

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

Assessing Systems of Care for CYSHCN: National Standards for Systems of Care Organizational Analysis Tool: **Multiple-Organization**

Background

A robust system of care for CYSHCN strengthens the overall pediatric health care infrastructure, benefiting all children and supporting the potential for a healthy, productive adulthood.

The National Standards for Systems of Care for CYSHCN is a set of structure and process standards that together represent the necessary components of a comprehensive, quality system of care for CYSHCN. These standards are grounded in the six core outcomes for systems of care for CYSHCN that were developed by the federal Maternal and Child Health Bureau, Health Resources and Services Administration and based on a comprehensive review of the literature, key informant interviews, case studies of standards for CYSHCN currently in use in Title V, Medicaid and health plans within selected states and consensus from the national work group. A detailed description of how the national standards were developed is available by clicking [here](#).

What is the purpose of the Multiple-Organization Statewide Systems of Care Analysis Tool?

This tool is designed to be a systems analysis tool for entities and partners serving CYSHCN and their families, including but not limited to state Title V, Medicaid and CHIP programs, health plans, provider groups, families and family partner organizations. The tool was developed to be used in conjunction with the National Standards. It allows agencies, organizations and stakeholders serving CYSHCN stakeholders to assess how well participating organizations and the broader system is structured to assure access and quality of care for CYSCHN and their families. It assesses organizational capacity to implement or improve policies and processes, as outlined in the Standards.

This state assessment tool is organized in sections according to each Standard domain. The completed tool may also serve as a springboard for action-planning around specific domain areas.

Who should complete the tool?

This tool is designed to be completed by members of various stakeholder groups (e.g. state Medicaid, a single health plan, or Title V program) serving CYSHCN who want to identify and prioritize areas for systems improvement.

This tool should be completed by a team of representatives from various agencies, organizations and stakeholders who serve CYSHCN in the state. Family members of CYSHCN provide a critical perspective and representatives from a family organization(s) should be included in this exercise¹.

¹ A directory of Family-to-Family Health Information Centers is available by clicking [here](#) or visiting <http://www.familyvoices.org/page?id=0052>

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When should I conduct this systems assessment?

It is recommended that prior to using this multi-system analysis tool, each participating organization complete the *Single-Organization Statewide Systems of Care Assessment Tool*. This Single Organization tool will inform your answers here.

Prior to starting, the team should identify a note-taker/facilitator. The note-taker/facilitator should use the attached tool to record the responses of the group. Once the team has finished, copies should be made and distributed to each team member so they have a record of the responses.

In each section, there are several statements that capture key policies in the Standards. Following each statement, please respond to the following prompts that capture:

- (1) whether organizations have policies and procedures described in the statement²;
- (2) effectiveness of organizational policies and procedures; and
- (3) authority or ability of the organization to implement the policies and procedures described.

The end of each answer section allows for space to provide optional comments. Each organizational representative should answer each section of the tool as completely as possible from the perspective of their organization.

At the end of each section, there is a summary question that prompts the respondent to determine if the corresponding domain is currently a critical area that needs to be addressed within your state. Teams are encouraged to use the notes space to elaborate on answer choices, describe state-specific context, write follow-up questions or issues to discuss, and/or list action steps.

To see a sample response for one Domain area, please see the Appendix.

Contact Paige Bussanich at the Association of Maternal & Child Health Programs (pbussanich@amchp.org) with any questions or technical assistance needs related to this assessment tool.

² Not all statements will be applicable to all responding organizations; when this is the case, indicate “N/A” within that particular cell of the table.

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Assessing the System of Care for CYSHCN Using System Standards
STATEWIDE SYSTEM OF CARE FOR CYSHCN ASSESSMENT TOOL

State: _____

Date: _____

Agencies Completing this Tool:

Type of Agency (check all that apply):	Name of Agency	Name of Agency/Organization Representative(s)
<input type="checkbox"/> Title V		
<input type="checkbox"/> State Medicaid		
<input type="checkbox"/> CHIP		
<input type="checkbox"/> Health Plan/Insurer		
<input type="checkbox"/> Family/Consumer		
<input type="checkbox"/> Provider (please specify):		
<input type="checkbox"/> Other (please specify):		
<input type="checkbox"/> Other (please specify):		
<input type="checkbox"/> Other (please specify):		
<input type="checkbox"/> Other (please specify):		

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When providing answers in this tool, please do so from the perspective of the organization or system in which you work or are affiliated.

Foundational Standards

The [National Standards \(Version 2.0\)](#) are guided by four essential principles that should be in place to ensure a comprehensive, quality system of care for CYSHCN. Indicate if the following principles are embedded in your own organization’s vision, mission, and/or work:³

- **Children and families of CYSHCN are active, core partners in decision making in all levels of care.**
 Yes No Somewhat
- **All services and supports for CYSHCN are implemented and delivered in a culturally competent, linguistically appropriate, and accessible manner to best serve CYSHCN and their families. All written materials provided to CYSHCN and their families are culturally appropriate, provided in the primary language of the CYSHCN and their family, and in a manner and format appropriate for children and their parents or caregivers who have limited English proficiency, lower levels of literacy, or sensory impairments.**
 Yes No Somewhat
- **Insurance coverage for CYSHCN is accessible, affordable, comprehensive, and continuous.**
 Yes No Somewhat
- **All care provided to CYSHCN and their families is evidence-based where possible, and evidence-informed and/or based on promising practices where evidence-based approaches do not exist.**
 Yes No Somewhat

OPTIONAL - Comments: _____

³ In-depth assessment tools are available for Foundational Standards #1 and #3 based on the Family-Professional Partnerships and Insurancing and Financing domains in Version 1.0 of the National Standards. Please email Paige Bussanich at the Association of Maternal and Child Health Programs (AMCHP) at pbussanich@amchp.org for more information.

