



Section 5000

Child Health Intake Form (CHIF) Automated System

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5100 Introduction

Local CYSHCN agencies, which include local health jurisdictions (LHJ) and Yakima and Kittitas* have contract requirements to collect client information for the Children and Youth with Special Health Care Needs (CYSHCN) Program using the Child Health Intake Form (CHIF) Automated System. CHIF policies and procedures describe the system, define what is required, and identify what data elements are optional. Local CYSHCN agencies are encouraged to utilize the CHIF Automated System to gather information about all children with special health care needs encountered.

* In these two counties, the CYSHCN program is managed through contracts with Yakima Valley Memorial Hospital/Children's Village for Yakima County and Community Health of Washington in Kittitas County.

5200 CHIF Automated System

BACKGROUND. The Child Health Intake Form (CHIF) Automated System is the client intake process for data collection in the CYSHCN Program. In January 1995, the CHIF Automated System was implemented statewide by installing a software package into existing LHJ computers and transmitted from LHJs to the CYSHCN Program on diskettes. In January 2003, the computer program was converted to a "Windows" application and provided a more convenient way for agencies to use their own data and create reports. In addition, local agency staff established standard reporting criteria at statewide CHIF trainings that improved CHIF instructional information and became Section 5211.

In September 2007, local agency staff started submitting CHIF client data electronically to the Department of Health through a web-based secure file transfer.

To date, the current CHIF Automated System is undergoing a redesign to more accurately meet the needs of the program including being web-based and allowing other entities (i.e., Neurodevelopmental Centers, Newborn Screening Program, etc.) to enter their own data.

5210 Purpose

CHIF Reports are created by the department showing client caseload, demographics, and diagnostic data are generated from CHIF data and distributed to local agencies on an annual basis. The data can be used at both the state and local levels for:

- program planning and evaluation
- responding to requests for information
- providing information to funding sources and authorities
- meeting federal Title V requirements

Title V is required by federal law to share data with the Title XIX agency, Health Care Authority's Medicaid Program. These data assist in identifying children in Medicaid who have or at risk of having special health care needs by creating a flag in the ProviderOne System. The purpose of the flag is to inform providers and the Managed Care Organizations that these children may need care coordination and other supports and services.

5211 Policies

1. The local CYSHCN agency, in the county where the client resides, is responsible for CYSHCN client data.
2. The local CYSHCN agency is responsible for insuring client confidentiality in accordance with state and federal laws and rules.
3. Client data must be entered in the CHIF Automated System for all clients served through the Children with Special Health Care Needs Program, regardless of financial eligibility and in accordance with program policies and CHIF criteria.
4. Client data in the CHIF Automated System must be renewed each calendar year for all clients who continue to be served.
5. Client data is sent by direct, electronic transfer from local CYSHCN agencies to a secure DOH website depository, every quarter.
6. The CYSHCN Program collects and maintains the statewide CYSHCN client data system.

5212 Reporting Procedure

Standard reporting criteria for the CHIF automated system was developed in 2003 by local CYSHCN agency staff. Standard reporting criteria creates consistent statewide data collection and allows local CYSHCN programs to accurately reflect the population they serve. This informs the state of local needs and provides opportunities to improve access to services.

1. Definition of Criteria Elements

- A. Child meets the CYSHCN eligibility policies:
 - Client eligibility
 - Age eligibility
 - Residency eligibility
- B. Services are provided which include **at least one** of the following:
 - Early screening and assessment to determine if child has health or developmental concerns;
 - Care coordination services (may be through home visit, telephone, or clinic visit);
 - Public health nursing screening, assessment or intervention (including information, referral and resource coordination);
 - Health care planning and/or interventions;
 - Diagnostic/Treatment funded service;
 - Referrals from Maxillofacial Team Coordinators, Neurodevelopmental Centers and DOH's Newborn Screening Program who are receiving metabolic low protein foods; or
 - Referrals from other sources such as DSHS-Child Protective Services, Early Intervention, Head Start, managed care plans, schools, WithinReach, WIC, to name a few.
- C. All required data elements in the Child Health Intake Form are completed. In order to enter all required data elements, a minimum amount of child and family interaction through care/resource coordination must occur. A telephone call with a family may be enough to acquire information and refer a family to services and provide the Coordinator with enough information to obtain the required data elements for CHIF.

2. Standard Data Submission Criteria

CHIF data submitted to the State CYSHCN Program by local CYSHCN Programs must meet the criteria listed above. The CHIF database may be utilized as a tracking tool for local CYSHCN Programs to enter information

about any child with a special need in their community. The children who come into contact with the local program, but for whom partial CHIF data is known, may be entered and tracked locally.

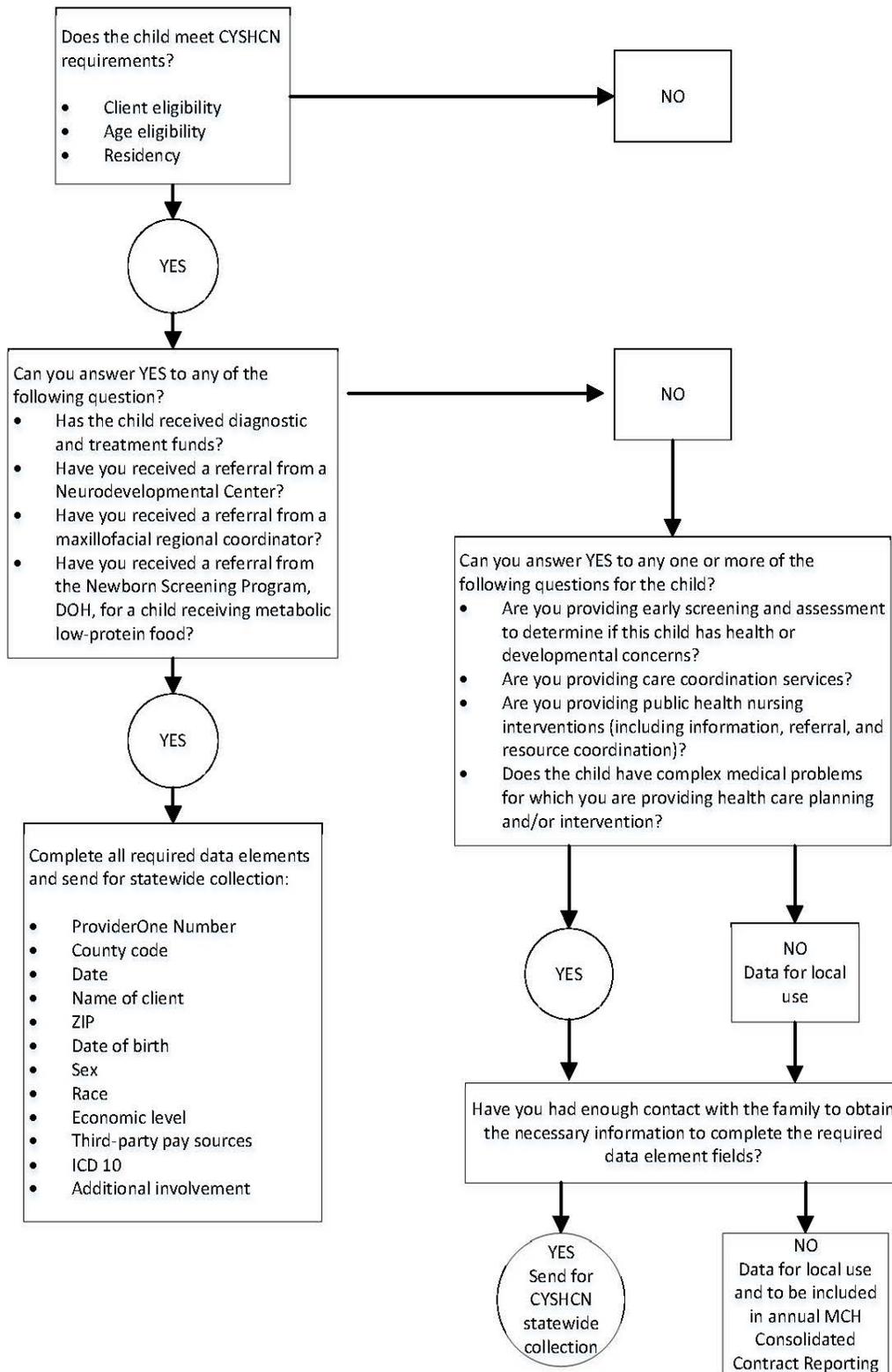
In addition to the CYSHCN CHIF reporting requirements, all children with special health care needs served by the local health entity should be reported annually as part of the Department of Health, Consolidated Contract reporting requirements (Federal MCH Report 5a and 5b). The number of children served with all required CHIF data elements completed, and the number of children served for which only partial CHIF data is known should be combined for the Consolidated Contract annual reporting requirements (refer to your Consolidated Contract Statement of Work language).

