

Residency:

Resident of state, physically residing within the state of Mississippi at the time of application. Must remain in state for continued eligibility.

Medical:

Chronic conditions expected to last at least one year.

Eligible Conditions: (include but not limited to)

- | | |
|------------------------------------|--|
| Burns-At point of grafting | Meningocele |
| Cardiac Congenital Disease | Metabolic disorders |
| Cerebral Palsy | Orthodontic Reconstruction (related to Cleft Palate) |
| Cleft Palate | Specific Orthopedic Diagnoses |
| Club Foot | Rheumatoid Arthritis (limited) |
| Craniofacial Defects | Seizure |
| Cystic Fibrosis | Sickle Cell Disease |
| Deformities Secondary to Fractures | Slipped Epiphysis |
| Hemangioma | Spina Bifida |
| Hemophilia | Spinal Deformities (Scoliosis, Kyphosis) |
| Hydrocephalus | |
| Lymphangioma | |

Excluded Conditions:

- | | |
|-------------------------------------|---|
| Acute Illnesses (Accidents, Trauma) | Learning Disorders |
| Allergies | Malignancies (except where a secondary reconstructive procedure is indicated) |
| Behavioral Disorders | Mental Disorder |
| Cosmetic Procedures | Muscular Diseases (MD, Guillian Barre') |
| Glasses (except post-op x 1) | Organ Transplants |
| Growth Hormones | |
| Hyaline Membrane Disease | |

Families who are over income may be approved on a fee-for-services insurance or direct pay. This is due to the fact that these are unique services not available elsewhere (CF, Myelo).

Financial:

General Financial Eligibility:

Financial eligibility is based on family size, diagnostic category and gross family income. Family income and resources are computed on an annual basis. Seasonal or unstable employment and compensation should be pro-rated for a year. Income consists of gross weekly income before deductions, and gross monthly income before deductions. CMP has the right to request copies of all tax returns. Other income sources and amounts must also be included, such as child support, social security, pension, welfare payments, food stamps, unemployment compensation, disability, trust funds and insurance settlements, if available. Income from part-

time employment of children who are students will not be considered. Older family members living at home and employed should not be included in income or total family size determination. When questions arise concerning validity of income, CMP may require copies of previous year's income tax return for verification.

Financial Eligibility for Initial Screening:

Same as for General Financial Eligibility.

Family Co-Payment or Financial Participation Requirements:

CMS Adjusted Intra-Agency Sliding Fee Scale

Steps on the Sliding Fee Scale by Income Range (\$)					
Category I					
Family Size	Category A 0%	Category B 25%	Category C 50%	Category D 75%	Category E 100%
1	0-738/mo. 0-8,860/vr.	739-1,033/mo. 8,861-12,404/vr.	1,034-1,365/mo. 12,405-16,391/vr.	1,366-1,846/mo. 16,392-22,150/vr.	>1,846/mo. >22,150/vr.
2	0-964 0-11,940	995-1,392 11,941-16,716	1,393-1,840 16,717-22,089	1,841-2,488 22,090-29,850	>2,488 >29,850
3	0-1,251 0-15,020	1,252-1,752 15,021-21,028	1,753-2,315 21,029-27,787	2,316-3,129 27,788-37,550	>3,129 >37,550
4	0-1,508 0-18,100	1,509-2,111 18,101-25,340	2,112-2,790 25,341-33,485	2,791-3,771 33,486-45,250	>3,771 >45,250
5	0-1,764 0-21,180	1,765-2,470 21,181-29,652	2,471-3,265 29,653-39,183	3,266-4,413 39,184-52,950	>4,413 >52,950
6	0-2,021 0-24,260	2,022-2,830 24,261-33,964	2,831-3,740 33,965-44,881	3,741-5,054 44,882-60,650	>5,054 >60,650
7	0-2,278 0-27,340	2,279-3,189 27,341-38,276	3,190-4,214 38,277-50,579	4,215-5,696 50,580-68,350	>5,696 >68,350
8	0-2,534 0-30,420	2,535-3,548 30,421-42,588	3,549-4,689 42,589-56,277	4,690-6,338 56,278-76,050	>6,338 >76,050
9	0-2,791 0-33,500	2,792-3,908 33,501-49,900	3,909-5,164 46,901-61,975	5,165-6,979 61,976-83,750	>6,979 >83,750
10	0-3,048 0-36,580	3,049-4,267 36,581-51,212	4,268-5,639 51,213-67,673	5,640-7,621 67,674-91,450	>7,621 >91,450

Cat. A – For family units with more than 10 members, add \$3,080 yr./\$257 mo. for each additional member.