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1. Identification, Screening, Assessment and Referral

1.1. Our organizations define CYSHCN based upon the following criteria (Check all that apply for each agency/organization):

Type of Agency	Criteria (check all that apply)				
	Diagnosis	The child's eligibility for Supplemental Security Income (SSI)	The definition used by the federal Maternal and Child Health Bureau and the American Academy of Pediatrics) ⁴	The child's eligibility for another program (Please specify)	Other (Please specify)
<input type="checkbox"/> Title V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> :	<input type="checkbox"/> :
<input type="checkbox"/> State Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> :	<input type="checkbox"/> :
<input type="checkbox"/> CHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> :	<input type="checkbox"/> :
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> :	<input type="checkbox"/> :
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> :	<input type="checkbox"/> :
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> :	<input type="checkbox"/> :
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> :	<input type="checkbox"/> :
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> :	<input type="checkbox"/> :

⁴ Those children and youth 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; *McPherson M, Arango P, Fox H, Lauver C, McManus M, Newacheck P, Perrin J, Shonkoff J, Strickland B. A new definition of children with special health care needs. Pediatrics, 102(1):137–140, 1998*

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1.2. Within our organizations, there are policies and procedures in place for the identification of CYSHCN upon enrollment or transfer between insurance coverage (public and private).

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

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1.3. There are policies and procedures in my organization to assure that all children, including CYSHCN, receive periodic, developmentally appropriate, and recommended comprehensive screenings, in accordance with Bright Futures or other approved pediatric guidelines (both as part of preventive visits and in response to triggering events such as hospitalization, trauma, or sudden onset of new symptoms).

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

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1.4 Within my organization, there are policies and procedures to document newborn screening efforts, results, and referrals for further assessment, and communicate these to other screening entities, including the newborn’s medical home.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of “Yes”:				# of “Yes”:			

OPTIONAL - Comments:

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1.5. State newborn screening information is delivered to providers and parents in a timely fashion, and arrangements for necessary follow-up services are documented. If indicated, repeat screening results and follow-up are communicated by the hospital or state program to the newborn’s health plan, medical home, and specialty providers.¹⁶

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of “Yes”:				# of “Yes”:			

OPTIONAL - Comments:

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1.6. My organization has policies and procedures to demonstrate follow-up with a hospital or state health department when newborn screening results are not received.¹⁷

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

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1.7. My organization has policies and procedures to document initial health assessment within 90 days¹⁸ of enrollment in a health plan.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

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1.8. My organization has policies and procedures to ensure further screening assessments, results and referrals are documented and coordinated with the child’s medical home and health plan.¹⁹

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of “Yes”:				# of “Yes”:			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

1.9. My organization has policies and procedures to ensure the needed services are referred to the CYSHCN following a screening and assessment to include pediatric specialist, therapies, and other service systems.²⁰

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

1.10. My organization has policies and procedures for protocols and documentation methods are in place for the child’s medical home to follow-up and ensure referred services were accessed and to provide any assistance needed in accessing care regardless of the original entity conducting a screening and referral.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of “Yes”:				# of “Yes”:			

OPTIONAL - Comments:

DOMAIN SUMMARY: SCREENING, ASSESSMENT AND REFERRAL

Based on your responses to questions in this section and your knowledge of current and emerging issues for CYSHCN in your state, do you think this Domain is currently a critical area to address within your state? Yes No

IF YES, please note that an in-depth assessment tool for this Domain is available [Notes](#) (OPTIONAL use this space to elaborate on your answer choices, describe state-specific nuances or context, note follow-up questions or issues to discuss with partners, and/or list action steps that could be taken.)

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

2. Eligibility and Enrollment

2.1 My organization is actively involved in outreach to promote access to health insurance for children in the State?

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

2.2. In my organization, there are policies and procedures to assure that families of CYSHCN are provided culturally and linguistically appropriate explanations of (1) the covered health benefits available to them and (2) the procedures for accessing providers and needed care.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

2.3. My organization has policies and procedures to assist children transitioning from one form of insurance to another (e.g., from Medicaid to commercial insurance) and from one health plan to another.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

2.4. In my organization, there are policies and procedures to assure that all information provided to families of CYSHCN for determining insurance eligibility and enrolling a child into public or private coverage is culturally appropriate and provided in a manner and format appropriate for a child or their caregiver, including for families who have limited English proficiency or sensory impairments.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

2.5 In my organization, there are policies and procedures in place for transitioning CYSCHN between non-network and network providers, including communication with the medical home and family.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

2.6. Health plans in my state/territory have policies and procedures in place to allowing CYSHCN who are newly enrolled or have recently changed plans to continue seeing out-of-network providers for up to six months after enrollment.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

DOMAIN SUMMARY: ELIGIBILITY AND ENROLLMENT

Based on your responses to questions in this section and your knowledge of current and emerging issues for CYSHCN in your state, do you think this Domain is currently a critical area to address within your state? Yes No

IF YES, please note that an in-depth assessment tool for this Domain is available. *Notes* (OPTIONAL use this space to elaborate on your answer choices, describe state-specific nuances or context, note follow-up questions or issues to discuss with partners, and/or list action steps that could be taken.)

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

3. Access to Care

3.1 My organization has an ongoing system in place to identify health care providers who will serve CYSHCN in my state, including primary care providers, specialty providers including pediatric specialists, oral health providers, and mental health providers.

