

Here are ways you can coordinate your child's care even if you don't have access to a medical home:

Choose a primary care provider you trust.

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

Make sure your child has a written care plan.

Partner with providers to co-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.

Ask questions.

Take your questions, concerns, and observations to appointments. Always let providers know if you do not understand or need help for your child or family.

By age 14, learn about health care transition

Most youth will move to adult providers at some point. Help your child build skills to self-manage their care to the best of their abilities. Youth can learn about their medications, symptoms to watch for and organizing health information. Ask providers about their health care transition policies.

Children and Youth with Special Health Care Needs (CYSHCN) Systems Development Group

Our program works with local, state and national organizations to promote access to a medical home for every child. To learn more, visit: dshs.texas.gov/mch/CSHCN.aspx

Texas Parent to Parent

Download the free Medical Home Toolkit created by parents for parents that explains what a medical home is and how to get one. To learn more, visit: txp2p.org/resources/medHome

Navigate Life Texas

This website offers resources to help families find their way through complex systems. To learn more about their medical home resources, visit: navigatelifetexas.org/en/diagnosis-healthcare/medical-home-for-children

American Academy of Pediatrics

Check out tools, resources, and links to information to help you partner with your child's care team at: aap.org/en/practice-management/medical-home

Department of State Health Services

Maternal and Child Health

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Product ID: 4-5 12/2025

Children and Youth with Special Health Care Needs

EVERY CHILD DESERVES A MEDICAL HOME:
A GUIDE FOR FAMILIES











A medical home is a family centered way to provide full primary care that extends beyond clinic walls to include specialty care, educational services and family support.

Your medical home team can include anyone who cares for your child - doctors, nurses, therapists, pharmacists, community health worker, school staff, family and friends.

Receiving care through a medical home can improve your child's health and make life easier for your family. In the ideal medical home services are:

Accessible

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

Family-Centered

You are recognized as an expert on 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 is 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.

Respectful

The care team communicates in your preferred language and respects your family's values.







