Receiving care through a medical home can improve your child's health and make life easier for your family. Components of a medical home are:

Accessible
Care is provided for your child in your community 24 hours a day, 7 days a week.

Family-Centered
You are recognized as an expert for your child and a valued member of the care team.

Continuous
The same pediatric health care professionals care for your child from infancy until it's time to transition to adult care.

Comprehensive
Your child's care includes checkups, sick visits, therapy, and specialty care. Your family is connected to support and educational services.

Coordinated
The care team works with multiple providers to develop a care plan, book appointments, handle referrals, and provide access to resources.

Compassionate
All members of the care team are genuinely concerned about the overall well-being of your child and family.

Culturally Effective
Services are delivered in your preferred language and the care team respects your family's cultural and religious beliefs.

Medical Home Resources:

Missouri Family Partnership
The Family Partnership strives to enhance the lives of individuals and families impacted by special health care needs, providing resources and information to empower families to live a good life. health.mo.gov/familypartnership

National Center for Medical Home Implementation
Check out tools, resources, and links to information to help you partner with your child's care team. Medicalhomeinfo.aap.org/tools-resources/Pages/For-Families.aspx

Missouri Newborn Hearing Screening Program
Identifies infants with hearing loss and links them with early intervention services by six months of age. It is important to detect a hearing loss in the earliest days of a baby's life. A baby begins to understand language and speech at birth. https://health.mo.gov/living/families/genetics/newbornhearing/index.php

Missouri Family-to-Family Health Information Center
MOF2F provides free, individualized and family-centered information on disability and special health care needs, peer support and leadership training provided by Family Information Specialists and trained family mentors. mofamilytofamily.org or 800-444-0821

Missouri Department of Health and Senior Services
Bureau of Special Health Care Needs
P.O. Box 570
Jefferson City, MO 65102-0570
800-451-0669

health.mo.gov/shcn

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number B04MC30623, Maternal and Child Health Services for approximately $12,107,084 and H61MC00071 Universal Newborn Hearing Screening for $250,000.00. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

#350 (08/18)

Missouri Medical Home

What you need to know

Because every child deserves a medical home

Missouri Department of Health and Senior Services

A medical home is not a building—

It is a family-centered approach to comprehensive care for your child. Through this partnership, you work with health care experts to find and access the medical and non-medical services your child needs. Your medical home care team may include doctors and nurses, therapists, dentists, pharmacists, community health workers, school staff, friends, neighbors, and anyone else who cares for your child.

What if your child doesn't have a medical home?

You are your child's first and best advocate. Here are some ways you can coordinate your child's care even if you don't have access to a medical home.

Choose a primary physician you trust.
Your primary care provider or specialist should coordinate the full range of services your child needs and should value you as a partner in your child's care.

Make sure your child has a written care plan.
Work with your primary physician to develop a written plan that addresses your child's needs and goals. Make sure it is shared with the entire care team and updated regularly. An example of a Shared Plan of Care form can be found at:

Family Voices of Wisconsin:
https://familyvoiceswi.org/wp-content/uploads/2019/12/Care-Notebook-Compress.pdf

Create a Care Notebook.
Keep a binder to organize important information about appointments, therapies, medications, and more. Take it with you to appointments and share the information with your care team. Examples of Care Notebooks can be found at:

National Center for Medical Home Implementation: https://www.aap.org/en/practice-management/medical-home/tools-and-resources-for-medical-home-implementation/

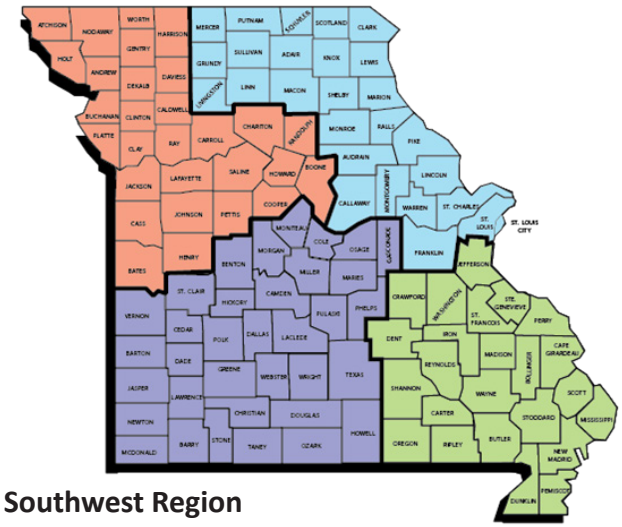
Ask questions and communicate.
Take your questions, concerns, and observations to appointments. Always feel free to let providers know if you don't understand or need help for your child or family.

Help your child transition to adult care.
Teenagers should become more informed about and responsible for their own care. Help your teen understand their care plan, maintain the Care Notebook, and know how to address their care needs.

Need more information? Contact your Family Partner:

Northwest Region
(573) 301-7429

Northeast Region
(314) 409-7915



Southwest Region
(573) 644-2995

Southeast Region
(573) 418-5683

Family Partner for Deaf and Hard of Hearing
(Statewide Coverage)
(573) 298-2697