Type of Provider	Response (Check One)		
	Yes	No	Not Applicable
Primary Care Providers	<input type="checkbox"/> Yes (IF YES) How effective is that system? <input type="checkbox"/> Very effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Not effective	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable to my organization; please indicate the agencies/entities in your state which are the authority to implement and/or ensure this standard: <input type="checkbox"/> Title V <input type="checkbox"/> State Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> Health Plan/Insurer <input type="checkbox"/> Provider (please specify _____) <input type="checkbox"/> Family/Consumer Other <input type="checkbox"/> (please specify _____)
Pediatric Specialists	<input type="checkbox"/> Yes (IF YES) How effective is that system? <input type="checkbox"/> Very effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Not effective	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable to my organization; please indicate the agencies/entities in your state which are the authority to implement and/or ensure this standard: <input type="checkbox"/> Title V <input type="checkbox"/> State Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> Health Plan/Insurer <input type="checkbox"/> Provider (please specify _____) <input type="checkbox"/> Family/Consumer Other <input type="checkbox"/> (please specify _____)
Oral Health Providers	<input type="checkbox"/> Yes (IF YES) How effective is that system? <input type="checkbox"/> Very effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Not effective	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable to my organization; please indicate the agencies/entities in your state which are the authority to implement and/or ensure this standard: <input type="checkbox"/> Title V <input type="checkbox"/> State Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> Health Plan/Insurer <input type="checkbox"/> Provider (please specify _____) <input type="checkbox"/> Family/Consumer Other <input type="checkbox"/> (please specify _____)
Mental Health Providers	<input type="checkbox"/> Yes (IF YES) How effective is that system? <input type="checkbox"/> Very effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Not effective	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable to my organization; please indicate the agencies/entities in your state which are the authority to implement and/or ensure this standard: <input type="checkbox"/> Title V <input type="checkbox"/> State Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> Health Plan/Insurer <input type="checkbox"/> Provider (please specify _____) <input type="checkbox"/> Family/Consumer Other <input type="checkbox"/> (please specify _____)

Please rate your organization’s authority to implement or improve this kind of system. Strong Moderate Weak

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

3.2 The health plans serving CYSHCN in my state have reasonable access requirements and wait times in place all levels of oral, mental and habilitative services. Same-day appointments are made available for urgent care services.

Health Plan(s)/Network(s):	Please rate each plan’s ability to integrate essential community providers into its network:		
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan:	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan:	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan:	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan:	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

3.3. My organization has policies and procedures to ensure transportation assistance for families with difficulties accessing needed medical services for their children.

Health Plan(s)/Network(s):	Yes/No	IF YES: How effective are those policies and procedures?		
<input type="checkbox"/> Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Not effective		
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Not effective		
<input type="checkbox"/> Health Plan:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Not effective		
<input type="checkbox"/> Health Plan:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Not effective		
<input type="checkbox"/> Health Plan:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Not effective		
<input type="checkbox"/> Health Plan:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Not effective		
Totals:	# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

3.4. My organization has policies and procedures in place supporting the use of satellite programs, electronic communications, and telemedicine to enhance access to specialty care and regional pediatric centers of excellence, where available, and other multidisciplinary teams of pediatric specialty providers.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

3.5. The health plan networks serving CYSHCN in my state/territory have policies and procedures in place explaining how CYSHCN choose and/or are assigned to a primary care provider (PCP) and how they may change their PCP.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

3.6 Pediatric specialists serving CYSHCN in my state who have demonstrated clinical relationship as the coordinator of all care including health supervision and anticipatory guidance may serve as the primary care provider (PCP).³⁶

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

3.7. My organization has policies and procedures in place documenting a child’s plan of care and specifying how they access pediatric specialists (in-person or via telemedicine).

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of “Yes”:				# of “Yes”:			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

3.8. The health insurance programs serving CYSHCN in my state cover medically necessary services to include medical conditions and/or disorders that result in health impairments and disability, ensuring age-appropriate growth and development and functional capacity. These services include long term service and support to have access to community living, achieve person centered goals and live and work in the setting of their choice. ^{37, 38}

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

3.9. The health plans serving CYSHCN in my state/territory cover comprehensive habilitative services in addition to rehabilitative services and are of like type and substantially equivalent in scope, amount, and duration to rehabilitative services.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

3.10. Authorization processes takes into account the unique needs of CYSHCN and are simplified to promote access to services. ⁴³

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

3.11. The health plans serving CYSHCN in my state allow families of CYSHCN to access to second opinions from qualified health care providers with restrictions to such opinions. ⁴⁴

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

DOMAIN SUMMARY: ACCESS TO CARE

Based on your responses to questions in this section and your knowledge of current and emerging issues for CYSHCN in your state, do you think this Domain is currently a critical area to address within your state? Yes No IF YES, please note that an in-depth assessment tool for this Domain is available.

Notes (OPTIONAL use this space to elaborate on your answer choices, describe state-specific nuances or context, note follow-up questions or issues to discuss with partners, and/or list action steps that could be taken.)

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

4. Medical Home

4.1. My organization provides CYSHCN with a medical home capable of coordinating services to meet the child’s medical, dental, and social-emotional needs.

