

Region (to be completed by project staff): _____

Integrated Community Systems for Children and Youth with Special Health Care Needs in Maine



Regional Report Card for YOUTH

County of Residence: _____ Town (optional): _____

I am between 10-14 _____ 15-17 _____ 18-20 _____ 21-25 _____ years of age

Legend: **A** = Excellent/Very Satisfied
 B = Good/Fairly Satisfied
 C = Fair/Satisfied
 D = Poor/Not Satisfied
 N/A = Not applicable

Please check just one “grade” for each indicator using an X or check mark. If the indicator doesn’t relate to you, please check N/A. If you are uncertain, leave it blank. If the box is shaded no response is needed there.

Indicators:	A	B	C	D	N/A
<i>Performance Measure #1: Youth with special health care needs and their families will partner in decision making at all levels, and will be satisfied with the services they receive.</i>					
Indicator 1.1: Quality of your regular or “primary” health care.					
Indicator 1.2: Access to referrals and appointments for additional services you may need.					
Indicator 1.3: Coordination between your regular doctor and any specialty doctors/providers you may see.					
Indicator 1.4: Level of your involvement/input in decision making relative to your plan of care.					
Indicator 1.5: Understanding the steps you can take when you are not satisfied with the services you receive.					
Indicator 1.6: You get paid if you are involved in policy making at the state and/or local level.					
Indicator 1.7: You are active in policymaking at the state and local levels.					

Indicators:	A	B	C	D	N/A
Performance Measure #2: All children/youth with special health care needs will receive coordinated, ongoing, comprehensive care within a medical home (a doctor's office where all your medical care is received or coordinated).					
Indicator 2.1: Your regular source of medical care is provided through a pediatrician or family doctor (also known as a primary care provider [PCP]).					
Indicator 2.2: Your doctors and their staff communicate in a way that is clear, understandable and culturally sensitive to you.					
Indicator 2.3: Your source of regular medical care identifies, discusses, and addresses your comprehensive needs.					
Indicator 2.4: Your regular source of primary medical care coordinates well-child checks, such as:					
Vision					
Hearing					
Developmental Services					
Behavioral/Mental Health Services					
Oral Health					
Immunizations					
Newborn Screening					
Indicator 2.5: Referrals to needed services are taken care of by your regular provider/doctor.					
Performance Measure #3: All youth and their families will have adequate private and/or public insurance to pay for the services they need.					

Indicators:	A	B	C	D	N/A
Indicator 3.1: Your health insurance covers the costs of needed services, such as:					
Mental Health					
Dental Care					
Age Appropriate Well-Child Checks					
Durable Medical Equipment					
Ancillary (other) Services					
Non-durable Medical Supplies					
Care Coordination					
Prescriptions					
Specialty Care					
Related Therapies (PT, OT, Speech)					
In Home Nursing					
Other (please identify):					
Indicator 3.2: The out-of-pocket costs (costs that are not covered by insurance) to your family is (circle one from the list below):					
Reasonable Affordable Don't Know Not Applicable					
Indicator 3.3: You and your family get to choose the providers you use (rather than the insurance company).					

Indicators:	A	B	C	D	N/A
Indicator 3.4: Your insurance provides (circle all that apply):					
Timely approval for needed care Overall parental satisfaction Overall child/youth satisfaction Clear information about coverage and resources Complaint procedures to providers and families/youth if you are not happy with what they have covered					
Performance Measure #4: All children and youth will be screened early and continuously for special health care needs.					
Indicator 4.1: Prenatal screening begins in the first trimester of pregnancy, for example, substance abuse, genetics.					
Indicator 4.2: Infants, children and youth are monitored for special health care needs and developmental delays.					
Indicator 4.3: You receive age-appropriate well-child checks such as:					
Vision					
Hearing					
Developmental Needs					
Behavioral/Mental Health					
Oral Health					
Metabolic					
Indicator 4.4: You receive needed follow-up if the screening identified problems such as:					
Vision					
Hearing					

Indicators:	A	B	C	D	N/A
Developmental					
Behavioral					
Mental Health					
Oral Health					
Metabolic					
<i>Performance Measure #5: Community-based services will be organized in ways that youth and their families can use easily.</i>					
Indicator 5.1: You have a written health care plan that coordinates your providers and services.					
Indicator 5.2: You know who is the lead coordinator for the plan of care.					
Indicator 5.3: You and your family are able to access a full range of services that meet your needs.					
Indicator 5.4: Your specialty care is available within a reasonable distance (you don't have to drive too far).					
<i>Performance Measure #6: All youth with special health care needs will receive the services necessary to make appropriate transitions to adult health care, work, and independence.</i>					
Indicator 6.1: You have a transition plan beginning by age 14 that addresses your needs in the following areas:					
School and Educational Goals					
Goals for College and Further Education					
Employment					

Indicators:	A	B	C	D	N/A
Staying Healthy					
Insurance					
Community Living					
Driving/Transportation					
Assistive Technology					
Necessary Accommodations					
Other (please specify):					
Indicator 6.2: You have a transition plan that was written with input from:					
You					
Your Family Members					
Your Teachers					
Your Doctor(s) or Other Health Care Providers					
Vocational Rehabilitation					
Other Appropriate Agencies					
Other (please specify):					

Indicators:	A	B	C	D	N/A
Indicator 6.3: If your regular doctor is a pediatrician, he/she is helping you transition to an adult doctor or family doctor.					
Indicator 6.4: You are satisfied with the information you have available to make informed decisions about your health care and other services.					
Indicator 6.5: You have received the necessary services/supports (at high school graduation or no later than age 21) to transition successfully to:					
College or Other Further Education					
Related to Financial Aid Information					
Employment					
Health Insurance					
Driving/Transportation					
Community Living/Housing					
Personal Supports					
Social Security Work Incentives (e.g., PASS, 1619 a and b)					
Other (please identify):					

Additional Comments:

Suggestions for Improvement:

THANK YOU!

Please return this to your Regional Youth Facilitator, or mail to:

Debbie Gilmer
Maine Support Network
PO Box 390
Readfield, ME 04355

www.servicesforme.org