

Louisiana

Children's Special Health Services (CSHS)

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MISSION STATEMENT

The mission of CSHS is to assure that children with special health care needs in Louisiana have access to a family-centered, community-based, coordinated, culturally competent, seamless system of health care services designed to maximize their probability of enjoying a healthy, independent and self-sufficient life.

CSHS is committed to assuring that quality care services are provided to children in Louisiana by:

- Providing leadership in the prevention and control of disease, injury and disability of children in Louisiana; and
- Acting as a direct service provider or fiscal intermediary of eligible populations of children with special health care needs; and
- Providing enabling, population-based, and infrastructure building activities that enhance services and care for all children who have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition.

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; persons age 21 and over with cystic fibrosis may receive limited services, such as outpatient clinic visits and drugs based on the availability of funds.

Residency:

Louisiana resident (eligible school-aged child should be registered in a school within the state).

Medical:

Medically eligible children are those who have been diagnosed or suspected to have certain chronic physical illnesses or serious disabilities causing or likely to cause impairments which could significantly limit major life activities and which may reasonably be expected to benefit from services provided by the Program.

Eligible Conditions:

Chronic, congenital, or acquired disorders severe enough to impair functioning, requiring long-term treatment by subspecialist physicians, and able to benefit from multidisciplinary services as provided by CSHS clinics. Some examples are:

- Arthritis
- Cleft lip/cleft palate, burn scars, and/or other contractures and certain craniofacial anomalies
- Congenital and acquired heart disease
- Congenital or acquired defect, deformity, or disease of the musculoskeletal system, including scoliosis, cerebral palsy, and amputations
- Congenital or acquired eye disease requiring special treatment or surgery, including strabismus, cataracts, glaucoma, or anomalies
- Congenital or acquired significant hearing loss, including chronic or recurrent otitis media
- Cystic fibrosis
- Nephrological conditions
- Seizure disorders, degenerative neurological conditions, and neuromuscular disorders
- Spina bifida and other spinal cord problems
- Urological conditions, including hypospadias and obstructive uropathy

Excluded Conditions:

- Acute illness/injuries needing emergency care
- Cancer
- Dermatology not associated with a handicapping condition
- Emotional problems and/or psychiatric disorders
- Endocrine and related growth disorders
- Mental retardation not associated with a handicapping condition
- Primary/preventative health care
- Pulmonary diseases other than cystic fibrosis

Financial:

Financial eligibility generally is based on the family’s income, resources, allowable exclusions, and nature of the eligible condition.

General Financial Eligibility:

General financial eligibility is based upon a formula utilizing family income, resources and the costliness of necessary medical treatment. Families with the highest medical costs receive the highest priority for treatment. The maximum allowable resources are as follows:

Family Size	Resources
1	4,000
2	5,000
3	6,000
Add \$1,000 for each additional family member	

Financial Eligibility for Initial Screening:

CSHS does not hold separate screening clinics.

Family Co-Payment or Financial Participation Requirements:

Families in the program are expected to contribute financially to these services through direct payment for services, private medical insurance, or Medicaid.

DIRECT CARE SERVICES (PROVIDED OR PAID FOR):

The following direct health care services are provided through CSHS:

- | | |
|-------------------------------|-----------------------------------|
| Dental/orthodontic services | Outpatient medical services |
| Diagnostic testing/laboratory | Physical and occupational therapy |
| Eye glasses | Speech pathology and audiology |
| Hearing aids | Supportive care by nurses, |

Home health care
Hospitalization
Medications

medical social workers, and nutritionists
Surgical procedures

Excluded Direct Care Services:

Not specifically addressed. Contact the Program directly for more information.

HOW/WHERE DIRECT CARE SERVICES ARE PROVIDED:

Services are provided on a regularly scheduled basis through a combination of medical and surgical specialty clinics. Specialty clinics are established on a regional basis through the state, regional offices and clinics located in or near the more populated area of the state where highly specialized care is more readily available. Clinics may be held in public health units, private and state hospitals, and freestanding outpatient clinic facilities.

Specialty Clinics/Programs:

Amputee Clinic
Arthritis Clinics
Audiology Clinics
Cardiology Clinics
Cerebral Palsy Clinic
Cleft Lip and Palate Clinics
Cystic Fibrosis Clinics
Hand Clinic (Orthopedics)
Nephrology Clinics

Neurology Clinics
Neurosurgery Clinics
Ophthalmology Clinics
Orthopedics Clinics
Otology Clinics
Reconstructive Surgery Clinics
Scoliosis Clinics
Spinal Cord Clinics
Urology Clinics

Coordination of Financial Benefits:

The CSHS is the payer of last resort and will seek financial reimbursement for services rendered to families with medical insurance or resources from any legal settlement.

While it is not the policy of the CSHS to subsidize or supplement Medicaid coverage, a child who receives Medicaid may be eligible for non-Medicaid reimbursable services if: (1) the services are medically necessary, (2) funds are available and costs are justifiable, (3) it is in the best interest of the child, and (4) there are no other known resources by which the items or services can be provided.

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 CSHS:

Care coordination

Family support services

Prosthetic devices and orthotic devices, appliances and durable medical equipment

Coordination of Services:

The CSHS Program offers families medical case management through the diagnosis, evaluation, treatment, treatment planning, and counseling stages for those families needing this service. When families need other services, CSHS makes referrals to other agencies for financial assistance, educational, day care, respite care, parent support groups, child protection, foster care or adoption, blind services, vocational rehabilitation, recreational therapy, psychiatric evaluation, psychological evaluation, and developmental services.

Excluded Enabling Services:

Not specifically addressed. 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 (PROVIDE 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:

A child may be hospitalized or receive treatment in another state if the treatment needed: (1) is a medical necessity and is stated as such by two CHS contract physicians, (2) the service is not available in the state, and (3) the out-of-state provider will accept CSHS payment.

STATUTORY/REGULATORY AUTHORITY OF THE PROGRAM:

LA. Rev. Stat. Ann. §§ 40:31.2, 40:1299.111-120 (West 1992)

LA. Reg. 4901, et. seq.