Type of Agency	Yes/No	IF YES: Includes criteria in areas (check all that apply):				Authority to Improve Language Defining Medical Homes?	Rate Authority:		
		PCP availability	Family partner-ships with the provider	Care coordination	Quality improvement				
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of “Yes”:					# of “Yes”:			

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

4. Medical Home

4.2. The medical home provides team-based care that is led by a primary care clinician and/or pediatric subspecialist and in which the family is a core member.⁴⁶

Type of Agency	Yes/No	IF YES: Includes criteria in areas (check all that apply):				Authority to Improve Language Defining Medical Homes?	Rate Authority:		
		PCP availability	Family partnerships with the provider	Care coordination	Quality improvement				
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":					# of "Yes":			

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

Pediatric Preventive and Primary Care

4.3. My organization defines pediatric preventative and primary care as care that focuses on overall health, wellness, and prevention of secondary conditions.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

4.4. CYSHCN receive recommended immunizations according to the Advisory Committee on Immunization Practices (ACIP).⁴⁶

Type of Agency	Yes/No to definition of preventive/primary care for CYSHCN	IF YES: Includes focus on these areas (check all that apply):				Ability to Incorporate Definition into Own or Other Organizations?	Rate Ability:		
		Overall health	Wellness	Prevention of secondary conditions	Promotion of behaviors across all life stages				
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

Medical Home Management

4.5. My organization has policies and procedures to ensure all medical homes provide access to health care services 24 hours a day, seven days per week.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

4.6. My organization has policies and procedures for medical homes to utilize scheduling systems to recognize additional time involved with caring for CYSHCN.⁵⁴

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

4.7. My organization has policies and procedures to mandate medical home providers perform comprehensive health assessments.⁵⁵

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

4.8. My organization has policies and procedures to ensure pre-visit assessments are conducted by the medical home and family to evaluate if the team has comprehensive data to provide care in an appropriate manner.⁵⁶

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

4.9. My organization ensures accommodations for special needs are made available by the medical home to include home visits instead of office visits.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

4.10. My organization has policies and procedures to ensure medical home conducts activities to support CYSHCN and their families regarding self-management of child’s health care.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of “Yes”:				# of “Yes”:			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

4.11. My organization has policies and procedures to ensure medical home implements a plan of care that includes patient/family identified goals.⁵⁷

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

4.12. My organization has policies and procedures for medical home serving CYSHCN has to follow for updating records and medication management.⁵⁸

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

4.13. My organization has policies and procedures for medical home to integrate care with other providers and ensure information is shared effectively with family and other care providers.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

4.14. My organization has policies and procedures for medical home to effectively conduct transition of care to ensure preference for health services and sharing of information across systems.⁵⁹

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

4.15. My organization has policies and procedures to ensure medical home performs tracking of care by sending proactive reminders to families and clinician of services needed via a registry or other mechanism.⁶⁰

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

4.16. My organization has policies and procedures to ensure medical home performs tracking of care by sending proactive reminders to families and clinician of services needed via a registry or other mechanism.⁶⁰

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

Care Coordination and Care Planning

4.17. My organization has policies and procedures promoting access to patient and family-centered care coordination that integrates physical, oral, mental health, and community-based services.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

4.18. My organization’s requirements for care coordinators for CYSHCN include the following: *(Check only those that apply)*

Type of Agency	Organization requires that care coordinators for CYSHCN must (check all that apply):					Ability to Implement/ Improve Components of Care Plans?	Rate Ability	
	Serve as member of the medical home team.	Have on going relationships with families, medical care providers, and other partners in care	Use biopsychosocial assessments to help families articulate goals and priorities for care	Assist in managing care transition of CYSHCN across settings and developmental stages	Provide appropriate resources to match the health literacy level, primary language, and culture of CYSHCN and their family			
<input type="checkbox"/> Title V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate
<input type="checkbox"/> State Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate
<input type="checkbox"/> CHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate
Totals:						# of “Yes”:		

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

4.19. My organization has policies and procedures to ensure a plan of care is jointly developed, shared and implemented with the CYSHCN, their family and primary care provider, and specialist serving as principal coordinating physician and health care team. ⁶⁸

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

4.20. My organization has policies and procedures to ensure the family strengths are respected in the delivery of care, extended family members are included in decision based upon the family’s wishes and the plan of care includes family-driven goals. ⁶⁹

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of “Yes”:				# of “Yes”:			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

Pediatric Specialty Care

4.21. My organization has policies and procedures to provide comprehensive specialty services, including behavioral health services, acute services in a 24-hour clinical setting, intermediate services, and outpatient services and community support services by specialty providers as needed by CYSHCN.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

4.22. My organization’s policies and procedures allow pediatric primary care and specialty care providers to share management for the care of CYSHCN.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of “Yes”:				# of “Yes”:			

OPTIONAL - Comments:

DOMAIN SUMMARY: MEDICAL HOME

Based on your responses to questions in this section and your knowledge of current and emerging issues for CYSHCN in your state, do you think this Domain is currently a critical area to address within your state? Yes No IF YES, please note that an in-depth assessment tool for this Domain is available.

Notes (OPTIONAL use this space to elaborate on your answer choices, describe state-specific nuances or context, note follow-up questions or issues to discuss with partners, and/or list action steps that could be taken.)

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

5. Community-based Services and Supports

5.1 My organization has interagency or cross-system agreements that assure CYSHCN and their families receive screening, referrals, and access to comprehensive home and community-based supports, including respite care.

