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*HRSA-04-056 Medical Home for Children With Special Health Care Needs (MHCSH)*

*CFDA:* 93.110.

*Legislative Authority:* Social Security Act, Title V, 42 U.S.C. 701.

*Purpose:* In February 2001, President Bush released the New Freedom Initiative, a comprehensive plan to tear down barriers facing people with disabilities and preventing them from participating fully in community life. This broad interagency initiative calls upon the Federal government to assist States and localities to implement the decision of the Supreme Court in *Olmstead v L.C.*, which requires States to place qualified individuals with mental disabilities in community settings in certain circumstances. As part of this initiative, HRSA was charged with "developing and implementing a plan to achieve appropriate community-based service systems for children and youth with special health care needs (CYSHCN) and their families." A core component of community systems is that every child with a special health care need must have access to a regular ongoing source of health care in the community, *i.e.*, a medical home. The medical home is articulated through the Healthy People 2010 Objectives and is a core performance measure for Title V Maternal and Child Health Programs. This initiative supports the medical home component of the President's New Freedom Initiative through: (1) A national resource center; (2) state implementation grants; (3) targeted support to pediatric practices for service models; (4) grants to assure access to specialty services; and (5) a cooperative agreement using autism as a case example to improve early identification and clinical management and referrals. These priorities will provide models, best practices, and dissemination strategies for ensuring that all children and youth with special health care needs have the services and support necessary for full community inclusion.

#### Priority 1

National Resource Center on Medical Home Implementation. One cooperative agreement to: (1) Develop and implement policy initiatives related to achieving medical homes for children and youth with special health care needs; (2) establish and implement

strategies for enhancing timely interactive communication, including telecommunication, among pediatricians, health care providers, community leaders, and policy-makers concerned with access, appropriateness, and coordination of primary care with specialty care and the array of other services required for this population of children and families; (3) promote activities that establish medical home as the standard of care for all community-based primary care physicians caring for children with special needs; (4) expand and enhance the capacity to collect, analyze, and use quantitative and qualitative data to promote medical homes for children with special health care needs; (5) facilitate the development of resources that increase access and awareness of the medical home for families and children with special health care needs; (6) assist states in implementation, assessment, and evaluation of strategies to promote Healthy People 2010 Goals and the President's New Freedom Initiative around community based systems of care for children with special health care needs; and (7) build upon the operational definition of a medical home, utilizing tools that have been developed, such as the medical home index and continuous quality improvement measures. Funds available: \$700,000 for one cooperative agreement. The scope of Federal involvement with respect to all cooperative agreements is included in the Application Kit. The cooperative agreement has a 5 year project period. Funding for the 2-5 years is contingent upon the availability of funds and satisfactory performance of the grantee.

#### Priority 2

Integrating and Sustaining Medical Home through Statewide Implementation. Grants to States to improve and ensure the sustainability of statewide implementation of the medical home for CSHCN. Applicants must: (1) Conduct a medical home needs assessment based on the State-specific findings of the National Survey of CSHCN and incorporate those findings into the Block Grant Application; (2) incorporate medical home into the ongoing budget for the State Title V program; (3) implement/expand a plan for achieving statewide implementation of medical home; (4) participate in a continuous quality improvement strategy with primary care practices in the state; (5) develop and implement a structured plan for fiscal and programmatic sustainability; and (6) implement formative and summative evaluation activities. Funds available:

\$1,200,000 for 6-8 grants. Grants are for four years.

#### Priority 3

Medical Home Implementation through Community-Based, Primary Care Practices. Grants to primary care practices/networks to improve the ability of community primary care practices to become medical homes and to promote and support community inclusion for children and youth with special health care needs by better linking medical homes with early intervention, child care, Head Start, schools, and other community programs. Eligible applicants are: (a) networks of medical home providers including but not limited to State primary care professional organizations and other existing networks of primary care practices; and (b) individual primary care practices. Funds available: \$800,000 for grants up to \$50,000 for individual practices, or up to \$250,000 for Network applications supporting at least five pediatric primary care practices. Grants are for four years.

#### Priority 4

Subspecialty Capacity-Building. Grants to develop strategies for partnership between State Title V agencies, subspecialty networks, and the medical home to improve access and availability of health/medical services to support children and youth in their community. Funds will support: (a) Comprehensive Statewide, contiguous State, or national needs assessments of workforce capacity for specialists and sub-specialists serving CSHCN; (b) development and implementation of a plan to improve workforce capacity; and (c) strengthen subspecialty relationships with the medical home. The plan must define and articulate the role of subspecialty networks, the medical home, and Title V in improving access to and availability of appropriate health and related services to support inclusion of children and youth in their community. Funds available: \$400,000 for 2 grants up to \$200,000. Grants are for four years.

#### Priority 5

Early Identification and Intervention for Children with Autism. A cooperative agreement to improve the capacity of the medical home and the early intervention community to identify, appropriately serve, and integrate children with autism into their communities. The cooperative agreement will: (a) Work with MCHB, family leaders, and pediatric primary care providers to improve medical home capacity for early identification of