Security of data will be in accordance with all established rules concerning confidentiality and right to privacy. CYSHCN programs will take whatever measures they deem appropriate to safeguard any information gathered and to share this information with only those individuals or agencies with a legitimate need to know. Consent to share client information, individuals or agencies outside the local CYSHCN office will require a separate release of information form signed by the parent(s) (see Section 5300).

Information of a statistical nature, not connected to a client's name, may be shared freely without restriction to any person or agency interested in such information.

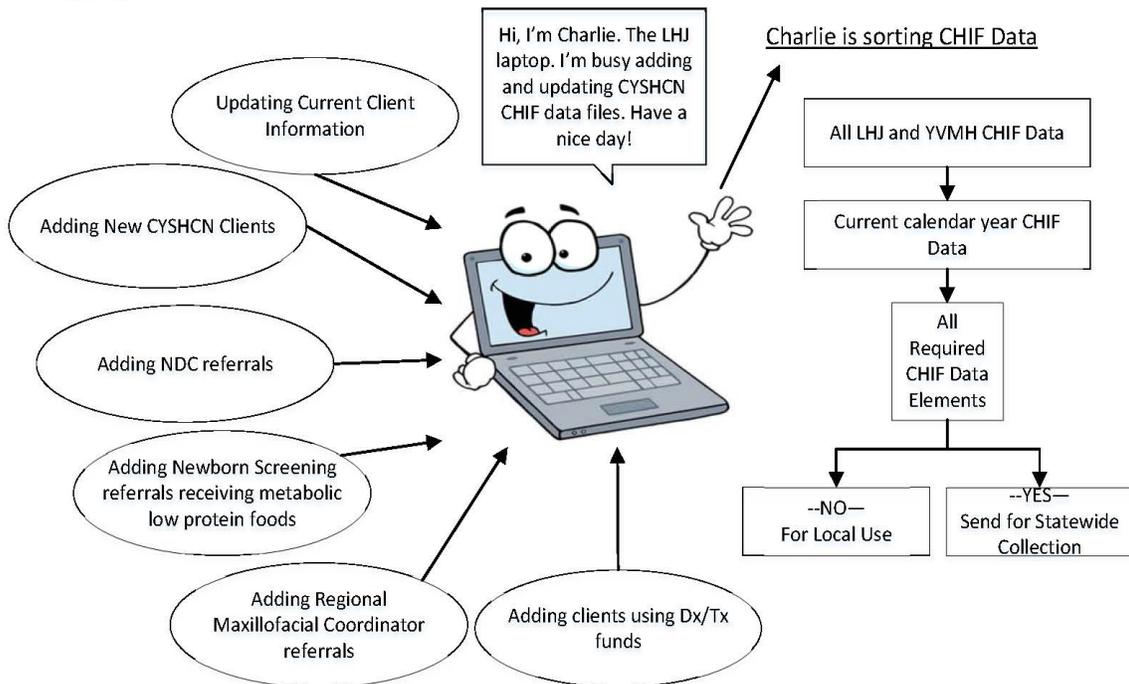
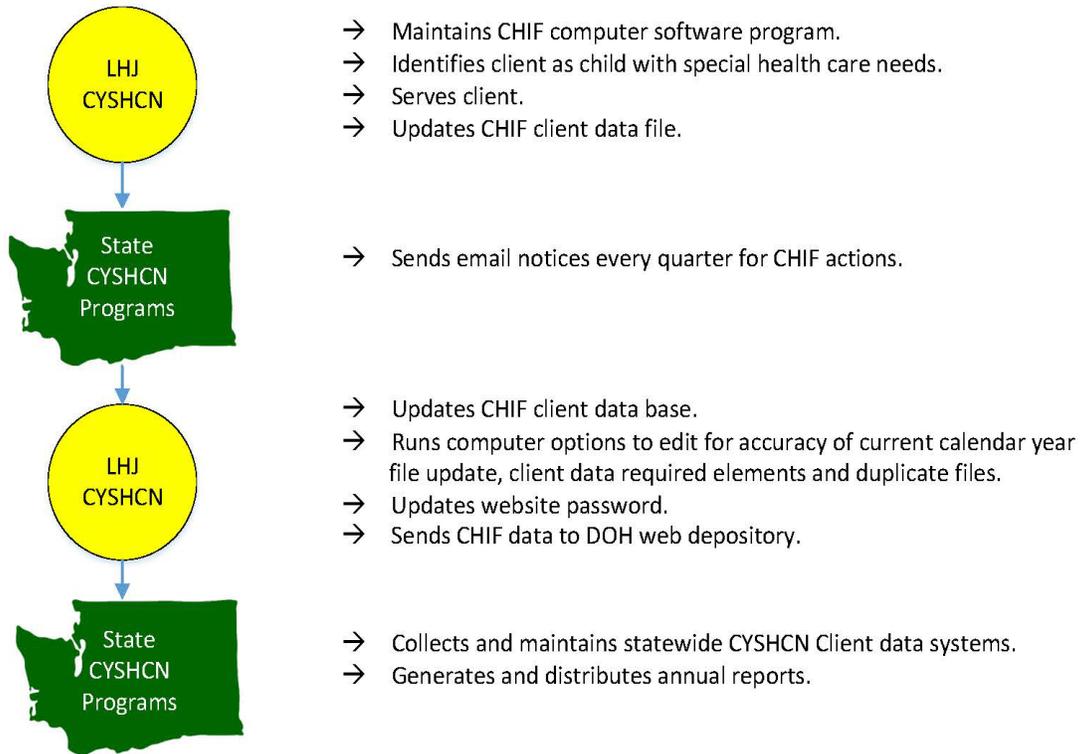
Reporting requirements for data will be in accordance with the terms of the consolidated contract or in procedures contained in other sections of this manual.

5212 CHIF Decision Tree



<u>Responsibility</u>	<u>Action</u>
Local agency (LHJ)	Maintains a secure and confidential client data computer system using current CHIF software program.
	Updates client files for renewal and adding new client files for all clients served by CYSHCN in a calendar year.
	Coordinates with other contractors to ensure client data is collected on all children served by CYSHCN in the county. Examples of other CYSHCN contractors are neurodevelopmental centers, regional maxillofacial coordinators and clients receiving metabolic formula from the DOH, Newborn Screening Program.
CYSHCN Program	Sends email notifications, instructions and alerts to local agencies for password updates and web-based, client data submission, every 3 months, or as instructed.
Local agency	Sends client data by direct, electronic transfer, to a secure DOH website depository, every 3 months or as instructed in email notifications, and notify CYSHCN when your data has been submitted. See Section 5240 for additional information and computer instructions.
CYSHCN Program	Collects client data from DOH website depository and maintains the statewide CYSHCN client data system (CHIF).
	Generates and distributes annual reports from aggregate (de-identified) client data.
	Maintains and monitors contracts for CHIF computer software technical support and local CYSHCN agency CHIF contractual requirements.

CYSHCN CHIF Procedure Flow Chart



Important Note: CHIF is an older data system that is in the process of being re-designed. Because of its past multiple uses and modifications for some counties, not all data elements are currently required nor are used by the state; e.g. family size is no longer required because children can be eligible for Medicaid regardless of the family. Other data elements that are no longer required are WA Basic Health (this is no longer a program in WA State), mother’s educational level and social security numbers. Please see the chart below on the required data elements. If you have questions, please contact the state office.

