

# Local Public Health Assessment Wizard

## Quick Reference

### CHILDREN AND YOUTH WITH SPECIAL HEALTH NEEDS

#### Reimbursement levels

Level 1: \$75	Level 2A: \$225	Level 2B: \$375
<ul style="list-style-type: none"> <li>Parent/Guardian declined assessment</li> <li>Unable to reach Parent/Guardian</li> <li>Prior PHN Assessment</li> </ul>	<ul style="list-style-type: none"> <li>Electronic or office/clinic assessment</li> </ul>	<ul style="list-style-type: none"> <li>Home visit assessment</li> </ul>

#### Required fields

The following fields need to be completed before local public health can invoice MDH at level 1 or 2. To be reimbursed at level 2, at least one of the five problem areas must be marked as 'Assessed.' If a problem area is assessed:

- At least one of sign/symptom must be checked OR documented as "No signs or symptoms present"
- Knowledge, Behavior, and Status must be assessed OR documented as "Not rated"
- At least one intervention must be checked OR documented as "No interventions provided"

#### Problem Area: Income

- 'Assessed/Not Assessed'
- What type of insurance does the child currently have?

#### Problem Area: Communication with Community Resources

- 'Assessed/Not Assessed'
- Preferred language
- Other language (if visible)
- Interpreter needed (if visible)
- Was an interpreter used for this contact? (if visible)

#### Problem Area: Caretaking/Parenting

- 'Assessed/Not Assessed'
- Did you refer this family to a home visiting program?
- Which program was the child referred to, or already participating in? (if visible)

#### Problem Area: Growth and Development

LOCAL PUBLIC HEALTH ASSESSMENT WIZARD:  
REQUIRED FIELDS QUICK REFERENCE

- 'Assessed/Not Assessed'
- Early Intervention enrollment status
- Did you refer this child to Early Intervention (if visible)

### Problem Area: Health Care Supervision

- 'Assessed/Not Assessed'

Note: Click 'Save & Stay' before moving on to the reimbursement information section.

### Reimbursement Information

- Date of first contact attempt
- Parent/Guardian Contact
- Do you plan to contact this family again?
- Date of assessment or final contact attempt
- Submit to MDH (check box)

Note: Remember to save all documentation before exiting the wizard.

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4/10/25

*To obtain this information in a different format, call: 651-201-3650.*