Type of Agency	Yes/No	IF YES: Are these agreements structured to:	Authority to Implement/Ensure?	Rate Authority:
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Promote family support through linking families to family organizations and other services and supports, <input type="checkbox"/> Promote shared financing, where appropriate, <input type="checkbox"/> Establish systems for timely communications and appropriate data sharing, <input type="checkbox"/> Ensure access and coordination of services <input type="checkbox"/> Promote collaboration between community-based organizations and agencies, providers, health care systems, and families, and <input type="checkbox"/> Specify responsibilities across the various providers, and community-based agencies ⁷⁸	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Promote family support through linking families to family organizations and other services and supports, <input type="checkbox"/> Promote shared financing, where appropriate, <input type="checkbox"/> Establish systems for timely communications and appropriate data sharing,	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

		o Ensure access and coordination of services <input type="checkbox"/> Promote collaboration between community-based organizations and agencies, providers, health care systems, and families, and <input type="checkbox"/> Specify responsibilities across the various providers, and community-based agencies ⁷⁸		
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
Totals:	# of "Yes":		# of "Yes":	

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

Respite Care

5.2 My organization has respite services, both planned and emergency, available to all families and caregivers of CYSHCN.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

5.3 My organization has policies and procedures in place to screen families/caregivers for respite care needs, communicate when respite services are available in their communities, and to ensure timely referrals for families of CYSHCN with emergency respite needs.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

5.4 My organization has mechanisms to inform and assist families/caregivers access available respite services which may be provided in a variety of settings, on a temporary basis, including the family home, respite centers, or residential care facilities.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

5.5 My organization provides transportation or assist with coordination of transportation when out-of-home respite services are needed.

Type of Agency	Yes/No	IF YES: How adequate is that coverage?			Authority to Implement/Ensure?	Rate Authority to Implement/Improve these Benefits for CYSHCN:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

Palliative and Hospice Care

5.6 My organization has policies for pediatric palliative and curative care (concurrent care).

Type of Agency	Yes/No	IF YES: How adequate is that coverage?			Authority to Implement/Ensure?	Rate Authority to Implement/Improve these Benefits for CYSHCN:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

5.7 My organization has policies for palliative care ensuring the use of family-centered models of care that respect the CYSHCN and their family’s preferences, values, and cultural beliefs, and provide family access to psychosocial screening and referrals to needed supports and services.

Type of Agency	Yes/No	IF YES: How adequate is that coverage?			Authority to Implement/ Ensure?	Rate Authority to Implement/Improve these Benefits for CYSHCN:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of “Yes”:				# of “Yes”:			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

Home-Based Services

5.8 My organization’s covered benefits include home health care for CYSHCN and supportive care for the family provided by licensed professionals with pediatric experience.

Type of Agency	Yes/No	IF YES: How adequate is that coverage?			Authority to Implement/ Ensure?	Rate Authority to Implement/Improve these Benefits for CYSHCN:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of “Yes”:				# of “Yes”:			

OPTIONAL - Comments:

DOMAIN SUMMARY: COMMUNITY-BASED SERVICES AND SUPPORTS

Based on your responses to questions in this section and your knowledge of current and emerging issues for CYSHCN in your state, do you think this Domain is currently a critical area to address within your state? Yes No IF YES, please note that an in-depth assessment tool for this Domain is available.

Notes (OPTIONAL use this space to elaborate on your answer choices, describe state-specific nuances or context, note follow-up questions or issues to discuss with partners, and/or list action steps that could be taken.)

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

6. Transition to Adulthood

Pediatric Health Care Setting

6.1. Within my organization, there are policies and procedures that describe our approach to transition from pediatric to adult health care for YSHCN and their families, including identification and recruitment of adult health care providers.

Type of Agency	Yes/No	IF YES: Are these policies shared with YSHCN			Authority to Implement/ Ensure?	Rate Ability to More Fully Engage Families as Partners:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Yes, consistently	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Yes, consistently	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Yes, consistently	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Yes, consistently	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Yes, consistently	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Yes, consistently	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Yes, consistently	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Yes, consistently	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

6.2. My organization’s requirements for plans of care address transition from pediatric to adult health care.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Ability to More Fully Engage Families as Partners:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of “Yes”:				# of “Yes”:			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

6.3. My organization has a transfer of care checklist for YSHCN when care responsibility changes from pediatric to adult health providers.

Type of Agency	Yes/No	IF YES: the checklist includes	Authority to Implement/Ensure?	Rate Ability to More Fully Engage Families as Partners:
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Cover Letter <input type="checkbox"/> Final transition readiness/self-care assessment <input type="checkbox"/> Updated plan of care <input type="checkbox"/> Updated medical summary and emergency care plan <input type="checkbox"/> Legal documents, condition fact sheet, additional records as needed <input type="checkbox"/> Transfer Completion – confirmation with adult providers of residual responsibility for patient care; ensure there is communication with adult provider confirming transfer and offering pediatric consultation assistance, as needed.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

Totals:	# of "Yes":				# of "Yes":			
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OPTIONAL - Comments:

Adult Health Care Setting

6.4. Within my organization, there are policies and procedures that states the approach to accepting and partnering with new young adults regarding their first visit and ongoing care with health care provider.

Type of Agency	Yes/No	IF YES: Are these shared with YSHCN and their families?	Authority to Implement/Ensure?	Rate Ability to More Fully Engage Families as Partners:
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
Totals:	# of "Yes":			# of "Yes":

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

OPTIONAL - Comments:

6.5. Within my organization, there are policies and procedures on how to welcome and orientate a YSHCN into the adult providers’ practice and to identify any special needs and/or preferences.

Type of Agency	Yes/No	IF YES: Are these shared with YSHCN and their families?	Authority to Implement/Ensure?	Rate Ability to More Fully Engage Families as Partners:
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
Totals:	# of “Yes”:			# of “Yes”:

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

6.6. My organization’s requirements for plan of care for initial visit:

Type of Agency	Yes/No	IF YES: The care plan includes	Authority to Implement/Ensure?	Rate Ability to More Fully Engage Families as Partners:
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Address concerns about transfer <input type="checkbox"/> Clarify adult approach to care <input type="checkbox"/> Conducting self-care assessments <input type="checkbox"/> Review health priorities of current plan of care <input type="checkbox"/> Update and share medical summary and emergency care plan <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
Totals:	# of "Yes":		# of "Yes":	

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

6.7. My organization has policies and procedures to ensure the YSHCN receives assistance and is assisted with connections to adult specialist and other support services for ongoing care.