<u><i>Required Data Elements</i></u> <u><i>This information must be obtained to serve a child with special health care needs.</i></u>	<i>Optional</i>	<i>Other</i>
County code Date (file) ProviderOne number (<i>if client has had Medicaid involvement</i>) Name of client Zip Code Date of birth Gender Race Economic level Third-party pay sources (<i>Do NOT use the WA Basic Health code</i>) ICD10 code(s) Additional involvement	Social security number (<i>this field is now used for the child’s ProviderOne number if client has had Medicaid involvement</i>) Case number Status Father Mother Address Family size Referral codes Mom education level Language preference Renew every “_” months	ID Number (Unique ID is created in CHIF when a new record is created) For those entities reporting data to DOH using another reporting mechanism, a unique permanent ID needs to be created for each child when that child does not have Medicaid eligibility (i.e. ProviderOne number) Local use fields

<i>Data Element</i>	<i>Req Opt Oth</i>	<i>Computer Help Screen = F2 (Those fields with coding choices)</i>	<i>Information</i>
1. ID	OTH		The computer program generates the CYSHCN client identification (ID) number when a new client file is first entered into the system. The CYSHCN ID number can be changed after it is initially created, if the name or birth date is edited for corrections. (<i>If you need assistance in changing the unique ID, contact the DOH/CYSHCN Program.</i>) For those entities reporting data to DOH using another reporting mechanism, a unique permanent ID needs to be created for each child when that child does not have Medicaid eligibility (i.e. ProviderOne number)

<i>Data Element</i>	<i>Req Opt Oth</i>	<i>Computer Help Screen = F2 (Those fields with coding choices)</i>	<i>Information</i>
2. ProviderOne <i>Previously known as the SSN field</i>	REQUIRED	<p>This required field contains the client's ProviderOne number if the child has had Medicaid involvement.</p> <p>This field may be left blank if there is not a ProviderOne number</p>	<p>The ProviderOne is a critical data element which is a valuable tool, greatly increasing the number of successful matches to the Medicaid payment system – ProviderOne and related state data systems such as PRISM.</p>
3. Case #	OPT	<p>This optional field is for reference purposes only.</p> <p>This field may be left blank.</p>	<p>This field may be used for cross-referencing to other LHJ systems.</p>
4. Status	OPT	<p>This optional field contains the current status of this case</p> <p>A = Case is active. I = Case is currently inactive, and will not be included in the “due for renewal” list. D = Deceased.</p> <p>This field may be left blank.</p>	<p>Status may be used to sort your client list into three categories.</p> <p>Agencies define active and inactive to suit their individual needs.</p> <p>When sending CSV files for a CHIF reporting period, the system includes clients regardless of status code.</p>
5. County Code*	REQUIRED	<p>This field contains a code for the child's county of residence, and lists all counties and their corresponding code.</p> <p>A county code is required to produce the CYSHCN ID number in item #1.</p>	<p>When choosing codes for a multiple county agency like Benton-Franklin Health District, use one code for the child's county of residence.</p>
6. Date	REQUIRED	<p>This field contains the date the intake form was added to the file, or the date of the latest renewal registration (MM/DD/YY).</p> <p>The system will default to date of data entry.</p>	<p>Except for date of birth, this is the only date the computer program goes to when a command or menu asks for a date.</p> <p>This date will change to default (current date) each time the file is accessed, unless another date is entered. Your agency would be interested in this if you depend on the “due for renewal” list, which starts with (counts from) this date.</p>

<i>Data Element</i>	<i>Req Opt Oth</i>	<i>Computer Help Screen = F2 (Those fields with coding choices)</i>	<i>Information</i>
<p>7. Name Of Client</p> <p>Do not use any special characters in this field such as periods; e.g., “Jr.” and apostrophes; e.g., “O’Brien”.</p>	<p>REQUIRED</p>	<p>Last name: This field holds the child’s last name. This may include “Jr,” “III,” etc. <u>after</u> the last name. You may enter a maximum of 25 characters. The system forces all characters to be upper case.</p> <p>First name: This field holds the child’s first name. You may enter a maximum of 25 characters.</p> <p>Middle initial: This field holds the child’s middle initial (one character).</p>	<p>Required for CYSHCN ID number (see item #1), using the first five (5) letters of the last name, first letter of the first name, and middle initial, like in the Medicaid system. If the middle initial character is blank, the system will default to a dash in the CYSHCN ID number.</p> <p>For the last name, do not insert extra spaces for names such as McDonald.</p> <p>Also-known-as (AKA) and nicknames can be added to the <u>end</u> of the last or first name, up to the 25 character maximum. A custom data field for AKA names can also be designed in the local use fields (see item #23).</p> <p>If there is a name change in the current reporting year, you can start a new client record and delete the previous one, so the CYSHCN ID number (item #1) will reflect the new name. Or, you can contact the DOH/CYSHCN Program to assist you in changing the unique CYSHCN ID.</p>
<p>8. Father</p>	<p>OPT</p>	<p>This optional field holds the Father’s last and first names.</p>	<p>This information is valuable to the LHJ, but not collected in the statewide CHIF client data base.</p>
<p>9. Mother</p>	<p>OPT</p>	<p>This field holds the Mother’s last and first names.</p>	<p>This information is valuable to the LHJ, but not collected in the statewide CHIF client data base.</p>
<p>10. Address</p>	<p>OPT</p>	<p>This optional field holds the child’s street or mailing address.</p> <p>This information is valuable to the LHJ, but not collected in the statewide CHIF client data base.</p>	<p>If there is need for multiple addresses, like a foster family and their caseworker or a contact person, a custom data field could be designed in the local use fields (item #23).</p> <p>“Washington” is already in this field as a system default. This data element could be edited if your agency wanted to record the out-of-state address of a client who has moved.</p>

<i>Data Element</i>	<i>Req Opt Oth</i>	<i>Computer Help Screen = F2 (Those fields with coding choices)</i>	<i>Information</i>
11. Zip	REQUIRED	This field holds the child's zip code. You may input up to 9 (nine) characters in this field.	The zip code greatly expands possibilities when sorting client location in more detail than by county, and when matching to other client databases.
12. DOB	REQUIRED	This field holds the child's date of birth (MM/DD/YY). As the date of birth is used to create the CYSHCN ID number, you must complete the date of birth field before the record can be saved.	Date of birth is required before the CYSHCN ID number and new record is saved.
13. Gender	REQUIRED	This field contains a code for gender: M = Male F = Female	
14. Race	REQUIRED	This field holds a code which represents the child's ethnicity: 1 = Caucasian 2 = African American 3 = American Indian 4 = Hispanic 5 = Asian/Pacific Islander 6 = Other & Unknown 7 = Multiracial	CYSHCN categories match those in federally required reports.

<i>Data Element</i>	Req Opt Oth	<i>Computer Help Screen = F2 (Those fields with coding choices)</i>	<i>Information</i>
15. Family size	OPT	<p>This optional field holds a code which indicates the size of the child's family unit:</p> <p>1 = Child alone/ward/emancipated 2 = Child plus parent (or adult) 3 = Child + 2 parents/child + parent 4 = Child + parent + 2 children or adults 5 = Child + parent + 3 children or adults 6 = Child + parent + 4 children or adults 7 = Child + parent + 5 children or adults 8 = Child + parent + 6 children or adults 9 = Child + 8 or More children/adults 0 = Unknown</p> <p><i>This field may be left blank.</i></p>	<p>Agencies might need this number if they were computing or assisting a family for determining financial eligibility for Medicaid or other means tested programs.</p>
16. Economic Level	REQUIRED	<p>This field holds a code that indicates the economic level of the family unit to which this child belongs.</p> <p>A, B, C, D = <i>(data element is no longer valid)</i></p> <p>E = Less than or equal to 210% (i.e., Medicaid eligible)</p> <p>F = Greater than 210% (i.e., Medicaid with premium)</p> <p>G = Private Insurance</p>	<p>Reporting documents often require client percentages by income level. To make CHIF reporting easier, economic level can now be reported as over or under 210% of the FPL, using "E", "F", or "G". However, not all counties have "G" as a data element.</p> <p>(A, B, C, and D data elements are no longer valid.)</p>

