

For Providers

Our team of care coordinators assists families with the creation, monitoring, and follow-through of care plans that include recommendations generated by the provider in collaboration with patients and their caregivers. We educate families about community resources, Medicaid and other funding options, access to care, and how to use the Utah Medical Home Portal.

To make a referral to our program:

- Call 801-584-8246
- Email integrated.services@utah.gov
- Fax a referral form to 801-584-8242.

We would be happy to meet with you to discuss ways we can partner with your office to help expand your ability to provide comprehensive care management to children with special health care needs.

To learn more about our services and access our referral forms, visit <http://health.utah.gov/cshcn/> Click on the "Programs" tab then click on "Integrated Services Program."



UTAH DEPARTMENT OF
HEALTH

Children With Special Health Care Needs



Children with Special Health
Care Needs

Integrated Services Program

*Have big dreams, you
will grow into them...*

Anonymous



Integrated Services Program

44 North Mario Capecchi Drive
PO Box 144610
Salt Lake City, UT 84112
Phone: 801-584-8246
Fax: 801-584-8242
Monday – Friday 8:00 a.m. to 5:00 p.m.

Email: integrated.services@utah.gov

<http://health.utah.gov/cshcn/programs/integratedservices.html>

Phone: 801-584-8246
Toll Free: 1-800-829-8200

Care Coordination

Our multidisciplinary team offers assistance to families who have children and youth with special health care needs. We support families in coordinated care planning and provide education and resources that may be available to meet their unique needs.

Services may include assistance with:

- Connecting to Medicaid, CHIP, SSI, or other health insurance options.
- Coordinating multiple resources including medical, social, behavioral health, and support services.
- Organizing needs through developing a care notebook with the family.
- Screening early development with the Ages and Stages Questionnaire (ASQ).
- Understanding processes of the school system.
- Creating and monitoring care plans with the family.
- Planning for transition into adult programs.
- Exploring solutions for housing, transportation, and financial issues.

Please call 801-584-8246 to speak with one of our care coordinators. **Anyone, including families, may request services.** Spanish speaking care coordinators are available.

Our Staff Serves...

- Children from birth to early adulthood
- Families of children with special needs throughout the state of Utah

These services are provided at no cost to families or providers.



Our Guiding Principles

Your values and beliefs are important to us.

You determine what, when, and how we help you. Some families may only need a few tips or resources. Other families may need more intensive coordination for an extended period of time.

Privacy and confidentiality are paramount as we work together.

Medical Home

Every child should have an opportunity for a medical home. A medical home, in simple terms, is the center of a child's medical and non-medical care. Ideally, the medical home "...is a cultivated partnership between the patient, family, and primary provider in cooperation with specialists and support from the community. The patient/family is the focal point....and the medical home is built around this center." It provides "accessible, continuous, comprehensive, family centered, coordinated, compassionate and culturally effective care." (HRSA; AAP)

For information on the Utah Medical Home, visit

<http://www.medicalhomeportal.org/>.

Transition to Adulthood

It is important to address needs pertaining to youth transitioning into the adult world. This can include issues such as independence, education, employment, housing, and health care. Planning can start as early as 12-14 years of age. Our care coordination team can help you navigate this process. **To download the Transition Action Guide, visit,** <http://health.utah.gov/cshcn/programs/integratesrvs.htm>.