Type of Agency	Yes/No	IF YES: Are these shared with YSHCN and their families?	Authority to Implement/Ensure?	Rate Ability to More Fully Engage Families as Partners:
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Consistently <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
Totals:	# of "Yes":			# of "Yes":

OPTIONAL - Comments:

DOMAIN SUMMARY: FAMILY PROFESSIONAL PARTNERSHIPS

Based on your responses to questions in this section and your knowledge of current and emerging issues for CYSHCN in your state, do you think this Domain is currently a critical area to address within your state? Yes No IF YES, please note that an in-depth assessment tool for this Domain is available.

Notes (OPTIONAL use this space to elaborate on your answer choices, describe state-specific nuances or context, note follow-up questions or issues to discuss with partners, and/or list action steps that could be taken.)

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

7. Health Information Technology

7.1. My organization uses electronic health record systems for providers serving CYSHCN that meet HIPAA and meaningful use requirements.

Individual Direct Service Organization(s):	Yes/No	IF YES: How adequately does the system meet those requirements?		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Very adequate	<input type="checkbox"/> Somewhat adequate	<input type="checkbox"/> Very inadequate
<input type="checkbox"/> Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very adequate	<input type="checkbox"/> Somewhat adequate	<input type="checkbox"/> Very inadequate
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very adequate	<input type="checkbox"/> Somewhat adequate	<input type="checkbox"/> Very inadequate
<input type="checkbox"/> Health Plan:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very adequate	<input type="checkbox"/> Somewhat adequate	<input type="checkbox"/> Very inadequate
<input type="checkbox"/> Health Plan:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very adequate	<input type="checkbox"/> Somewhat adequate	<input type="checkbox"/> Very inadequate
<input type="checkbox"/> Health Plan:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very adequate	<input type="checkbox"/> Somewhat adequate	<input type="checkbox"/> Very inadequate
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very adequate	<input type="checkbox"/> Somewhat adequate	<input type="checkbox"/> Very inadequate
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very adequate	<input type="checkbox"/> Somewhat adequate	<input type="checkbox"/> Very inadequate
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very adequate	<input type="checkbox"/> Somewhat adequate	<input type="checkbox"/> Very inadequate
Totals:	# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

7.1. My organization uses electronic health record systems for providers serving CYSHCN that meet HIPAA and meaningful use requirements.

Individual Direct Service Organization(s):	Yes/No	IF YES: How adequately does the system meet those requirements?		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Very adequate	<input type="checkbox"/> Somewhat adequate	<input type="checkbox"/> Very inadequate
<input type="checkbox"/> Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very adequate	<input type="checkbox"/> Somewhat adequate	<input type="checkbox"/> Very inadequate
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very adequate	<input type="checkbox"/> Somewhat adequate	<input type="checkbox"/> Very inadequate
<input type="checkbox"/> Health Plan:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very adequate	<input type="checkbox"/> Somewhat adequate	<input type="checkbox"/> Very inadequate
<input type="checkbox"/> Health Plan:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very adequate	<input type="checkbox"/> Somewhat adequate	<input type="checkbox"/> Very inadequate
<input type="checkbox"/> Health Plan:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very adequate	<input type="checkbox"/> Somewhat adequate	<input type="checkbox"/> Very inadequate
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very adequate	<input type="checkbox"/> Somewhat adequate	<input type="checkbox"/> Very inadequate
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very adequate	<input type="checkbox"/> Somewhat adequate	<input type="checkbox"/> Very inadequate
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very adequate	<input type="checkbox"/> Somewhat adequate	<input type="checkbox"/> Very inadequate
Totals:	# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

7.3. My organization has policies and procedures that assure families of CYSHCN have easy access to their child’s electronic health record?

Individual Direct Service Organization(s):	Yes/No	IF YES: How adequately does the system meet those requirements?		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Very effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Not effective		
<input type="checkbox"/> Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Not effective		
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Not effective		
<input type="checkbox"/> Health Plan:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Not effective		
<input type="checkbox"/> Health Plan:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Not effective		
<input type="checkbox"/> Health Plan:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Not effective		
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Not effective		
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Not effective		
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Not effective		
Totals:	# of “Yes”:			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

7.4. My organization has policies and procedures that specify how electronic health information can be exchanged across a child’s care settings, including detailed procedures for cross-systems agreements about exchanging information.

Individual Direct Service Organization(s):	Yes/No	IF YES: How adequately does the system meet those requirements?		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Very effective	<input type="checkbox"/> Somewhat effective	<input type="checkbox"/> Not effective
<input type="checkbox"/> Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very effective	<input type="checkbox"/> Somewhat effective	<input type="checkbox"/> Not effective
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very effective	<input type="checkbox"/> Somewhat effective	<input type="checkbox"/> Not effective
<input type="checkbox"/> Health Plan:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very effective	<input type="checkbox"/> Somewhat effective	<input type="checkbox"/> Not effective
<input type="checkbox"/> Health Plan:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very effective	<input type="checkbox"/> Somewhat effective	<input type="checkbox"/> Not effective
<input type="checkbox"/> Health Plan:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very effective	<input type="checkbox"/> Somewhat effective	<input type="checkbox"/> Not effective
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very effective	<input type="checkbox"/> Somewhat effective	<input type="checkbox"/> Not effective
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very effective	<input type="checkbox"/> Somewhat effective	<input type="checkbox"/> Not effective
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very effective	<input type="checkbox"/> Somewhat effective	<input type="checkbox"/> Not effective
Totals:	# of “Yes”:			

OPTIONAL - Comments:

DOMAIN SUMMARY: TRANSITION TO ADULTHOOD

Based on your responses to questions in this section and your knowledge of current and emerging issues for CYSHCN in your state, do you think this Domain is currently a critical area to address within your state? Yes No IF YES, please note that an in-depth assessment tool for this Domain is available.

