

Alaska

Health Care Program for Children with Special Needs (HCP-CSN)

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MISSION STATEMENT

The goal of the Section of Maternal, Child, and Family Health (MCFH) is to promote optimum health outcomes for all Alaskans by providing leadership, coordinating with the private and public provider entities within the health care system, and delivering preventive, rehabilitative, and educational services targeting children, child-bearing women, and families. The programs in this Section stress improving the health of an assuring health services access for present and future generations of Alaskan mothers, infants, children, and adolescents including: the disabled and chronically ill, those of low income status, and those with limited access to health services. Services are organized in ways that allow for flexibility to address the changing and varied needs of families and to support them in their natural care-giving roles. The Section is committed to excellence.

I. DIRECT HEALTH CARE SERVICES

Direct health care services are defined as services generally delivered between a health professional and a patient in an office, clinic or emergency room. For example, well child care visit; visit to doctor for an acute health care condition (e.g. earache); follow-up visit to a specialist for a chronic condition (e.g. asthma, diabetes, sickle cell disease), physical therapy, occupational therapy, respiratory therapy, inpatient and outpatient medical services, allied health services, lab, etc.

ELIGIBILITY CRITERIA FOR DIRECT CARE SERVICES

Age:

Birth to 21 years of age. Surgical costs may be waived for an additional six months if, before reaching age 21, the person was referred for services that included a series of surgical treatments, the surgical series was commenced, and the surgical treatment is necessary to complete the series of surgical treatments.

Residency:

Alaska residents. Residency is established by physical presence within the state of Alaska with the intent to remain indefinitely and make a home in the state.

Medical:

A child may be eligible for services through HCP-CSN if, in the judgment of the department, the child has a disease, defect, or condition that: (1) has been present for at least six months or has been present from birth and (2) severely impairs the child's growth or development.

Eligible Conditions:

Generally, eligible conditions include specific diagnoses, which affect the following body systems:

Asthma *	Gastrointestinal
Cardiovascular	Genitourinary
Central apnea of an infant who is not premature *	Hematologic
Central nervous	Metabolic/endocrine
Chronic otitis media with perforation *	Muscular
Connective tissue	Nephritis, pyelonephritis and glomerulonephritis *
Craniofacial	Pectus excavatum *
Cutaneous	Refractive error which predisposes to amblyopia *
Deformity or absence of the external ear *	Respiratory
Ear	Short stature *
Emotional or mental disorder *	Skeletal
Eye	

* The condition is eligible only under limited circumstances.

Excluded Conditions:

Acute meningitis, acute encephalitis, and acute hemorrhage within the brain	Malignant tumors
Acute trauma or illness	Mastoiditis
	Minimal brain dysfunction syndrome

Caffey's Disease
Chronic otitis media with effusion
Congenital pyloric stenosis
Cystitis
Dental conditions
Hyaline membrane disease
Hydrocele
Hyperactivity
Infections of bone or joint
Lacrimal duct obstruction
Learning disorders

Minor congenital anomalies that do not interfere with any major life function
Pectus excavatum that is a cosmetic defect only
Prematurity, complications of prematurity such as necrotizing enterocolitis and apnea of prematurity
Primary hypospadias that is a cosmetic defect only
Respiratory distress syndrome
Umbilical or inguinal hernia
Undescended testicles

Financial:

Financial eligibility criteria are based on the child's medical condition and the family's financial status. The intent of the Health Care Program for Children with Special Needs (HCP-CSN) is to supplement payment of care for handicapping conditions of children, not to meet the total health care needs of any child. There is a maximum funding limit of \$20,000 per state fiscal year per child.

General Financial Eligibility:

There are no income limits. See section on “Family Co-Payment or Financial Participation Requirements”.

Financial Eligibility for Initial Screening:

Same as “General Financial Eligibility”.

Family Co-Payment or Financial Participation Requirements:

There is a “co-payment” called a “Family Participation Amount” (FPA) that is based on the family’s income. The higher the income, the higher the FPA. The family must meet the FPA during their benefit year on medical care relating to the child’s eligible condition, before HCP-CSN can begin paying expenses.

DIRECT CARE SERVICES (PROVIDED OR PAID FOR):

HCP-CSN pays costs of the following direct health care services:

Dental and orthodontic services for an eligible condition
Evaluation, fitting, and purchase of hearing aids
Hospitalization
Medical and surgical services
Nutritional therapy
Occupational therapy, as provided for in this section *
Physical therapy, as provided for in this section *

Prescription drugs
Psychological counseling and family therapy *
Refractions, corrective lenses, and glasses *
Speech therapy *

* Services only provided under limited circumstances or to a limited extent.

Excluded Direct Care Services:

None specifically listed. Contact the Program directly for more information.

