

Medical or Skilled Nursing Needs (Check all that Apply)	<input checked="" type="checkbox"/> Indicates that the item on the functional screen should be checked. <input type="checkbox"/> Indicates that the item on the functional screen should NOT be checked.
Rehabilitation program for brain injury or coma – minimum 15 hours/week	<input checked="" type="checkbox"/> Child has comprehensive home rehabilitation program to address physical, social, and psychological needs to follow recent discharge from a rehabilitation hospital. <input type="checkbox"/> Child has finished inpatient brain injury rehabilitation and is receiving therapies at home or school. <input type="checkbox"/> Child had a brain injury years ago and receives ongoing therapies at home and school.
Unable to turn self in bed or reposition self in wheelchair	<input checked="" type="checkbox"/> Child has quadriplegia and cannot turn self over in bed. (Would expect child to need help with ADLs as well.) <input checked="" type="checkbox"/> Child needs someone to reposition them in a wheelchair and in bed to prevent skin breakdown. <input type="checkbox"/> Child can reposition self somewhat in a wheelchair and can turn self in bed.
Recurrent Cancer	<input checked="" type="checkbox"/> “Recurrent cancer” is written in child’s records. <input checked="" type="checkbox"/> Parent can clearly state cancer is “recurrent,” or that cancer had gone away and has come back. <input checked="" type="checkbox"/> Child was in remission but now cancer is growing again regardless of how much time has passed. <input checked="" type="checkbox"/> Child completed chemotherapy last year, but the cancer has come back. <input checked="" type="checkbox"/> Child has had radiation therapy, but the cancer has spread to other parts of the body (“metastasized”). <input checked="" type="checkbox"/> A new kind of cancer has developed, regardless of how much time has passed since the last cancer was treated. <input type="checkbox"/> Child is still in first series of treatment. <input type="checkbox"/> Screener is not sure whether cancer is “recurrent” or still in first round of treatment.
High-Risk Cancer	High-Risk Cancer (mark if any of the below apply): <input checked="" type="checkbox"/> Child has been diagnosed with metastatic cancer (cancer that has spread from its origin to different parts of the body). <input checked="" type="checkbox"/> “There are multiple modalities of treatment currently being utilized (surgery, chemotherapy and/or radiation). <input checked="" type="checkbox"/> Treatment is expected to last for 6 months or more. <input checked="" type="checkbox"/> Health Care documents include statements of Stage IV, high risk, or metastatic cancer. <input type="checkbox"/> Parent says child’s prognosis is poor, but has not heard of “Stage Four,” and the screener does not see it in records.
Tracheostomy	<input checked="" type="checkbox"/> Child has a current tracheostomy (“breathing hole” through front of throat). <input type="checkbox"/> Child had a tracheostomy in the past that is now almost healed closed.

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<p>Ventilator (positive pressure)</p>	<p><input checked="" type="checkbox"/> Child continually uses an invasive or mechanical volume ventilator, through their tracheostomy tube as the child is unable to breathe on their own. <input checked="" type="checkbox"/> Child uses a mechanical volume ventilator only while sleeping. <input type="checkbox"/> Child uses "C-PAP" or "BI-PAP" (See respiratory treatment below) <i>If ventilator is checked as a Medical Need, the criteria for Tracheostomy also needs to be met.</i></p>
<p>PT, OT, OR SLP by therapist (does not include behavioral problems)</p>	<p><input checked="" type="checkbox"/> Child receives PT (physical therapy), OT (occupational therapy), or SLP (speech language pathology) from a licensed therapist or an appropriately supervised therapy aide. <input checked="" type="checkbox"/> Child receives PT, OT, or SLP during the school year but not over the summer, because it is not provided by the school at that time. <input checked="" type="checkbox"/> PT, OT, or SLP has been recommended at a specific frequency but child has not received it yet. <input type="checkbox"/> In-home autism spectrum disorder program. <input type="checkbox"/> Behavioral therapies. <input type="checkbox"/> PT, OT, or SLP has been recommended by a physician but no evaluation of required frequency has been established. <input type="checkbox"/> Exercises done by someone other than a therapist or therapy aide. <input type="checkbox"/> Child sees a therapist less than once a month.</p> <p>"Less than 5 sessions/week" OR "5 or more sessions/week" Add all three therapy disciplines to count the number of sessions per week. A joint therapy session (e.g., PT and OT together at same time) can be counted as two sessions. Group therapy sessions can be counted as long as led by a qualified professional. Therapy can be provided at any location: home, school, or clinic. A session must be at least 15 minutes long to be counted.</p>

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PT, OT, SLP therapy follow through: Exercises, sensory stim, stander, serial splinting/casting, braces, orthotics	<p>This item captures a mix of things, all of which should be established by a physician or licensed therapist. Follow the definitions provided below.</p> <p>“Exercises”</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Records indicate the exercises are “PT, OT, SLP therapy follow through.” <input checked="" type="checkbox"/> Exercises are part of an individualized treatment plan developed from a therapist’s full assessment, and therapist(s) taught caregivers what to do. <input checked="" type="checkbox"/> Parents continue to do therapy exercises with their child, as instructed by therapists, although they and child no longer require therapy oversight at this time. <input type="checkbox"/> The exercises are general things like taking a walk or riding a bike. <p>“Sensory stimulation”</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A therapist has taught the family or school staff to do sensory stim for a child with tactile sensitivity. <p>“Stander” (A special positioning device to place a child in an upright position for weight bearing)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Child is put into a stander for 30 minutes a day. <input type="checkbox"/> Child has a stander but doesn’t use it anymore. <p>“Serial splinting or serial casting”</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Child’s parents are doing “serial splinting,” applying specially adjusted splints or bi-valved casts to progressively stretch the child’s muscles to prevent contractures and facilitate treatment. <input type="checkbox"/> Child has worn the same splints (e.g., AFOs, KAFOs) for months to prevent contractures. This is not “serial splinting.” <input type="checkbox"/> Child is in a total body cast. <p>“Braces, orthotics”</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Child is unable and parents or caregivers must apply braces or orthotics and monitor for skin and nerve involvement.

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<p>Wound, site care or special skin care</p>	<p>“Wound care” (<i>Wound care must be required on a daily basis</i>)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Child has special gel dressing (such as algiderm, duoderm) that is changed every seven days. <input checked="" type="checkbox"/> Parents are changing gauze dressings two or three times a day. <input checked="" type="checkbox"/> Parents change dressings twice a day and nurse assesses wound weekly. <input type="checkbox"/> Parents are applying “Band-Aids.” <p>“Site or Special skin care” (<i>Site care must be required on a daily basis</i>)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Child requires more than routine site care of an ostomy, catheter, or central venous line (IV). <input checked="" type="checkbox"/> Child’s site is infected and requires daily dressing changes. <input checked="" type="checkbox"/> Child has a rare and severe skin disease that creates open skin, requiring medicine and wrapping. <input type="checkbox"/> Child receives lotions or ointments applied to intact skin.