Notes (OPTIONAL use this space to elaborate on your answer choices, describe state-specific nuances or context, note follow-up questions or issues to discuss with partners, and/or list action steps that could be taken.)

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

8. Health Information Technology

8.1 My organization uses electronic health record systems for providers serving CYSHCN that meet HIPAA and meaningful use requirements.

Type of Agency	Yes/No	IF YES: How adequately does the electronic health record system meet HIPAA and meaningful use requirements?			Authority to Implement/Ensure?	Rate Ability to Implement/Improve Electronic Health Systems for Providers Serving CYSHCN:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Inadequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

8.2 My organization has policies and procedures that assure families of CYSHCN have easy access to their child’s electronic health record?

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of “Yes”:				# of “Yes”:			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

8.3 My organization has policies and procedures that specify how electronic health information can be exchanged across a child’s care settings, including detailed procedures for cross-systems agreements about exchanging information.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of “Yes”:				# of “Yes”:			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization**DOMAIN SUMMARY: HEALTH INFORMATION TECHNOLOGY**

Based on your responses to questions in this section and your knowledge of current and emerging issues for CYSHCN in your state, do you think this Domain is currently a critical area to address within your state? Yes No IF YES, *please note that an in-depth assessment tool for this Domain is available.*

Notes (OPTIONAL use this space to elaborate on your answer choices, describe state-specific nuances or context, note follow-up questions or issues to discuss with partners, and/or list action steps that could be taken.)

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

9. Quality Assurance and Improvement

9.1 My organization has quality assurance and improvement policies and procedures that are specific to providers and systems serving CYSHCN and their families.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority (both internally and/or in other organizations/systems):		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

9.2 My organization has policies requiring a team review of health outcomes for CYSHCN, including measures of health and functional status.

Type of Agency	Yes/No	IF YES: How effective?	Authority to Implement/Ensure?	Rate Authority (both internally and/or in other organizations/systems):
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak
Totals:	# of "Yes":			# of "Yes":

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

9.3 My organization has policies and procedures for periodic review of utilization of services among CYSHCN.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority (both internally and/or in other organizations/systems):		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak		
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak		
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak		
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak		
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak		
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak		
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak		
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak		
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

9.4. My organization has policies and processes that include members of the integrated care team for CYSHCN in the utilization review and appeals processes.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority (both internally and/or in other organizations/systems):		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak		
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak		
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak		
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak		
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak		
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak		
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak		
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak		
Totals:	# of "Yes":				# of "Yes":			

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

9.5 My organization routinely collects and assesses experience of care information from families of CYSHCN and youth with special health care needs.

Type of Agency	Yes/No	IF YES: How effective is that system?			Rate Your Organization's Authority to Implement or Improve this kind of system:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":						

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

9.6. In my state, there is a systematic, ongoing process to determine whether there is adequate pediatric provider capacity, including shortages, for primary care, specialty care, mental health and dental/oral health care.

Type of Agency	Yes/No	IF YES: How effective is that process?			Rate Your Organization's Authority to Implement or Improve this process in your state:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":						

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

DOMAIN SUMMARY: QUALITY ASSURANCE AND IMPROVEMENT

Based on your responses to questions in this section and your knowledge of current and emerging issues for CYSHCN in your state, do you think this Domain is currently a critical area to address within your state? Yes No IF YES, *please note that an in-depth assessment tool for this Domain is available.*

Notes (OPTIONAL use this space to elaborate on your answer choices, describe state-specific nuances or context, note follow-up questions or issues to discuss with partners, and/or list action steps that could be taken.)

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

10. Insurance and Financing

10.1 In my state, there are policies requiring all public and private insurers to provide reasonable premiums and cost sharing for CYSHCN?

Type of Agency	Yes/No	IF YES: How effective are those policies?			Rate Your Organization’s Authority to Implement or Improve these kinds of policies in your state:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of “Yes”:						

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

10.2 In my state, there are policies requiring public and private insurers to offer coverage for habilitative services for children that is no more restrictive than their coverage for rehabilitative services. (e.g. with regard to kind, duration, scope, amount of services covered)

Type of Agency	Yes/No	IF YES: How effective are those policies?			Rate Your Organization's Authority to Implement or Improve these kinds of policies in your state:		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":						

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

10.3 Insurers and health plans serving CYSHCN in my state use an authorization process that is simple and that recognizes the unique needs of CYSHCN without unduly delaying access to care?

Type of Agency	Yes/No	IF YES: How effective is that process?			Rate Your Organization's Authority to Implement/Improve (both internally and/or in other organizations/systems):		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":						

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

10.4 Insurers and health plans serving CYSHCN in my state have policies and procedures for coverage of second opinions without restrictions to those opinions.