<i>Data Element</i>	Req <i>Opt</i> <i>Oth</i>	<i>Computer Help Screen = F2</i> <i>(Those fields with coding choices)</i>	<i>Information</i>
17. Third Party Pay Sources	REQUIRED	<p>This field contains the type of third party payment sources (e.g. insurance) for which the child is eligible and enrolled.</p> <p>B = Washington Basic Health Plan <i>(data element is no longer valid – do NOT use)</i></p> <p>P = Private insurance</p> <p>C = TRICARE</p> <p>T = Title XIX, Medicaid Program in Health Care Authority or DSHS-DDA Waiver Programs</p> <p>S = CYSHCN DX/TX Funds</p> <p>N = None of the above</p>	Funding sources for child’s major medical needs.
18. Referral Codes	OPT	<p>This optional field contains a code that identifies the referral source of the child to the LHJ.</p> <p>1 = Primary care provider (MD)</p> <p>2 = Physician specialist</p> <p>3 = Hospital</p> <p>4 = Parent</p> <p>5 = School</p> <p>6 = PHN/LHJ</p> <p>7 = DSHS/DDA</p> <p>8 = HCA/Medicaid/Title XIX</p> <p>9 = NDC</p> <p>0 = Unknown</p> <p>A = Other</p> <p>B = FRC</p> <p>C = PT/OT/Speech therapist</p> <p>D = WIC</p> <p>E = WithinReach or ASK Line</p> <p>This field may be left blank.</p>	<p>Identifies how child first became known to LHJ.</p> <p><i>Although this is an optional field, if known, please include this information as it will assist us in understanding the system of care for children with special health care needs.</i></p>

<i>Data Element</i>	Req Opt Oth	<i>Computer Help Screen = F2 (Those fields with coding choices)</i>	<i>Information</i>
19. Mom Ed Level	OPT	<p>The optional field contains a code for education level of the mother in the family unit of which this child is a member.</p> <p>A = At or below 8th grade B = 9th grade completed C = 10th grade completed D = 11th grade completed E = High school graduate or GED F = Some college/community college G = College/university degree Z = Unknown</p> <p><i>This field may be left blank.</i></p>	<p>The original intent of this data was to consider possible risk levels based on mom's educational level at the time of the child's birth. In Washington, that information is now available on birth certificates.</p> <p>Some LHJ agencies use current parent education level as a measure of potential environmental risk.</p>
20. ICD-10-CM	REQUIRED	<p>This field contains the ICD-10-CM diagnostic codes for the client. Three diagnosis codes can be entered for each client with the primary diagnosis entered in the first data field.</p> <p>This is a <u>manual entry</u> field as the current data base is programmed only for ICD-9-CM.</p> <p>Also see Section 5231 for a quick-reference tool listing CYSHCN commonly diagnosed conditions.</p> <p>Additionally, each LHJ has been provided with an ICD-10-CM code book and there are many references on-line.</p>	<p>The intent of reporting diagnosis codes is to show who the CYSHCN clients are and how they are being served by the LHJ. It is not the intent for the LHJ to diagnose.</p> <p>If your main service to the client and family is based on a secondary condition, it is important to report that and the primary diagnosis code so there is a complete picture of the client in statewide data.</p> <p>It is okay to insert a broader diagnosis category for an unknown or suspected condition, as long as the code is edited for accuracy later, by the end of December, before the annual CHIF data is submitted.</p> <p>The CHIF Automated System accepts alpha-numeric IDC-10-CM codes.</p>

<i>Data Element</i>	<i>Req Opt Oth</i>	<i>Computer Help Screen = F2 (Those fields with coding choices)</i>	<i>Information</i>
21. Additional Involvement	REQUIRED	<p>This field contains a code for other agencies supplying services to the child.</p> <p>W = Women, Infants & Children (WIC) P = OSPI/School District or IEP S = Supplemental Security Income (SSI) F = Foster care home (FCH) I = Early Support for Infants and Toddlers Program (age 0-3 years) M = Primary Care Provider (MD) N = Neurodevelopmental Center (NDC) C = Pediatric Specialty Hospital D = DSHS/Developmental Disabilities Administration (DDA) R = Community Resources B = Maxillofacial Review Board</p>	<p>This field addresses the client and family involvement in other entities that potentially lead to the creation of a medical home environment.</p>
22. Language Preference	OPT	<p>This optional field is for preferred language of client:</p> <p>EN = English (default) SP = Spanish CH = Chinese TA = Tagalog KO = Korean JA = Japanese VI = Vietnamese OA = Other Asian RU = Russian FA = Farsi AR = Arabic OT = Other Blank = unknown</p> <p>This field may be left blank.</p>	<p>This is a new data field, added in 1999 by LHJ request, to identify the spoken language preference of the client and family.</p> <p>Preferred language, along with the family's ethnicity (item #14), will provide important data for LHJs to evaluate ways to serve different cultures in their county, the need for interpreters, client materials development, and broaden the scope of diversity.</p> <p><i>Although this is an optional field, if known, please include this information as it will assist us in understanding the needs of children with special health care needs.</i></p>

<i>Data Element</i>	<i>Req Opt Oth</i>	<i>Computer Help Screen = F2 (Those fields with coding choices)</i>	<i>Information</i>
23. Renew every “___” months	OPT	<p>This optional field indicates how often a case must be renewed. Typically this is every 12 months. You have the option to adjust this number between one month and 36 months if desired.</p> <p>This renewal interval will be used to calculate when the case will appear on the “due for renewal” listing.</p> <p>The system defaults to 12 months.</p> <p><i>This field may be left blank.</i></p>	<p>Agencies have the option of using this tool to fit their needs like a tickler system. This element counts from the date in item #6, the only date recognized in this system besides the date of birth.</p> <p>Some agencies use this tickler system for scheduling home visits, check-backs, or as an alert for other services. The default is set at 12 months as a reminder to update the file for annual CHIF data reporting of all children served.</p>
24. Local use fields	OTH		This location contains multiple areas for LHJ to do custom data elements and text. See computer instructions in Section 5240.

*County codes can be found online at: www.ofm.wa.gov/pop/geographic/codes/geographic_codes.xlsx

REQ = Required data element. The core group of client data elements for CYSHCN statewide data and the reporting requirements of the CHIF Automated System.

OPT = Optional data field. Not used in CYSHCN Program statewide data. These fields can be left blank; however, LHJs are encouraged to utilize the CHIF Automated System to gather information about all children with special health care needs encountered, including those not meeting CYSHCN Program criteria, in order to complete the Department of Health, Consolidated Contract reporting requirements (Federal MCH Report 5a and 5b), and other agency-specific, client evaluation activities.

OTH = Other explanation.

5231 Commonly Diagnosed Conditions of CYSHCN

Below is a list of common diagnoses among the CSHCN population. The list is only a tool to assist you; it is not a complete listing of ICD 10 codes. It is not required that you use this list; however, a diagnosis is a required data element for the CHIF automated system. There are many other resources to find the appropriate diagnosis code such as your organization's Electronic Medical Record, an ICD 10 book, or professional online resources.

Important Notes:

1. Coding structure contained in this listing is designed for tracking only; many codes in this listing are not billable in their current structure.
2. Please also note that "0" represents zeros rather than the letter "O".

Resources:

- World Health Organization - <http://apps.who.int/classifications/apps/icd/icd10training/>
- Centers for Disease Control and Prevention (CDC) has the latest downloadable ICD 10 CM list - <https://www.cdc.gov/nchs/icd/icd10cm.htm#FY%202019%20release%20of%20ICD-10-CM>

Blood and Blood-Forming Organs ~ D50-D89	
Anemia, unspecified	D64.9
Coagulation defect, unspecified	D68.9
DiGeorge Syndrome	D82.1
Disease of blood and blood-forming organs, unspecified	D75.9
Disorder involving the immune mechanism, unspecified	D89.9
Hemangioma, unspecified site	D18.00
Lymphangioma, any site	D18.1
Other specified coagulation defects	D68.8
Sickle-cell disease without crisis	D57.1
Thalassemia, unspecified	D56.9
Chromosomal & Congenital Anomalies ~ Q00-Q99	
Ankyloglossia (short frenulum of tongue)	Q38.1
Atresia of foramina of Magendie and Luschka	Q03.1
Atrial Septal Defect	Q21.1
Chromosomal abnormality, unspecified	Q99.9
Cleft palate, unspecified	Q35.9
Congenital deformities of the hip	Q65
Congenital hydrocephalus, unspecified	Q03.9
Congenital malformation of cardiac chambers and connections, unspecified	Q20.9
Congenital malformation of circulatory system, unspecified	Q28.9
Congenital malformation of digestive system, unspecified	Q45.9
Congenital malformation of heart, unspecified	Q24.9
Congenital malformation of musculoskeletal system, unspecified	Q79.9
Congenital malformation of skull and face bones, unspecified	Q75.9
Congenital Malformation Syndrome associated with short stature (e.g., Prader Willi Syndrome)	Q87.1
Congenital malformation syndromes predominantly affecting facial appearance	Q87.0
Congenital malformation, unspecified	Q89.9
Craniosynostosis	Q75.0

