

# Chapter 2

## CSH Eligibility and Covered Services

### In this Chapter

The following sections are covered:

	Section Title	Page
<b>I.</b>	<b>BRIEF SUMMARY OF PROGRAM</b>	<b>2-1</b>
<b>II.</b>	<b>ELIGIBILITY</b>	<b>2-2</b>
<b>A.</b>	<b>Residency</b>	<b>2-2</b>
<b>B.</b>	<b>Medical Eligibility</b>	<b>2-2</b>
<b>C.</b>	<b>Financial Eligibility</b>	<b>2-2</b>
<b>D.</b>	<b>Date of Eligibility</b>	<b>2-3</b>
<b>III.</b>	<b>NOTIFICATION OF ELIGIBILITY/TERMINATION</b>	<b>2-3</b>
<b>IV.</b>	<b>PROGRAMS AND COVERED SERVICES OF CHILDREN'S SPECIAL HEALTH</b>	<b>2-4</b>
<b>A.</b>	<b>Children with Special Healthcare Needs Program</b>	<b>2-4</b>
	<b>1. Partnerships for Special Needs Children Systems Initiative</b>	<b>2-4</b>
	<b>2. Specialty Clinics</b>	<b>2-4</b>
<b>B.</b>	<b>High-Risk Maternal Program</b>	<b>2-4</b>
<b>C.</b>	<b>Newborn Intensive Care Program</b>	<b>2-5</b>

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### **I. BRIEF SUMMARY OF PROGRAM**

#### *INTRODUCTION*

Children's Special Health provides payment for services for eligible high-risk pregnant women, newborns, and children with special healthcare needs. The purpose of the program is to identify clients, assure diagnosis and treatment and provide tracking and care coordination using a family-centered, community-based approach.

Children's Special Health serves various populations through the following programs:

Children's Special Health (**CSH**)  
High-Risk Maternal (**HRM**)  
Newborn Intensive Care (**NBIC**)

## **II. ELIGIBILITY**

### *INTRODUCTION*

In determining eligibility, each case is evaluated individually. This evaluation takes into consideration the severity of the problem, the rehabilitation potential, the financial status of the family in relation to their other responsibilities, family resources and the estimated cost of the treatment. Each application is reviewed by either the Program Manager or Nurse Consultant and another CSH staff member to arrive at an eligibility decision.

#### **A. Residency**

A bonafide resident of Wyoming is actually present in the State and has furnished documentation of residency or intent to so reside. (See Appendix C-1).

The child and his parent/legal guardian(s) must be residing in Wyoming. For further information see Appendix C-1, page 9.

#### **B. Medical Eligibility**

The criteria for eligibility are included in Chapter Three of the Rules (See Appendix C-2).

The child has a medical diagnosis that is included in the criteria covered by CSH. This will be determined by a CSH designated physician, the program manager, and/or nurse consultant.

Each application is reviewed individually.

Examples of possible medical conditions are listed in Appendix C-2.

#### **1. Financial Eligibility**

The CSH program is not intended to treat all children with all types of special healthcare needs. Budget limitations require that the program establish priorities and determines which children may be accepted for treatment. Priorities are outlined in Chapter Three of the CSH Rules and Regulations. (See Appendix C-1.)

Financial eligibility is determined by comparing the family's **gross** income and family size to a table based on 200% of the current Federal Poverty Level. The medical debt a family has or will incur will be considered (See Appendix C-3 for a current financial eligibility table).

Financial eligibility is reviewed annually.

Families with health insurance coverage may also be eligible for CSH.

Consideration is given to several financial factors on each individual case. (See Appendix C-3a).

#### **D. Date of Eligibility**

The date of the referral to the PHN Care Coordinator will be noted on the CSH-1 form. The PHN Care Coordinator may recommend a date eligibility begins. State CSH will determine the date of eligibility.

A child who has Kid Care A or B, Social Security Disability and Supplemental Security Income benefits is assured financial eligibility for CSH. These children must then have an approved CSH medical condition. Children's Special Health is payor of last resort and pays after Medicaid. Supplemental Security Income eligible children must be offered CSH care coordination services per MCH Block Grant Performance Measures. If services are declined, a copy of documentation of the declining of services must be sent to CSH.

### **III. NOTIFICATION OF ELIGIBILITY/TERMINATION**

#### *INTRODUCTION*

After making an eligibility determination, the family will be notified. If there is a change in family circumstances such as moving, diagnosis change, or treatment completed, another review of eligibility is done to determine if the case is to remain open or financial services are terminated. Care coordination at the county level may continue at the discretion of the family and PHN Care Coordinator.

