



## Children's Special Healthcare Services Provider Attestation

Signed on behalf of TIN  
Refused

<b>Provider Name:</b>			
<b>Address (street, city, state, zip):</b>			
<b>NPI:</b>	<b>Tax ID:</b>		
<b>Are you:</b>	<b>Board Certified</b>	<b>Board Eligible</b>	<b>List Board:</b>

To serve Children's Special Healthcare Services (CSHCS) enrollees, primary care physicians must meet the following qualifications:

- Willing to accept new CSHCS Enrollees with potentially complex health conditions.
- Regularly serve children or youth with complex chronic health conditions.
- Have a mechanism to identify children/youth with chronic health conditions.
- Provide expanded appointments when children have complex needs and require more time.
- Experience coordinating care for children who see multiple professionals (pediatric subspecialists, physical therapists, behavioral health professionals, etc.).
- Have a designated professional responsible for care coordination for children who see multiple professionals.
- Provide services appropriate for Health Care Transition, including but not limited to the use of a transition assessment tool and adoption of a transition policy that is publicly posted and specifies:
  - the transition time frame
  - transition approach
  - legal changes that take place in privacy and consent at age 18

By signing this form, you attest that you meet the qualifications above and you agree to provide care for CSHCS members.

Provider (or authorized representative) Name (Print)

Date

Provider (or authorized representative) Signature