Chromosomal & Congenital Anomalies (cont.)	
Deletion from autosomes, unspecified	Q93.9
Discordant ventriculoarterial connection (transposition of great vessels (complete))	Q20.3
Down Syndrome, Trisomy 21, unspecified	Q90.9
Exomphalos	Q79.2
Fetal alcohol syndrome (dysmorphic)	Q86.0
Fragile X Syndrome	Q99.2
Glaucoma, congenital	Q15
Hirschsprung's Disease	Q43.1
Hypertelorism	Q75.2
Hypospadias, unspecified	Q54.9
Klinefelter's Syndrome, unspecified	Q98.4
Malformations of aqueduct of Sylvius	Q03.0
Microcephaly	Q02
Multiple congenital malformations, not elsewhere classified	Q89.7
Neurofibromatosis, type 1	Q85.01
Other congenital hydrocephalus	Q03.8
Other congenital malformations of the abdominal wall	Q79.59
Other deletions of a part of a chromosome (Angelman syndrome)	Q93.5
Patent Ductus Arteriosus	Q25.0
Prune Belly Syndrome	Q79.4
Renal agenesis (born with one kidney)	Q60.0
Spina Bifida, unspecified	Q05.9
Tetrology of Fallot	Q21.3
Thanatophoric short stature	Q77.1
Torticollis, congenital	Q68.0
Tracheomalasia, congenital	Q32.0
Trisomy 13 (Patau's Syndrome), mosaicism	Q91.5
Trisomy 13 (Patau's Syndrome), nonmosaicism	Q91.4
Trisomy 18 (Edward's Syndrome), mosaicism	Q91.1
Trisomy 18 (Edward's Syndrome), nonmosaicism	Q91.0
Turner Syndrome (XO)	Q96
Ventricular Septal Defect	Q21.0
Circulatory System ~ I00-I99	
Aneurysm, unspecified site	I72.9
Cardiac Arrhythmias, unspecified	I49.9
Essential (primary) hypertension	I10
Heart Disease, unspecified	I51.9
Heart Failure, unspecified	I50.9
Nontraumatic intracerebral hemorrhage, unspecified	I61.9
Other cardiomyopathies	I42.8
Other restrictive cardiomyopathy	I42.5
Peripheral vascular disease, unspecified	I73.9
Diseases of the Eye and Adenxa ~ H00-H59	
Congenital nystagmus	H55.01
Infantile and juvenile cataract	H26.0
Legal Blindness	H54.8
Retinopathy of prematurity	H35.1

Diseases of the Eye and Adenxa (cont.)	
Unspecified visual disturbance	H53.9
Diseases of the Ear and Mastoid Process ~ H60-H95	
Conductive and sensorineural hearing loss	H90
Sensorineural hearing loss, bilateral	H90.3
Sensorineural hearing loss, unilateral	H90.4
Unspecified hearing loss (Deaf)	H91.9
Digestive System ~ K00-K95	
Acute and subacute hepatic failure	K72.0
Celiac	K90.0
Chronic hepatic failure	K72.1
Chronic hepatitis, unspecified	K73.9
Crohn's Disease, unspecified	K50.9
Dental Caries, unspecified	K02.9
Diseases of Biliary Tract, unspecified	K83.9
Gastroesophageal Reflux Disease with Esophagitis	K21.0
Gastroesophageal Reflux Disease without Esophagitis	K21.9
Gingival and Periodontal Disease	K05
Intestinal Malabsorption, unspecified	K90.9
Irritable Bowel Syndrome with Diarrhea	K58.0
Ulcerative colitis / inflammatory bowel disease	K51.90
Endocrine, Nutritional & Metabolic Diseases ~E00-E89	
Adrenocortical insufficiency, unspecified	E27.40
Congenital iodine-deficiency syndrome, unspecified	E00.9
Cystic Fibrosis	E84.9
Diabetes, Type I	E10
Diabetes, Type II	E11
Disorders of lysine and hydroxylysine metabolism	E72.3
Galactosemia	E74.21
Hypoparathyroidism, unspecified	E20.9
Hypopituitarism	E23.0
Metabolic Disorder, unspecified	E88.9
Obesity, unspecified	E66.9
Phenylketonuria (PKU)	E70.0
Thyrotoxicosis, unspecified without thyrotoxic crisis or storm	E05.90
Tyrosine metabolism, other disorders of	E70.29
Tyrosinemia	E70.21
Factors Influencing Health ~ Z00-Z99	
Colostomy	Z93.3
Gastrostomy	Z93.1
Ileostomy	Z93.2
Nephrotic syndrome, history of	Z87.441
Presence of other specified devices (e.g., NG tube)	Z97.8
Tracheostomy	Z93.0
Genitourinary System ~ N00-N99	
End Stage Renal Disease	N18.6
Renal Failure, unspecified	N19

Infectious Conditions ~A00-B99	
Asymptomatic human immunodeficiency virus (HIV) infection status	Z21
Chronic viral hepatitis	B18.1
Congenital cytomegalovirus infection	P35.1
Human immunodeficiency virus (HIV) disease	B20
Necrotizing enterocolitis in newborn, unspecified	P77.9
Tuberculosis of lung	A15.0
Injury, Poisoning, & Certain Other Consequence of External Causes ~ S00-T88	
Abuse and Neglect, confirmed	T74
Abuse and Neglect, suspected	T76
Allergy, bees	Z91.030
Allergy, food	Z91.018
Allergy, to other insects	Z91.038
Allergy, peanuts	Z91.010
Allergy, unspecified	T78.40
Anaphylactic reaction, food	T78.0
Anaphylactic shock, unspecified	T78.2
Concussion	S06.0
Diffuse traumatic brain injury	S06.2
Focal traumatic brain injury	S06.3
Shaken infant	T74.4
Mental, Behavioral & Neurodevelopmental ~ F01-F99	
Attention Deficit Disorders	F90
Asperger's Syndrome	F84.5
Autism Disorder	F84.0
Conduct Disorder, unspecified	F91.9
Depression	F33
Developmental Disorder of Scholastic Skills, unspecified	F81.9
Encopresis	F98.1
Enuresis	F98.0
Feeding Disorder of infancy and childhood, other	F98.29
Intellectual disabilities, mild	F70
Intellectual disabilities, moderate	F71
Intellectual disabilities, severe	F72
Intellectual disabilities, profound	F73
Intellectual disabilities, unspecified	F79
Generalized anxiety disorder	F41.1
Other pervasive developmental disorders	F84.8
Panic disorder	F41.0
Pervasive developmental disorder, autism	F84.0
Pervasive developmental disorder, Retts syndrome	F84.2
Pervasive developmental disorder, unspecified r	F84.9
Post-traumatic stress disorder, unspecified	F43.10
Specific developmental disorders of motor function	F82
Specific developmental disorders of speech and language	F80
Musculoskeletal & Connective Tissue Conditions ~ M00-M99	
Kyphosis	M40
Scoliosis	M41