Type of Agency	Yes/No	IF YES: How effective are those policies and procedures?			Rate Your Organization's Authority to Implement/Improve (both internally and/or in other organizations/systems):		
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes":						

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

10.5 My organization has been involved in making policy recommendations about covered services for CYSHCN in my state.

Individual Direct Service Organization(s):	Yes/No	IF YES: For which of the following types of insurance has your organization been involved in making policy recommendations or decisions? (check all that apply)				
		Medicaid	CHIP	Commercial Insurance	ACA Health Exchange Plans	Other (Please specify)
<input type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> :
<input type="checkbox"/> Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> :
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> :
<input type="checkbox"/> Health Plan:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> :
<input type="checkbox"/> Health Plan:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> :
<input type="checkbox"/> Health Plan:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> :
<input type="checkbox"/> Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> :
Provider (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> :
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> :
Totals:	# of "Yes":					

OPTIONAL - Comments:

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

DOMAIN SUMMARY: INSURANCE AND FINANCING

Based on your responses to questions in this section and your knowledge of current and emerging issues for CYSHCN in your state, do you think this Domain is currently a critical area to address within your state? Yes No IF YES, *please note that an in-depth assessment tool for this Domain is available.*

Notes (OPTIONAL use this space to elaborate on your answer choices, describe state-specific nuances or context, note follow-up questions or issues to discuss with partners, and/or list action steps that could be taken.)

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

TOOL SUMMARY:

DOMAIN	CURRENTLY A CRITICAL AREA TO ADDRESS IN OUR STATE?	FOLLOW UP QUESTIONS/NEXT STEPS
SCREENING, ASSESSMENT AND REFERRAL	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ELIGIBILITY AND ENROLLMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ACCESS TO CARE	<input type="checkbox"/> Yes <input type="checkbox"/> No	
MEDICAL HOME	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COMMUNITY-BASED SERVICES AND SUPPORTS	<input type="checkbox"/> Yes <input type="checkbox"/> No	
FAMILY PROFESSIONAL PARTNERSHIPS	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TRANSITION TO ADULTHOOD	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HEALTH INFORMATION TECHNOLOGY	<input type="checkbox"/> Yes <input type="checkbox"/> No	
QUALITY ASSURANCE AND IMPROVEMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	
INSURANCE AND FINANCING	<input type="checkbox"/> Yes <input type="checkbox"/> No	

NATIONAL STANDARDS FOR CYSHCN – STATE SYSTEMS ANALYSIS TOOL – Multi-Organization

APPENDIX – SAMPLE RESPONSE

5. Community-based Services and Supports

5.1 My organization has interagency or cross-system agreements that assure CYSHCN and their families receive screening, referrals, and access to comprehensive home and community-based supports, including respite care.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> <input checked="" type="checkbox"/> Title V	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Very	<input checked="" type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Weak
<input type="checkbox"/> <input checked="" type="checkbox"/> State Medicaid	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> <input checked="" type="checkbox"/> Health Plan/Insurer	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> <input checked="" type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes N/A	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> <input checked="" type="checkbox"/> Provider (please specify): state chapter of AAP	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Very	<input checked="" type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes": 2		2		# of "Yes": 4	2	1	1

OPTIONAL - Comments: Medicaid has agreements in place but only certain waiver programs assure access to respite. EPSDT trains primary care providers on screening and referral but there is no agency-wide policy/procedure on assuring access to community-based supports across programs. If we wanted to improve effectiveness around this area of the standards, the partners with the strongest authority seem to be Medicaid, AAP, and health plans.

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5.2 My organization has policies and procedures that include family organizations as key partners in making recommendations and referrals to home and community-based services.

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> <input checked="" type="checkbox"/> Title V	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Very	<input checked="" type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> <input checked="" type="checkbox"/> State Medicaid	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> <input checked="" type="checkbox"/> Health Plan/Insurer	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> <input checked="" type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> <input checked="" type="checkbox"/> Provider (please specify): state chapter of AAP	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Very	<input checked="" type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes": 3	1	2		# of "Yes": 5	4	1	

OPTIONAL - Comments:

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5.3 My organization has policies for pediatric palliative and curative care (concurrent care).

Type of Agency	Yes/No	IF YES: How effective?			Authority to Implement/Ensure?	Rate Authority:		
<input type="checkbox"/> <input checked="" type="checkbox"/> Title V	<input type="checkbox"/> No <input type="checkbox"/> Yes N/A	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> <input checked="" type="checkbox"/> State Medicaid	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Very	<input checked="" type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> CHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> <input checked="" type="checkbox"/> Health Plan/Insurer	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Very	<input checked="" type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> <input checked="" type="checkbox"/> Family/Consumer	<input type="checkbox"/> No <input type="checkbox"/> Yes N/A	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> <input checked="" type="checkbox"/> Provider (please specify): state chapter of AAP	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input checked="" type="checkbox"/> Not Guidelines rather than policies	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Totals:	# of "Yes": 3		2	1	# of "Yes": 3	2		1

OPTIONAL - Comments:

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DOMAIN SUMMARY: COMMUNITY-BASED SERVICES AND SUPPORTS

Based on your responses to questions in this section and your knowledge of current and emerging issues for CYSHCN in your state, do you think this Domain is currently a critical area to address within your state? Yes No IF YES, please note that an in-depth assessment tool for this Domain is available.

Notes (OPTIONAL use this space to elaborate on your answer choices, describe state-specific nuances or context, note follow-up questions or issues to discuss with partners, and/or list action steps that could be taken.)

Our next steps will include team members meeting back within their organizations to (1) discuss the results of this systems analysis tool with regard to Community-Based Services and Supports; and (2) each team member will lead their organization in completing the in-depth assessment tool for this domain area. Organizations will decide which standards within the domain they can work to improve around, and team members will share this back to the broader stakeholder group. The stakeholder group will then draft a CYSHCN Systems Improvement Plan for critical domain areas.

Once each organization