

Indiana

Children's Special Health Care Services (CSHCS)

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MISSION STATEMENT

- To promote the delivery of high quality, comprehensive, family-centered diagnostic, treatment and rehabilitative services to children with special health care needs.
- To prioritize efforts that emphasize early evaluation, intervention, prevention of regression in health status, promotion of maximum function, and enhanced community-based services.
- To promote systems development to improve the organization and delivery of services to children with special health care needs.
- To develop, promote, and improve the standards of care for children with special health care needs.
- To provide culturally relevant case management for children with special health care needs.

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. However, services are extended to persons with cystic fibrosis who are over 21 years of age.

Residency:

An individual must be and remain a resident of Indiana, but no length of residency requirement applies. U.S. citizenship is not required, except those persons in the U.S. on visas or under circumstances that limit eligibility to receive public funds are not eligible for the program.

Residency may be verified by at least one of the following: drivers license, federal income tax returns, rent or utility payment receipts, utility records, or voter's registration.

Medical:

A child is potentially medically eligible for CSHCS if (1) the child has a physical condition that has lasted or is expected to last at least two years if not treated and the physical condition necessitates more health care services than is usually required for a child of that age; (2) the physical condition also produces or will produce disability, disfigurement, limitation of function, need for a special diet, or dependence on an assistive device; or non-intervention will, within one year, lead to a chronic disabling physical condition; and (3) the child has at least one medically eligible condition.

Eligible Conditions:

The specific provisions include:

Autism (As defined in DSM IV criteria)

Apnea

Arthritis resulting in disability

Asthma

Bilateral hearing loss greater than 40 decibels

Cerebral palsy or other static encephalopathy resulting in loss of motor function or dysarthria

Chronic anemia

Chronic pulmonary disease

Cleft lip or palate or both

Chromosomal disorders resulting in loss of motor function or expressive language function

Congenital or acquired developmental deformities

Congenital heart disease or arrhythmias

Cystic fibrosis

Endocrine deficiencies requiring replacement therapy longer than 5 years

Epilepsy requiring daily prescription medication

Hemophilia requiring factor replacement at least 2 times/year

Hydrocephalus requiring or likely to require a shunt during childhood

Inborn errors of metabolism that have a potential for significantly improved outcome

Inflammatory bowel disease
Myelodysplasia or other spinal cord dysfunction
Neuromuscular dysfunction
Oncologic disorders
Progressive or chronic renal disease with hypertension or renal insufficiency

Excluded Conditions: (including but not limited to)

Acute disorders requiring short-term medical care
Custodial care reimbursement
Functional and psychological disorders
Mental handicaps

Financial:

General Financial Eligibility:

Effective October 1, 1994, a child is financially eligible for CSHCS if the child's family's gross income is equal to or less than 250% of the federal poverty level.

Financial Eligibility for Initial Screening:

Diagnostic examinations will be provided for children who have applied for the CSHCS program and are in need of diagnostic services, and who meet the CSHCS financial criteria. The evaluation will only be performed to establish CSHCS covered conditions. Application for Medicaid is also required.

Family Co-Payment or Financial Participation Requirements:

None. Contact the Program directly for more information.

DIRECT CARE SERVICES (PROVIDED AND PAID FOR):

The following direct health care services are provided through CSHCS (availability and provision of health care services is contingent upon availability of funds):

Diagnostic evaluations
Prescription drugs
Primary care visits
Routine dental care
Secondary care visits

Limited health care services authorized as appropriate to the eligible medical condition of an enrolled child:

Emergency services
Inpatient services

Specialty dental services
Surgery
Therapy

Excluded Direct Care Services:

Experimental services
Kidney transplants (but will cover child after transplant)
Mental health services
Organ transplants
Prenatal care, delivery and newborn care

HOW/WHERE DIRECT CARE SERVICES ARE PROVIDED:

Services may be provided by approved primary and specialty care physicians, tertiary care facilities, or other approved providers.

Specialty Clinics/Programs:

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

Coordination of Financial Benefits:

CSHCS is the payor of last resort. Providers bill a family's health insurance prior to submitting a claim to the program for payment of a claim. All potentially eligible children must be enrolled in or apply for Medicaid.

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):

The following enabling services are provided through CSHCS (availability and provision of health care services is contingent upon availability of funds):

Resource information and referral

Limited health care services authorized as appropriate to the eligible medical condition of an enrolled child:

Durable equipment and supplies

Excluded Enabling Services:

None 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.:

SPRANS—Integration of Services

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):

The following population-based services are provided through CSHCS (availability and provision of health care services is contingent upon availability of funds):

Immunizations

HOW/WHERE POPULATION-BASED SERVICES ARE PROVIDED:

Same as “Direct Health Care Services” above.

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

Same as “Direct Health Care Services” above.

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 PROGRAM:

Out-of-state services may be provided if the program Director determines that the specific health care service is not readily available within the state of Indiana and referred by an Indiana doctor.

STATUTORY/REGULATORY AUTHORITY OF PROGRAM:

Ind. Code § 16-6.5-2 (1992), et. seq.