Neoplasms ~ C00-D49	
Acute leukemia of unspecified cell type not having achieved remission	C95.00
Disseminated malignant neoplasm, unspecified	C80.0
Malignant (primary) neoplasm, unspecified	C80.1
Malignant neoplasm of brain, unspecified	C71.9
Malignant neoplasm of unspecified kidney, except renal pelvis	C64.9
Malignant neoplasm of unspecified retina	C69.20
Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites	C85.89
Other specified types of non-Hodgkin lymphoma, unspecified site	C85.80
Nervous System ~ G00-G99	
Absence epileptic syndrome	G40.A
Cerebral Palsy	G80
Disorder of central nervous system, unspecified	G96.9
Encephalopathy, unspecified	G93.41
Epilepsy and recurrent seizures	G40
Epilepsy unspecified (without status seizures)	G40.909
Migraine	G43
Muscular Dystrophy	G71.0
Peripheral neuropathy	G90.09
Perinatal Conditions ~ P00-P96	
Brain damage, due to birth, unspecified	P11.2
Bronchopulmonary Dysplasia originating in the perinatal period	P27.1
Cytomegalovirus, congenital	P35.1
Extremely Low Birth Weight, newborn	P07.0
Low birth weight, unspecified	P07.1
Necrotizing enterocolitis, newborn (NEC)	P77
Neonatal withdrawal symptoms from maternal use of drugs of addiction	P96.1
Newborn affected by slow intrauterine growth, unspecified	P05.9
Newborn small for gestational age, unspecified weight	P05.10
Newborn (suspected) to be affected by maternal alcohol use (not FAS)	P04.3
Newborn (suspected) to be affected by maternal complication of pregnancy, unspecified	P01.9
Newborn (suspected) to be affected by maternal nutritional disorders	P00.4
Newborn (suspected) to be affected by maternal use of drugs of addiction	P04.4
Newborn (suspected) to be affected by maternal use of drugs of addiction; cocaine	P04.41
Newborn (suspected) to be affected by maternal use of drugs of addiction; other	P04.49
Other problems with newborn (anoxia, etc.)	P84
Other respiratory distress of newborn	P22.8
Preterm Newborn (see codes for more specificity)	P07.3
Respiratory distress of newborn, unspecified	P22.9
Respiratory distress syndrome in newborn	P22.0
Respiratory Failure of Newborn	P28.5
Transient tachypnea of newborn	P22.1
Pregnancy, Childbirth and The Puerperium ~ O00-O9A (See note below on when to use the "O" codes.)	
Supervision of pregnancy with insufficient antenatal care	O09.3
Supervision of young primigravida and multigravida	O09.61
Supervision of high risk pregnancy, unspecified	O09.9
Twin pregnancy	O30.002

Preterm labor	O60.2
Carrier of viral hepatitis B	Z22.51
Respiratory Conditions ~ J00-J99	
Asthma	J45
Skin Conditions ~ L00-L99	
Angioedema with hives	T78.3
Atopic Dermatitis (eczema)	L20.9
Signs & Symptoms ~ R00-R99	
Delayed Milestone in Childhood	R62.0
Delay development	R62.50
Dysphagia, unspecified	R13.10
Failure to Thrive (child)	R62.51
Feeding Difficulties	R63.3
Lack of expected normal physiological development in childhood, unspecified	R62.50
Other lack of expected normal physiological development in childhood	R62.59
Short stature (child)	R62.52
Underweight	R63.6

Note: The “O” pregnancy codes should be used only when the client is the one who is CHIF’d, e.g., pregnant client 18 or younger. We understand that there are pregnancy related issues that impact the child; however, the diagnosis recorded needs to be reflective of the child’s diagnosis or their symptoms.

The Child Health Intake program captures demographic and health related data required for the Washington State Children with Special Health Care Needs Program. It also allows users to maintain additional information which is not required but may be of use to individual health jurisdictions.

The intent of this section is to provide you with instructions on how to best utilize the features in CHIF. This includes information on the basics of the CHIF database, the data entry screen, data input “cheat sheet” and instructions on how to provide the quarterly CHIF data to the state.

5241 Procedures

To select a category (CHIF, Reports, etc.), use the mouse to click on the heading of the desired category or hold the ‘Alt’ key down while selecting the letter of the category (e.g., Alt-R for reports). In addition to the menu selection, speed buttons are available for Exit, Help and CHIF entry. These may be ‘clicked’ in order to avoid the menu select process.

5242 Categories

CHIF: This option may be selected to 1) Enter information for a child who is new to a program 2) Edit information on a child previously entered. 3) Scan through all children maintained in the database and 4) create lists (i.e. reports) of children meeting selected criteria.

Reports: This option contains standard reports which have been created for the CYSHCN data. It also allows for the creation of custom reports by the user.

Utilities: The utilities option maintains facilities for such things as 1) Exporting and copying data, 2) Re-indexing of the data files, 3) Adding additional data fields to be used by local health jurisdictions, and 4) Converts the existing CHIF data from the original program to the current version.

Exit: Close the program

5243 Standard Operations

Below you will find explanations or tips regarding various aspects of the system which are universal throughout the program

Buttons: Many buttons used by the system may be activated by either using the mouse and clicking the button or by using the 'hot-key' combination. If a hot-key combination is available, it will be displayed in the 'hint' which is shown when the mouse cursor is over the button.

Menus: Menu items may be selected by clicking on the menu text or by using the Alt-<key> combination. The <key> to be used is the first letter of the menu option.

Edit Controls: Edit controls may be referred to as edit boxes, boxes, fields etc. This is where the information text for a specific field is entered. To traverse from one box to another, use the tab or enter key or use the mouse to click on the desired box. Pressing Ctrl-tab will move to the previous edit box. Please note that when a box is exited, some validation checks may be performed.

Help Text: Most forms will contain a button that displays the help text appropriate for that form. You may change or annotate the help text by typing over the text as necessary and then clicking on the 'save revised help text' button at the top of the form.

5244 How Do I...

Start a new record?

Select the CHIF - Add/Edit menu option. By default, the form will be displayed in edit mode so you need to change to add mode by clicking the 'Add a new client button' (or pressing Ctrl-N). When in add mode, the ADD button will become active and the EDIT button will be 'grayed' or inactive. Also, the ID edit box will become inactive as the system will automatically assign an ID from the client information entered.

Proceed through the edit boxes, filling in the appropriate information. Many boxes have 'lookups' available so that you can select an appropriate entry. (e.g. Status, Family Size, ICD codes etc.) To activate the lookup window, press the **F2** key while the cursor is in the edit box or double click on the edit box. Select the desired entry and click the **OK** button.

Once all the information has been entered, click the **OK** button at the bottom of the form. The system checks to verify that all the necessary information has been entered. If mandatory information has not been entered (e.g. Last name), the system will not save the record until the information is entered. The system may also warn you that some non-mandatory information is missing (e.g. zip code) and give you the option of filling in the information before it saves the record.

No information is saved until the **OK** button is clicked. To abort the processing without saving the information, click the **CANCEL** button or close the form without clicking the **OK** button.

Edit an existing record?

Select CHIF - Add/Edit menu option. By default, the system starts in edit mode with the first record being displayed. If you were previously in the add mode, you may switch back to the edit mode by clicking on the 'Edit client information' button (or pressing CTRL-E). When in edit mode, the EDIT button will become active and the ADD button will be 'grayed' or inactive. Also, the ID edit box will become active so that you can enter a client's ID number.

There are several ways which you can find the correct client to edit:

- Enter the ID number into the ID box. Upon exiting the box, the client information will be displayed.
- Use the arrow buttons at the top of the form to traverse through the records on file.
- Click the **FIND** key at the top of the form. This will display a search form where you can find the appropriate record by searching through all records on file. This may be done by searching for the ID, name, birth date etc. Click the **OK** button on the search form to transfer the ID of the highlighted record into the ID box of the CHIF form.

Once the correct ID has been entered into the ID edit box, the system will display the client information upon exiting the ID box. You may then proceed to update the information as necessary. (See the Add method for additional information) To save the updates, you must click the **OK** button at the bottom of the form. The **CANCEL** button will exit without saving the updates.

Please note that the DATE is an important element. This should be updated any time a client receives services. While in the date edit box the following keys are active:

T: Displays today's date.

P: Displays the previous date.

N: Displays the next date.

Y: Display the first day of the year.

R: Displays the last day of the year.

M: Displays the first day of the month.

H: Displays the last day of the month.

Delete a client's record?

Select the CHIF - Add/Edit menu option. Display the record to delete as described in the 'edit an existing record' instructions. When the client's record is displayed, click the **DELETE** button at the top of the form. The system will then ask you to confirm that you want to delete the record. Once you confirm the deletion, the record will be removed from the file and the next record on file will be displayed. Note that the **OK** and **CANCEL** buttons are not used while deleting a record. Once deleted, the record cannot be recalled. Typically, deleting a client's record is a rare occurrence.

Print a CHIF form?

Select the CHIF - Add/Edit menu option. Find the clients record as described in the 'edit an existing record' instructions. When the client's record is displayed, click the **PRINT** button at the top of the form.

Before printing, the system may display the following:

- A list of data elements that are not complete. You may elect to complete them before printing or proceed directly to printing the form.
- If you are using local fields, the system will display the names of those fields along with check boxes. If there are some fields that you don't want to be printed, remove the checkmark next to the name by clicking on it. Only check marked fields will be printed.

The system will then present a preview of the form to be printed. You may print the form by clicking on the printer icon on the preview form. Or, you may close the preview form without printing by clicking on the **CLOSE** button on the preview form.

Print a listing of clients?