A Diagnostic Evaluation letter(s) authorizing only one visit is sent by the State CSH Office to parents and provider(s) with a copy to the PHN. This letter will show the child is admitted only for a diagnostic evaluation covered by CSH to determine if the child has an approved diagnosis. Included with the diagnostic evaluation letter will be a copy of the Diagnostic Evaluation policy (See Appendix D-1).

An eligibility letter is sent by the State CSH Office to parents with a copy to the PHN. This letter establishes what medical diagnosis CSH will cover. If the condition is not listed on the letter, payment will not be made. Included with the eligibility letter will be a copy of the Guidelines For Parents (Appendix D-2) which explains the parent's responsibilities and payment procedures and a CSH specific policy pertaining to their approved diagnosis if applicable (See Appendix E).

Reminder letters for upcoming appointments are generated by the State CSH office and sent to providers and parents with a copy to the PHN.

Cooperation of the client/parents/guardians is essential to provide treatment recommended by providers.

Willful failure to keep appointments or carry out prescribed treatments will place the family at risk for termination of CSH coverage. The family may be reported to the Department of Family Services for protective services on behalf of the child.

Notice of financial/medical ineligibility letter is sent to parents with a copy to the PHN. This letter states the reason for the denial of services.

Notice of closure is sent by the State CSH office to parents with a copy to the PHN. This letter states the reason for closure. Care coordination by the PHN may continue.

## **IV. PROGRAMS AND COVERED SERVICES OF CHILDREN'S SPECIAL HEALTH**

### *INTRODUCTION*

Children's Special Health provides services for high-risk pregnant women, newborns and children with specific healthcare needs. Each program has separate eligibility criteria and policies.

#### **A. Children with Special Healthcare Needs Program**

Children's Special Health covers congenital defects, chronic diseases; disabling conditions and conditions with potential for rehabilitation for children ages birth to age 19. An application may be submitted for any potentially eligible child. Program cap is \$40,000 per eligibility year. (See Appendix C-2 and Appendix E.)

##### **1. Partnerships for Special Needs Children Systems Initiative**

Partnerships for special needs children facilitate the development of family-centered, community-based, coordinated, culturally sensitive services. The purpose of this infrastructure building initiative is to furnish information to medical providers, educators, parents and other community members on the critical elements of family-centered care and to promote teamwork in the support systems in the communities. The goals are to enhance services and improve outcomes for all children and their families. Training materials and a resource manual that will assist communities in their process have been developed and are available upon request from the MCH Parent Consultant, who coordinates the community presentations.

##### **2. Specialty Clinics**

Children's Special Health provides financial support for specialty clinics. Any child can be referred to these clinics. Clinic schedules are mailed to all Wyoming providers and PHNs on a semi-annual basis. Children's Special Health eligible clients will need care coordination with their medical home. A schedule of types of specialty clinics provided can be obtained from the state CSH Office.

#### **B. High-Risk Maternal Program**

The High-Risk Maternal Program provides limited payment for specialized perinatal care from Level III centers. Examples of such centers are: Presbyterian/St. Luke's Medical Center in Denver and University of Utah in Salt Lake City. Standards require the services to be under the direction of a perinatologist. Referral to the PHN must be made within ten (10) working days of the onset of the problem. (See Appendix E, High Risk Maternal Policy for coverage of a newborn to a HRM.)

**1. Covered Services for the High-Risk Maternal Program:**

- \* Pre- or post-conceptual genetic counseling by a geneticist
- \* Air ambulance transport to a Level III center (limited to a \$2,000 per case)
- \* Travel assistance may be authorized for family members if eligible
- \* Maternal care at a Level III center (limited to a \$5,000 per case cap)
- \* Care coordination services by the PHN (based on the needs of the family)

**C. Newborn Intensive Care Program**

All newborn infants are referred to EqualityCare or SSI if eligible. For those newborns who are not eligible for EqualityCare or SSI and are financially and medically eligible, the Newborn Intensive Care Program provides transport to and/or care at hospitals that provide Level III care under the direction of a neonatologist. Referral to the PHN must be made within ten (10) working days of the onset of the problem.

**1. Covered Services for the Newborn Intensive Care Program:**

- \* Only newborns that are ventilated and/or have congenital anomalies
- \* Level III infant care (limited to a \$10,000 per case cap to include air ambulance transport)
- \* Payment cap for transport is \$2,000 per case (included in the payment cap of \$10,000)
- \* Travel assistance may be authorized for family members if eligible