

# *District of Columbia*

## *Health Services for Children with Special Needs Community Health Center*

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**Contact Person:** Joyce E. Brooks, MSW  
Children with Special Health Care Needs Officer

**Telephone:** (202) 442-9338  
**Fax:** (202) 442-4950

**Address:** Children with Special Health Care Needs Division  
Maternal and Family Health Administration  
District of Columbia Department of Health (DOH)  
825 North Capitol Street, Northeast, Third Floor  
Washington, D.C. 20002

**Email Address:** [jbrooks@dchealth.com](mailto:jbrooks@dchealth.com)

**Web Site:**

**Toll-free Hot Line:** MCH Healthline

**Telephone:** 1-800-666-2229

### MISSION STATEMENT

The Children with Special Health Care Needs (CSHCN) Division, Maternal and Family Health Administration, DOH develops and promotes an integrated system of care to ensure the delivery of comprehensive, continuous, coordinated, culturally-competent, family-centered, community-based services for children and youth with or at increased risk of special health care needs in the District of Columbia. The CSHCN Division promotes the concept of a medical home to ensure that all CSHCN have access to a primary care provider, such as licensed pediatricians and family practice physicians. Responsibilities include, but are not limited to, Special Needs Planning, Universal Newborn Metabolic Screening, Newborn Hearing Screening, Genetic Services, Care Coordination and Transition Programs, and Special Programs for Asthma and Sickle Cell Disease.

### 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.

The expansion of public insurance has reduced the need to provide direct clinical services in the District of Columbia. As a result, public health in the District, similar to other

jurisdictions, is evolving from provider and payer of services to that of assessor of quality services. The CSHCN Division collaborates with the Medical Assistance Administration, DOH that administers Medicaid, SCHIP, Medicare, EPSDT and SSI. The expansion of the public insurance program enables increased numbers of families, with children of all ages, to secure health care services from a variety of programs, and agencies, both public and private.

However, preventive and primary care needs remain unmet for several groups: unqualified immigrants, uninsured persons over 200% of FPL or who otherwise do not qualify for public insurance, and persons who need expanded service(s) not covered by Medicaid. Consequently, the Title V Program continues to provide safety net primary, and preventive health services to pregnant women, mothers and infants, children and adolescents, as well as children and youth with special needs. Through public-private partnerships, such as the DC Health Alliance, health services are being purchased for the uninsured and low-income residents. These partnerships strengthen the safety net and ensure that all persons are afforded the opportunity to receive quality health services regardless of their insurance status and ability to pay.

## **ELIGIBILITY CRITERIA FOR DIRECT CARE SERVICES**

### ***Age:***

Birth to 21 years of age.

### ***Residency:***

Citizens who reside in the District of Columbia

### ***Medical:***

Children with special health care needs who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

### ***Financial:***

Public insurance, Medicaid, SCHIP, SSI, private insurance and self-payment are generally accepted as coverage for health care services in the District. For the most part, Medicaid eligible children are enrolled in one of the Districts four managed care organizations. Additionally, health care may be obtained without charge if children have no public or private health coverage through services purchase by the DOH from the DC Health Alliance for uninsured and low-income resident and immigrants ineligible for standard Medicaid.

## **DIRECT CARE SERVICES (PROVIDED OR PAID FOR):**

Direct health care services available to CSHCN and their families in the District of Columbia include:

- Audiology and speech
- Child development assessment
- Comprehensive developmental evaluation

Mental Health  
Nursing services  
Nutrition services  
Ophthalmology examinations and treatment  
Oral Health  
Orthopedic diagnostic and treatment  
Physical and occupational therapy  
Psychological evaluation and counseling

**HOW/WHERE DIRECT CARE SERVICES ARE PROVIDED:**

Services are provided in District facilities including:

Ambulatory clinics  
Community Health Clinics (330)  
DC Health Care Alliance Facilities (DOH provider of safety net system)  
Managed Care Organizations, Primary Care Network  
Private Hospitals (acute and long term)  
Private Physician Networks

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

Contact 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.

The Maternal and Family Health Administration, CSHCN Division provides an array of enabling services to families of children and youth with special health care needs, particularly those children not enrolled in one of the seven Manage Care Organizations. The CSHCN Division expects to make several additions to the current enabling services such as the establishment of family-run information and education centers in neighborhoods where large numbers of families with special needs children reside.

**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):**

Case management  
Consumer health information  
Coordination with Medical Assistance Administration  
Coordination with related programs and services  
Door to door van transportation to WIC voucher redemption centers and to medical services for pregnant women and infants who are not enrolled in Managed Care Organizations  
Home visits to at-risk families  
Information and referral through the MCH toll-free Healthline  
Outreach in selected neighborhoods

**HOW/WHERE ENABLING SERVICES ARE PROVIDED:**

The majority of the enabling services are provided within the community at the neighborhood level and others are provided from public health offices across the District by assigned staff. Staffs are trained using formal training modules designed to adhere to established protocols and standard operating procedures.

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

The D.C. Can Control Asthma Now Project, (CAN)  
The Genetics Program  
Sickle Cell Disease Initiative

**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.

The Newborn Screening and Genetic Services Branch, CSHCN Division is responsible for population-based services, assuring that all newborns born in the District are screened for metabolic, genetic (including Sickle Cell Disease), and hearing disorders prior to discharge from the birth hospital. All newborns are followed up and tracked as necessary for retesting and link with a primary care physician.

**POPULATION-BASED SERVICES (PROVIDED OR PAID FOR):**

Genetic Services  
Universal Newborn Hearing Screening  
Universal Newborn Metabolic Screening

**HOW/WHERE POPULATION-BASED SERVICES ARE PROVIDED:**

The Universal Screening Programs take place in hospitals and a Birthing Center where deliveries take place.

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

Coordination of Outreach and Follow-up of Childhood Immunizations  
Genetics Program  
Support and monitor the Lead Screening Program  
Universal Newborn Hearing Screening Program  
Universal Newborn Metabolic Screening Program

**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.

The CSHCN Division is actively involved in the implementation of strategies directed at improving the health status and health care services systems for children and youth with special health care needs. A Preliminary Needs assessment for CSHCN in the District of Columbia, completed in 2001, identified several key findings that impact the special needs population. To focus attention and resources on the identified findings, the organization of the CSHCN Division has been restructured around the six (6) core outcomes of the 2010 Action Plan to Achieve Community-based Services Systems for Children and Youth with Special Health Care Needs and their families. This structure accommodates an office within the CSHCN Division dedicated to infrastructure building.

**INFRASTRUCTURE BUILDING SERVICES:**

Develops and facilitates formal and informal interagency and community linkages  
Develops programs, policies, needs assessments and the State CSHCN Plan  
Develops standards of care for CSHCN through consultation with expert health and parent professionals  
Identifies new funding sources  
Monitors and evaluates the quality, appropriateness and accessibility of services  
Oversees the coordination and collaboration with the CSHCN Advisory Committee  
Partners with families of children with special needs in decision-making at all levels

**HOW/WHERE INFRASTRUCTURE BUILDING SERVICES ARE PROVIDED:**

Services are provided in public health offices and in community and civic settings.

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

Development of curricula and training modules pertaining to cultural competence and family-centered service requirements for health care providers and consumers/families  
Membership on state advisory and policymaking boards  
Participation in community health promotion workshops and health fairs

**STATUTORY/REGULATORY AUTHORITY OF THE PROGRAM:**

Title V Social Security Act as amended by the Omnibus Reconciliation Act of 1989, Public Law 101-239.