Select the CHIF - Lists menu option. From here, you can select from a variety of listing options. (e.g., Ordered by last name, ordered by date etc.) Once you select the desired list type, the system will display a Report Options window. From here, you can restrict the listing to clients that match your desired criteria. This may be a range (e.g. last name) or a specific type (e.g., status). By default, the range includes all records. This means that you only have to specify a criteria if you want to restrict the printing to a sub-set of the data. If the filter is left blank, then all records will pass that filter test.

Depending upon the list selected, the criteria may include:

- Last name (Names should be entered in upper case)
- Status (Select from the available options)
- County (County code - Typically, this can be left blank as you only have the data for your health district available)
- CHIF Dates (Typical formats could include 1/5/17 or 12/15/2017)
- Due for Renewal (Range of dates when the CHIF should be renewed)

Once the desired criteria has been selected, click the **PREVIEW** button to display the list on screen or the **PRINT** button to send the output directly to your printer. The Preview screen will allow you to scan through the listing and then print the list (by clicking on the **PRINTER** icon on the preview screen) or exit the preview form without printing (by clicking on the **CLOSE** button).

Print a report?

There are a number of special reports already programmed into the system. These may be selected via the Reports - Standard menu option. The range of data used to generate the reports may be restricted in the same manner as described in the 'Print a listing of clients' option above.

5245 CHIF Input Screen

Icons – from left to right (you may also hover over icon and a descriptor will appear)

Exit the form (Ctrl C)

Help (this may not be helpful)

Add a new client (Ctrl N)

Edit client information (Ctrl E)

Look up client ID (Ctrl L)

First record

Prior record

Next record

Last record

Delete this record

Preview CHIF

Print copy of CHIF

Print a blank CHIF form

The screenshot shows a software window titled "CHIF" with a standard Windows-style title bar and a toolbar. Below the toolbar are two tabs: "Standard" and "Additional". The main form area is divided into several sections:

- ID Section:** Fields for ID, SSN, Case, Status, County (with "23" entered), and Date.
- NAMES Section:** Fields for Last, First, and MI. Below these are rows for "CHILD", "Father", and "Mother", each with input fields for Last, First, and MI.
- Address Section:** Fields for Address and City. The State field is a dropdown menu currently showing "WA". The Zip field is also present.
- Demographics Section:** Fields for Birth Date, Sex, Race, Family Size, EC Level, 3rd Party Payment, Referral Code, Mothers Education Level, ICD9 Codes, Additional Involvement, Language, and Renew Months.

At the bottom of the window are two buttons: "OK" (with a green checkmark icon) and "Cancel" (with a red X icon).

The following fields have drop down menus with data elements to select:

Status

Sex

Race

EC Level

3rd Party Payment

Referral Code

Additional Involvement

Language

5246 Short Form Guide for Data Entry

CHIF Field: Entry Requirement: Explanation: Available Options

ProviderOne Number (Current SSN field in CHIF): REQUIRED: Nine digit, two alpha (i.e., 123456789WA)
ProviderOne Medicaid client number. ProviderOne is the data element that we are sending to Health Care Authority.

Case: OPTIONAL: No longer used but may contain information from legacy records.

Status: OPTIONAL: Used for LHJ only. Does not impact download of client data to state.

A = Active case
I = Inactive case
D = Deceased

County: REQUIRED: Numeric county code where client resides.

1 = Adams	14 = Grays Harbor	27 = Pierce
2 = Asotin	15 = Island	28 = San Juan
3 = Benton	16 = Jefferson	29 = Skagit
4 = Chelan	17 = King	30 = Skamania
5 = Clallam	18 = Kitsap	31 = Snohomish
6 = Clark	19 = Kittitas	32 = Spokane
7 = Columbia	20 = Klickitat	33 = Stevens
8 = Cowlitz	21 = Lewis	34 = Thurston
9 = Douglas	22 = Lincoln	35 = Wahkiakum
10 = Ferry	23 = Mason	36 = Walla Walla
11 = Franklin	24 = Okanogan	37 = Whatcom
12 = Garfield	25 = Pacific	38 = Whitman
13 = Grant	26 = Pend Oreille	39 = Yakima

Date: REQUIRED: Date of most recent client service provided. Controls download of client data to state.

Name CHILD: REQUIRED: Last, first and middle initial of child. Name, along with date of birth controls the ID number (PIC) assigned to child.

Name(s) & Address: OPTIONAL: Used by LHJ as necessary.

ZIP Code: REQUIRED: The zip code greatly expands possibilities when sorting client location in more detail than by county, and when matching to other client databases.

Birth Date: REQUIRED: Child's date of birth.

Sex: REQUIRED: M=Male F=Female

Race: REQUIRED: Most appropriate ethnic/cultural group for family of child (minimum use of "Other or Unknown")

1 = Caucasian	4 = Hispanic	7 = Multi-racial
2 = African American	5 = Pacific Islander	
3 = American Indian	6 = Other or Unknown	

Family Size: OPTIONAL: Specify number in family but must include the child or Children.

e.g.

1 = Child alone 3 = One child and 2 adults OR 2 children and 1 adult.
2 = Child + Adult 9 = Child + 8 or more children and adults 0 = Unknown

Economic Level: REQUIRED: Code indicating economic level of family in relation to Federal Poverty Level (FPL). Reporting documents often require client percentages by income level. To make CHIF reporting easier, economic level can now be reported as over or under 210% of the FPL, using “E”, “F”, or “G”. However, not all counties have “G” as a data element in their database.

(A, B, C, and D data elements are no longer valid.)
E = Less than or equal to 210%
F = Greater than 210% and do not pay Apple Health Premium
G = Greater than 210% and pays Apple Health Premium

3rd Party Payer: REQUIRED: Funding sources for child’s major medical needs. Up to 3 codes specifying pay sources (minimum use of “None of the above.”) *Primary pay source should be entered in 1st box.*

~~B = Washington Basic Health Plan~~ (no longer exists)
P = Private Insurance
C = Tri Care (CHAMPUS)
T = Apple Health including Medicaid
S = CYSHCN Program – diagnostic and treatment funds
N = No Insurance (None of the above)

Referral Code: OPTIONAL: Source of the referral for this child to the LHJ.

1 = Primary Care Provider 6 = PHN/LHJ A = Other
2 = Physician Specialist 7 = DDA B = FRC
3 = Hospital 8 = Medicaid (HCA) C = PT/OT/Speech
4 = Parent 9 = NDC D = WIC
5 = School 0 = Unknown E = WithinReach/ASK Line

Mothers Education Level: OPTIONAL: Code indicating grade completed

A = Less than or = 8th grade D = 11th grade G = College degree
B = 9th grade completed E = High School/GED Z = Unknown
C = 10th grade completed F = Some college

ICD10 Codes: REQUIRED: Up to 3 ICD10 codes specifying child condition – Prioritize diagnoses in the 3 codes entered (1st box contains primary diagnosis, 2nd box contains secondary diagnosis, etc.)

(The current ICD9 fields in the current CHIF database will accept manual entry of ICD10 codes.)

Additional Involvement: REQUIRED: Other entities supplying services to the child. Up to 5 codes.

B = Maxillofacial Review Board I = IFSP/ESIT/FRC R = Community Resources
C = Any Children’s Hospital M = Primary Care Provider S = SSI
D = DDA N = Neurodevelopmental Center W = WIC
F = Foster care home P = OSPI

Language: OPTIONAL:

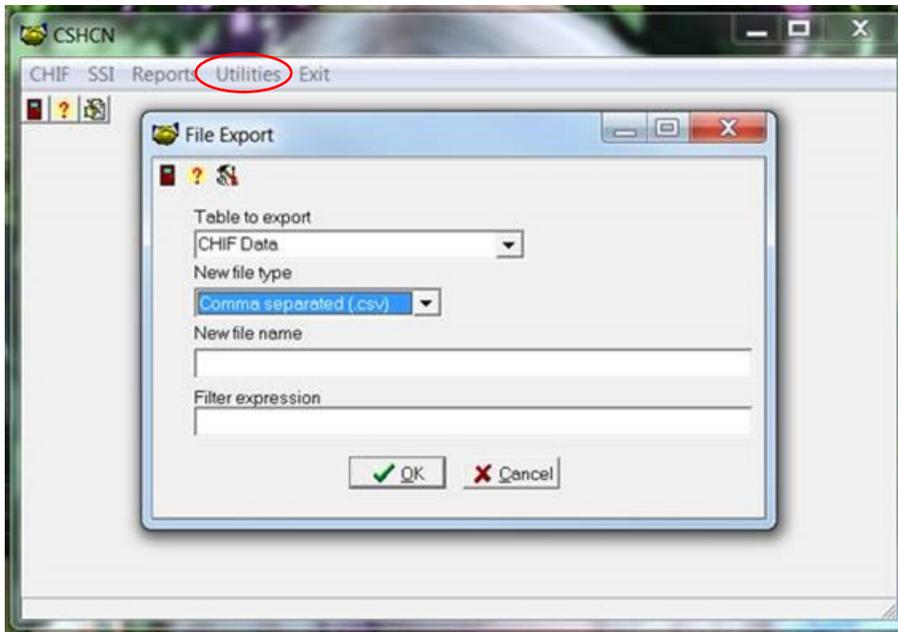
EN = English KO = Korean RU = Russian
SP = Spanish JA = Japanese FA = Farsa
CH = Chinese VI = Vietnamese AR = Arabic
TA = Tagalog OA = Other Asian OT = Other

Note: In CHIF, double click or press F2 key while on data element to see list of data code choices.

