

ND Medical Home Monthly Team Reporting Form

Practice or Clinic: _____

Monthly/Year: _____ / _____ **Reported by:** _____

(Please return by the 15th of the month for the previous month's activity to MSU/NDCPD Attn: Emily Rodacker 500 University Ave W, Minot, ND 58707)

1. Number of CYSHCN identified this month? _____ Total _____ (4s-5s) _____ (1s-3s)

2. Cumulative number of CYSHCN identified to date? _____

3. Number of Care Plans developed with families this month? _____

4. How many times has the team met this month? _____ (if zero team meetings, skip to question 6)

5. Please list below the date(s) of those meetings and who attended? (check all that apply)

Date	<input type="checkbox"/> 1 Primary Care Provider	<input type="checkbox"/> 2 Care Coordinator	<input type="checkbox"/> 3 Parents	<input type="checkbox"/> 4 Nurse	<input type="checkbox"/> 5 Clinic Administrator	<input type="checkbox"/> 6 Other
_____	_____	_____	_____	_____	_____	_____
		(please list)			(please list)	
Date	<input type="checkbox"/> 1 Primary Care Provider	<input type="checkbox"/> 2 Care Coordinator	<input type="checkbox"/> 3 Parents	<input type="checkbox"/> 4 Nurse	<input type="checkbox"/> 5 Clinic Administrator	<input type="checkbox"/> 6 Other
_____	_____	_____	_____	_____	_____	_____
		(please list)			(please list)	
Date	<input type="checkbox"/> 1 Primary Care Provider	<input type="checkbox"/> 2 Care Coordinator	<input type="checkbox"/> 3 Parents	<input type="checkbox"/> 4 Nurse	<input type="checkbox"/> 5 Clinic Administrator	<input type="checkbox"/> 6 Other
_____	_____	_____	_____	_____	_____	_____
		(please list)			(please list)	

6. Number of Planned Care Visits this month? _____

7. Number of children for whom you have contributed to a School Plan (e.g., IEP, IIP, IHP, IFSP) this month? _____

8. Are there any areas that your team is struggling with that you would like advice or assistance from NDIS, its partners, or other care teams?

HELP SHEET

ND Medical Home Monthly Team Reporting Form

- 1. Number of CYSHCN identified this month?** The total number of CYSHCN identified by the CAHMI screener for the month. Report the total CYSHCN identified, the number of those scoring 4s and 5s, and the number of those scoring 1s through 3s.
- 2. Cumulative number of CYSHCN identified to date?** This number is an estimate. NDIS has your exact total. This number will always increase
- 3. Number of Care Plans developed with families this month?** This is the total number of care plans that were developed during the month. If you started a care plan this month, but did not complete it, do not report it until it is completed¹. This is essentially a report of how many children now have care plans that were developed during the month. This number indicates how many Medical Home patients you have or have had².
- 4. How many times has the team met this month?** Report how many times your team met.
- 5. Please list below the date(s) of those meetings and who attended?** List the date of the meeting and who was present. Make sure to list your parent partners by name. If people other than the provider, care coordinator, parents, nurse, and clinic administrator attended, list their names as well.
- 6. Number of Planned Care Visits this month?** Report the number of planned care visits that occurred during the month.
- 7. Number of children for whom you have contributed to a School Plan (e.g., IEP, IIP, IHP, IFSP) this month?** Report the number of school plans you contributed to. This could be by physically attending a meeting or providing correspondence with the school regarding the patient to assist in developing their school plan.
- 8. Are there any areas that your team is struggling with that you would like advice or assistance from NDIS, its partners, or other care teams?** This is where you indicate if you have questions or need supports or resources. You can also specify if you want this support from resources other than NDIS, such as an agency or organization, or another pilot site.



¹ A care plan is typically always a working document. A completed care plan is one that you have signed and given to the patient and family for use.

² Occasionally patients are no longer patients for various reasons. You do not need to report inactive or former patients as it does not change the fact that a Medical Home was provided for that patient.