

Client's Name: _____ CSHCN ID: _____ Date: _____

Instructions: Complete the questions with the primary caregiver or client, as appropriate, and indicate the answer in the appropriate spot (1-5, and 15 are not to be directly asked to the primary caregiver or client). Indicate in the column labeled "Conf." if the medical records were able to confirm the answer. If medical records contradict the client/family's answer, the RN may override the answer and should indicate the changed answer by choosing "Y" in the column labeled "Δ."

Automatic Tier 1 Medical Eligibility				Ans.	Conf. ¹	Δ ⁵
1.	Is the child in the legal custody of the state of West Virginia?					
2.	Is the child eligible for federal Title IV-E adoption assistance?					
3.	Is the child a member of the Children with Disabilities Community Services Program (CDCSP)?					
4.	Does the child receive 100% enteral nutrition?					

Automatic Tier 2 Medical Eligibility				Ans.	Conf. ¹	Δ ⁵
5.	Does this child have a diagnosis of Neonatal Abstinence Syndrome (NAS; ICD-10 - P96.1) and/or prenatal drug exposure?					

CSHCN Screener²		a. Is this because of any medical ³ condition?	b. Is this because of any behavior or other health condition?	c. Is this a condition that has lasted or is expected to last 12 months or longer?	Conf. ¹	Δ ⁵
6.	Does your child currently need or use medicine prescribed by a doctor, other than vitamins?					
7.	Does your child currently need or use more medical care, mental health care or educational services than is usual for most children of the same age?					
8.	Is your child limited or prevented in any way in [his/her] ability to do the things most children of the same age can do?					
9.	Does your child need or get special therapy such as physical, occupational or speech therapy?					
10.	Does your child have any kind of emotional, developmental or behavioral problem for which [he/she] needs treatment or counseling?					

Functional Limitations⁴				Answer	Conf. ¹	Δ ⁵
11.	Compared to other children [his/her] own age, would you say [he/she] experiences any difficulty with any of the following related to [his/her] chronic physical special health care need ³ :					
	a. Breathing or other respiratory problems, such as wheezing or shortness of breath?					
	b. Swallowing, digesting food or metabolism?					
	c. Blood circulation?					
	d. Repeated or chronic physical pain, including headaches?					
	e. Seeing, even when wearing glasses or contacts?					
	f. Hearing, even when using a hearing aid or other device?					

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12. Compared to other children [his/her] age, would you say [he/she] experiences a little difficulty, a lot of difficulty or no difficulty with the following related to [his/her] chronic physical special health care need ³ ?	Answer	Conf. ¹	Δ ⁵
a. Taking care of [himself/herself], for example, doing things like eating, dressing and bathing? (3-20 years old only)			
b. Coordination or moving around?			
c. Using [his/her] hands?			
d. Learning, understanding or paying attention? (1-20 years old only)			
e. Speaking, communicating or being understood? (1-20 years old only)			
f. With feeling anxious or depressed? (18 months-20 years old only)			
g. With behavior problems, such as acting-out, fighting, bullying, or arguing? (18 months-20 years old)			
h. Making and keeping friends? (1-20 years old only)			

Service Utilization ⁴			
13. Did your child need or receive the following in the past 12 months related to [his/her] chronic physical special health care need ³ :	Ans.	Conf. ¹	Δ ⁵
a. Specialty care			
b. Dental care			
c. Prescription medications			
d. Physical, occupational or speech therapy			
e. Mental health care or counseling			
f. Substance abuse treatment or counseling (ages 8-20 only)			
g. Home health care			
h. Eyeglasses or vision care			
i. Hearing aids or hearing care			
j. Mobility aids or devices (ages 3-20 only)			
k. Communication aids or devices (ages 3-20 only)			
l. Durable medical equipment			

Title V Funded Services Eligibility			
	Ans.	Conf. ¹	Δ ⁵
14. Does your child require medical foods prescribed by a physician, regardless of payer source or lack thereof?			
15. Is the client financially eligible to receive Title V funded services?			

¹All parent/applicant responses must be confirmed via record review by one of the CSHCN Program Eligibility Unit Registered Nurses.

²The CSHCN Screener[®] is a five-question screener used to identify children with special health care needs based on the Maternal and Child Health Bureau's definition: "those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally."

³Defined per the CSHCN Program's policy manual as "an organ dysfunction and/or a neuromotor or musculoskeletal chronic condition that must have lasted, or is certain to last, for at least one year and is not behavioral or emotional in origin."

⁴Questions adapted from the National Survey of CSHCN (now Children's Health).

⁵If "Y", the medical records contradict the client/family's response; indicates an educational need for the client/family.