5247 Data Upload and Password Change Instructions

Follow these directions:

1. Open the CHIF program
2. Click on Utilities
3. Click on Export Files
4. Click on New File Type and change to Comma Separated (.csv)
5. Provide New File Name (i.e. "YourCountyName"2017)
6. Click on OK (the .csv file should be found in the folder that contains the CHIF program)



7. Upon completion of steps 1-6 (from above), and you know how to locate your .CSV file, **Log In** directly to Axway Secure Transport – <https://sft.wa.gov/>
8. Click in the blank box next to **Name** and manually enter your user ID (i.e. doh-chif-adams)
9. Click in the blank box next to **Password** (upper portion of screen) and manually enter your password. (To do this, you will need to have noted your password in a secure location – I place mine in the Notes category in Outlook.)

Change Password (This process is required every 120 days to change your SFT login password – if you automatically update your password every quarter when you upload your data, you will never receive the pesky password expiration notices from the state.)

- i. Click **My Account** tab. (Upper right)
- ii. Click in blank box next to **Current Password** and enter current password.
- iii. Click in blank box next to **New Password** and enter new password. (Password must have at least 10 characters totals – 2 alpha, 2 special characters and 2 numeric characters. My recommendation is to place the numbers at the end and when it is time to change your password, just increase the number by 1 – i.e., **alpha001.)

NOTE: Please do not use the auto generated password feature in CHIF as the system is designed to only create an 8 character password.

- iv. Click in blank box next to **Retype Password** and enter your new password.
- v. Click the **Set Password** button.
- vi. Repeat steps 8 and 9.

End of Password change section

10. Click on **Browse** button (upper portion of screen). The next screen you see should be a folder structure that has “Choose File to Upload” in upper left-hand corner. Browse folder and click on the filename you have given your .csv file (i.e. Adams1stQtr2017).
 - You should be browsing your folder structure that contains the Wamenu.exe file
11. Click on **Open**
12. Click on **Upload File** (below Browse button). The data file will move automatically over to the center of your screen under Name.
13. Click in the upper right hand corner to **Log Out**.

5300 Authorization to Release and Obtain Information

The CYSHCN Authorization to Release and Obtain Information form is an approved form to release and/or obtain confidential health care information restricted in use and access by law. The form was legally approved in 1994 and remains current (DOH 970-002 (10/25/94)). **NOTE:** DOH 970-002 is in the process of being revised to comply with current state and federal privacy rules.

Other consent forms used by local health agencies and medical providers can be used if they comply with the legal requirements. A valid authorization for disclosure must:

- Identify the client;
- Identify the nature of the information to be disclosed;
- Identify the name, address and institutional affiliation of the person to whom the information is to be disclosed;
- Identify the provider who is to make the disclosure;
- Be in writing and be dated and signed by patient (parent or legal guardian).

It is recommended a consent be processed whenever requested as a courtesy to the comfort of clients, client families and medical providers, even in situations where not required by law.

5310 Policy

A statement of authorization must be completed and signed for consent to release or obtain confidential health care information and comply with federal and state laws.

5320 Procedures

<u>Responsibility</u>	<u>Action</u>
Local agency (LHJ)	Provides parent or guardian with consent form when a request is made to authorize the release or obtain confidential health care information.
Parent or Guardian	Completes and signs form.
Local agency	Reviews form for complete information and signature. Processes the authorization for requested service. Retains form in client's record. Renews signature after 90 days if needed.

5321 Instructions for Completing Authorization to Release and Obtain Information

The table that follows provides instructions for completing the CYSHCN Authorization. Each section is for a different consent and can be used alone.

See Section 5322 for a copy of the form.

<i>Authorization Form</i>	<i>Instructions</i>
1. Authorization to Release Information	<p>Purpose: Local CYSHCN agency <u>gives</u> information to another health provider.</p> <p>Parent completes all spaces with assistance from local agency staff.</p> <p>Parent signs.</p>
2. Authorization to Obtain Information	<p>Purpose: Local CYSHCN agency <u>obtains</u> information from another health provider. This also clarifies that the health provider has permission to give the information.</p> <p>Parent completes all spaces with assistance from local agency staff.</p> <p>Parent signs.</p>
3. Specific Release Related to Treatment	<p>Purpose: Special release relating to treatment of specific protected areas.</p> <p>Parent completes all spaces with assistance from local agency staff.</p> <p>Parent signs.</p>

5322 Authorization to Release and Obtain Information (form)



**CHILDREN WITH SPECIAL HEALTH CARE NEEDS
AUTHORIZATION TO RELEASE AND OBTAIN INFORMATION**

1. AUTHORIZATION TO RELEASE INFORMATION:

I give my consent for _____ to release _____
(Name and Address of CSHCN Agency) (Health Care Information)
 for _____ to the following professionals:
(CSHCN Client)

NAME <small>(Doctor/Hospital/Agency/Institutional Affiliation)</small>	ADDRESS	CONTACT PERSON

This authorization expires **90** days after the last date it was signed. It can be renewed. A copy of this document may be considered the same as the original

DATE	SIGNATURE <small>(Parent/Guardian/Self if imancipated minor)</small>	CSHCN Agency Contact Person

2. AUTHORIZATION TO OBTAIN INFORMATION:

I give my consent for _____ to obtain _____
(Name and Address of CSHCN Agency) (Health Care Information)
 for _____ from the following professionals. I further give my consent to
(CSHCN Client)
 the below named professional to disclose and release health care information for _____
(CSHCN Client)
 to _____
(CSHCN Agency)

NAME <small>(Doctor/Hospital/Agency/Institutional Affiliation)</small>	ADDRESS	CONTACT PERSON

This authorization expires **90** days after the last date it was signed. It can be renewed. A copy of this document may be considered the same as the original

DATE	SIGNATURE <small>(Parent/Guardian/Self if imancipated minor)</small>	CSHCN Agency Contact Person

3. SPECIFIC RELEASE RELATED TO TREATMENT:

I give my consent for _____ to release specific health care information relating to
(Name and Address of CSHCN Agency)
 treatment to the following programs to help the agencies provide _____ with service:
(CSHCN Client)

HEALTH CARE TREATMENT	NAME (Doctor/Hospital/ Agency/Institutional Affiliation)	ADDRESS	CONTACT PERSON
Alcohol/Other Drug Treatment			
STD Diagnosis & Treatment			
Mental Health & Psychiatric Disorders Treatment			
HIV/AIDS Testing, Diagnosis & Treatment			

This authorization expires **90** days after the last date it was signed. It can be renewed. A copy of this document may be considered the same as the original

DATE	SIGNATURE <small>(Parent/Guardian/Self if imancipated minor)</small>	CSHCN Agency Contact Person

I understand that alcohol/other drug treatment information relating to me is protected under federal law and cannot be disclosed to anyone else without my written consent unless permitted by law. I also understand I may **cancel** my consent to release alcohol/other drug treatment information at any time except to the extent that action has already been taken on it as allowed.

I understand that health care information, STD and HIV/AIDS information, and mental health information relating to me is protected by state law and cannot be disclosed to anyone else without my written consent unless permitted by law. I understand that I may **cancel** this consent at any time.