; moving from pediatric, to adolescent to adult care. The goal of transitions is to optimize life-long health and well-being that continues uninterrupted regardless of age. A medical home can help families navigate these transitions.

#### Value:

The medical home approach values and supports families in their role as primary care giver. A medical home respects your family's culture and religious beliefs and will help your family feel supported in caring for your child with special health care needs.

#### Who is eligible for high level care coordination?

Children and youth (birth to 22 years of age) with complex special health care needs. A complex health care need includes: a chronic medical, physical, developmental, behavioral or emotional condition that requires a level of health and related services exceeding that of most children.

#### Tips for Families

- Request who you would like to have present at your child's Care Conference.
- Bring a list of questions and concerns to discuss.
- Share information on how your child is doing (progressing, regressing, etc.).
- If you don't understand something that is being said, ask for an explanation. You should feel comfortable asking questions and voicing your concerns about your child.

- Bring your child's Care Notebook so medical information is at your fingertips.
- Ask about resources that may help your child and family.
- Ask for information about ongoing health concerns.

#### Resources

##### [American Academy of Pediatrics](#)

General child health information and specific guidelines concerning a pediatric issue.  
847-434-4000

##### [Bright Futures](#)

Information on child health, development and how to get the most during medical appointments.  
847-434-7785

##### [Children with Special Health Needs](#)

Providing a number of services to VT children- birth to age 21- who have complex health conditions, and to their families.

- [CSHN Care Coordination](#)

802-863-7200

##### [DCF Economic Services Division](#)

ESD administers several public benefits that help Vermonters meet their basic needs.

1-800-479-6151

##### [Healthy Children](#)

From the AAP information for families on a wide array of topics.

##### [National Center for Medical Home Improvement](#)

Working to improve quality of medical home through advocating for and supporting partnerships.

800-433-9016 ext7605