HOW/WHERE DIRECT CARE SERVICES ARE PROVIDED:

Services are provided through local community providers. HCP-CSN authorizes specific services for a specific child and notifies both the client and provider of the authorization. After the service is provided, the provider bills HCP-CSN for the services. All services must be preauthorized.

Specialty Clinics/Programs:

Services are available primarily through specialty clinics sponsored by the Title V agency. Clinics are held in rural areas where specialty services do not exist. Providing case management and consultation to local health care providers are important components of the clinics. There is a clinic fee, which will be paid by Medicaid, Indian Health Services, or Tricare, if eligible. Insurance will be billed if clients are covered by insurance. Those without any health care coverage may apply for a reduced fee based on income. No one will be denied services because they are unable to pay the clinic fee.

Specialty clinics are provided outside of the HCP-CSN regulations in the following subspecialties:

Cardiology
Cleft-Lip and Palate

Genetics & Metabolic Clinic
Neurodevelopmental

Coordination of Financial Benefits:

The department will not pay the cost of treatment unless no other resource is available to pay the cost. A handicapped child and the child's family shall fully use all alternate resources in the community.

SPECIALIZED OR UNIQUE DIRECT CARE SERVICES, SPECIAL GRANTS, WORKSHOPS, ETC.:

None specifically listed. Contact the Program directly for more information.

II. ENABLING SERVICES

Enabling services are defined as services that allow or provide for access to and the derivation of benefits from the array of basic health care services and includes such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of Medicaid, WIC and education.

ELIGIBILITY CRITERIA FOR ENABLING SERVICES

Age:

Same as “Direct Health Care Services” above.

Residency:

Same as “Direct Health Care Services” above.

Medical:

Same as “Direct Health Care Services” above.

Financial:

Same as “Direct Health Care Services” above.

ENABLING SERVICES (PROVIDED OR PAID FOR):

HCP-CSN pays costs of the following enabling services:

Air or surface transportation, meals, and housing

Diagnostic services

Medical foster home care for a period not to exceed three months

Rehabilitation equipment

Coordination of Services:

Public health nurses throughout the state are assisted by HCP-CSN staff in the coordination of care between agencies, such as Infant Learning Program, Medicaid, Indian Health Service, etc. Cases are carefully reviewed by the HCP-CSN office program staff that are experienced in working with children with disabilities and their families.

Excluded Enabling Services:

None specifically listed. Contact the Program directly for more information.

HOW/WHERE ENABLING SERVICES ARE PROVIDED:

Same as “Direct Health Care Services” above.

Specialty Clinics/Programs:

Same as “Direct Health Care Services” above.

SPECIALIZED OR UNIQUE ENABLING SERVICES, SPECIAL GRANTS, WORKSHOPS, ETC.:

None specifically listed. Contact the Program directly for more information.

III. POPULATION-BASED SERVICES

Population-based services are defined as prevention services and personal health services that are developed and available for the entire MCH/CSHCN population of the state rather than for individuals on a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunizations, SIDS counseling, oral health, injury prevention, nutrition, and outreach/public education.

POPULATION-BASED SERVICES (PROVIDED OR PAID FOR):

None specifically listed. Contact the Program directly for more information.

HOW/WHERE POPULATION-BASED SERVICES ARE PROVIDED:

Not applicable.

SPECIALIZED OR UNIQUE POPULATION-BASED SERVICES, SPECIAL GRANTS, WORKSHOPS, ETC.:

None specifically listed. Contact the Program directly for more information.

IV. INFRASTRUCTURE BUILDING SERVICES

Infrastructure building services are defined as services that address the development and maintenance of comprehensive health services systems. Infrastructure building services include: needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, development of information systems and systems of care (which are family-centered, community-based, etc.), development and maintenance of health services standards/guidelines, training, data and planning systems, etc.

INFRASTRUCTURE BUILDING SERVICES:

None specifically listed. Contact the Program directly for more information.

HOW/WHERE INFRASTRUCTURE BUILDING SERVICES ARE PROVIDED:

Not applicable.

SPECIALIZED OR UNIQUE INFRASTRUCTURE BUILDING SERVICES, SPECIAL GRANTS, WORKSHOPS, ETC.:

None specifically listed. Contact the Program directly for more information.

OUT-OF-STATE SERVICES FUNDED BY THE PROGRAM:

Enrolled children may receive services outside the state of Alaska if the services are recommended by the physician and not available in Alaska. Out-of-state care is restricted to the closest facility that provides medically adequate care.

STATUTORY/REGULATORY AUTHORITY OF THE PROGRAM:

Alaska Stat. § 18.05.010, et. seq. (1992)

Alaska Admin. Code tit. 7, § 23.110, et. seq.