

Young Adults with Special Health Care Needs (YSHCN) Eligibility Screening Questionnaire

Please note: These questions are final, but format may look different in the OHP application. The next questions will be used to screen for a program for young adults with ongoing health conditions. This program covers more services than other OHP programs for adults like extra dental and vision services and more types of specialty care. If you choose to answer these questions, [individual name/s] will be screened for this medical program.

1. Currently, do you take prescription medicine? (This excludes vitamins and birth control.)

- Yes → Go to Question 1b
- No → Go to Question 1a

1a. Do you need prescription medicine that you do not get? (This excludes vitamins and birth control.)

- Yes → Go to Question 1b
- No → Go to Question 2

1b. Is this because of any health condition? A health condition is a physical, behavioral, developmental, emotional, or mental health condition.

- Yes → Go to Question 1c
- No → Go to Question 2

1c. Has this condition lasted for at least one year, or is it expected to last for at least one year?

- Yes → Go to Question 1d
- No → Go to Question 2

1d. Did this condition begin before you turned 19 years old?

- Yes → Go to Question 2
- No → Go to Question 2
- I am younger than 19 years old. → Go to Question 2

2. Do you often use medical care, mental health, or other health services?

- Yes → Go to Question 2b
- Yes, when your condition is worse or exacerbated → Go to Question 2b
- No → Go to Question 2a

2a. Do you need medical care, mental health, or other health services that you do not get?

- Yes → Go to Question 2b
- No → Go to Question 3

2b. Is this because of any health condition? A health condition is a physical, behavioral, developmental, emotional, or mental health condition.

- Yes → Go to Question 2c
- No → Go to Question 3

2c. Has this condition lasted for at least one year, or is it expected to last for at least one year?

- Yes → Go to Question 2d
- No → Go to Question 3

2d. Did this condition begin before you turned 19 years old?

- Yes → Go to Question 3
- No → Go to Question 3
- I am younger than 19 years old → Go to Question 3

3. Do you need assistance to do your everyday activities? Examples of everyday activities include cooking, doing housework, completing paper work or school work, going to school or work or appointments, spending time with friends, and other activities.

Assistance can include someone helping you or using a device or equipment to help you.

- Yes, all of the time → Go to Question 3a
- Yes, some of the time → Go to Question 3a
- No → Go to Question 4

3a. Is this because of any health condition? A health condition is a physical, behavioral, developmental, emotional, or mental health condition.

- Yes → Go to Question 3b
- No → Go to Question 4

3b. Has this condition lasted for at least one year, or is it expected to last for at least one year?

- Yes → Go to Question 3c
- No → Go to Question 4

3c. Did this condition begin before you turned 19 years old?

- Yes → Go to Question 4
- No → Go to Question 4
- I am younger than 19 years old → Go to Question 4

4. Do you get treatment or counseling for a mental health, substance use, or emotional condition? Treatment or counseling can include talk therapy, group therapy, hospitalization, inpatient or outpatient care, exposure therapy, Applied Behavior Analysis, and other treatments.

- Yes → Go to Question 4b
- Sometimes → Go to Question 4b
- No → Go to Question 4a

4a. Do you need treatment or counseling for a mental health, substance use, or emotional condition that you do not get?

- Yes → Go to Question 4b
- No → Go to Question 5

4b. Has this condition lasted for at least one year, or is it expected to last for at least one year?

- Yes → Go to Question 4c
- No → Go to Question 5

4c. Did this condition begin before you turned 19 years old?

- Yes → Go to Question 5
- No → Go to Question 5
- I am younger than 19 years old → Go to Question 5

5. Do you often use medical therapies? Medical therapies can include acupuncture, dialysis, infusions, physical therapy, occupational therapy, speech therapy, respiratory therapy, therapy to manage or reduce pain, and others. Medical therapies do not include counseling or talk therapy.

- Yes → Go to Question 5b
- No → Go to Question 5a

5a. Do you often need medical therapies that you do not get?

- Yes → Go to Question 5b
- No → Go to Question 6

5b. Is this because of any health condition? A health condition is a physical, behavioral, developmental, emotional, or mental health condition.

- Yes → Go to Question 5c
- No → Go to Question 6

5c. Has this condition lasted for at least one year, or is it expected to last for at least one year?

- Yes → Go to Question 5d
- No → Go to Question 6

5d. Did this condition begin before you turned 19 years old?

- Yes → Go to Question 6
- No → Go to Question 6
- I am younger than 19 years old → Go to Question 6

6. Do you often use medical equipment or assistive devices? Medical equipment and assistive devices include canes, communication devices, crutches, diabetes pumps, gastrointestinal tubes, hearing aids, nebulizers, note-taking systems, reminder systems, ventilators, vision aids, wheelchairs, and other equipment and devices.

- Yes → Go to Question 6b
- No → Go to Question 6a

6a. Do you need medical equipment or assistive devices that you do not have?

- Yes → Go to Question 6b
- No → End YSHCN Questions

6b. Is this because of any health condition? A health condition is a physical, behavioral, developmental, emotional, or mental health condition.

- Yes → Go to Question 6c
- No → End YSHCN Questions

6c. Has this condition lasted for at least one year, or is it expected to last for at least one year?

- Yes → Go to Question 6d
- No → End YSHCN Questions

6d. Did this condition begin before you turned 19 years old?

- Yes → End YSHCN Questions
- No → End YSHCN Questions
- I am younger than 19 years old → End YSHCN Questions

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