Steps on the Sliding Fee Scale by Income Range (S)					
Category II					
Family Size	Category A 0%	Category B 25%	Category C 50%	Category D 75%	Category E 100%
1	0-994/mo. 0-11,940/vr.	995-1,392/mo. 11,941-16,716/vr.	1,393-1,840/mo. 16,717-22,089/vr.	1,841-2,488/mo. 22,090-29,850/vr.	>2,488/mo. >29,850/vr.
2	0-1,251 0-15,020	1,252-1,752 15,021-21,028	1,753-2,315 21,029-27,787	2,316-3,129 27,788-37,550	>3,129 >37,550
3	0-1,508 0-18,100	1,509-2,111 18,101-25,340	2,112-2,790 25,341-33,485	2,791-3,771 33,486-45,250	>3,771 >45,250
4	0-1,764 0-21,180	1,765-2,470 21,181-29,652	2,471-3,265 29,653-39,183	3,266-4,413 39,184-52,950	>4,413 >52,950
5	0-2,021 0-24,260	2,022-2,830 24,261-33,964	2,831-3,740 33,965-44,881	3,741-5,054 44,882-60,650	>5,054 >60,650
6	0-2,278 0-27,340	2,279-32,189 27,341-38,276	3,190-4,214 38,277-50,579	4,215-5,696 50,580-68,350	>5,696 >68,350
7	0-2,534 0-30,420	2,535-3,548 30,421-42,588	3,549-4,689 42,589-56,277	4,690-6,338 56,278-76,050	>6,338 >76,050
8	0-2,791 0-33,500	2,792-3,908 33,501-46,900	3,909-5,164 46,901-61,975	5,165-6,979 61,976-83,750	>6,979 >83,750
9	0-3,048 0-36,580	3,049-4,267 36,581-51,212	4,268-5,639 51,213-67,673	5,640-7,621 67,674-91,450	>7,621 >91,450
10	0-3,305 0-39,660	3,306-4,626 39,661-55,524	4,627-6,114 55,525-73,371	6,115-8,263 73,372-99,150	>8,263 >99,150

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Steps on the Sliding Fee Scale by Income Range (S)					
Category III					
Family Size	Category A 0%	Category B 25%	Category C 50%	Category D 75%	Category E 100%
1	0-1,251/mo. 0-15,020/vr.	1,252-1,752/mo. 15,021-21,028/vr.	1,753-2,315/mo. 21,029-27,787/vr.	2,316-3,129/mo. 27,788-37,550/vr.	>3,129/mo. >37,550/vr.
2	0-1,508 0-18,100	1,509-2,111 18,101-25,340	2,112-2,790 25,341-33,485	2,791-3,771 33,486-45,250	>3,771 >45,250
3	0-1,764 0-21,180	1,765-2,470 21,181-29,652	2,471-3,265 29,653-39,183	3,266-4,413 39,184-52,950	>4,413 >52,950
4	0-2,021 0-24,260	2,022-2,830 24,261-33,964	2,831-3,740 33,965-44,881	3,741-5,054 44,882-60,650	>5,054 >60,650
5	0-2,278 0-27,340	2,279-3,189 27,341-38,276	3,190-4,214 38,277-50,579	4,215-5,696 50,580-68,350	>5,696 >68,350
6	0-2,534 0-30,420	2,535-3,548 30,421-42,588	3,549-4,689 42,589-56,277	4,690-6,338 56,278-76,050	>6,338 >76,050
7	0-2,791 0-33,500	2,792-3,908 33,501-46,900	3,909-5,164 46,901-61,975	5,165-6,979 61,976-83,750	>6,979 >83,750
8	0-3,048 0-36,580	3,049-4,267 36,581-51,212	4,268-5,639 51,213-67,673	5,640-7,621 67,674-91,450	>7,621 >91,450
9	0-3,305 0-39,660	3,306-4,626 39,661-55,524	4,627-6,114 55,525-73,371	6,115-8,263 73,372-99,150	>8,263 >99,150
10	0-3,562 0-42,740	3,563-4,985 42,741-59,836	4,986-6,589 59,837-79,069	6,590-8,905 79,070-106,850	>8,905 >106,850

Cat. A – For family units with more than 10 members, add \$3,080 yr./\$257 mo. for each additional member.

Steps on the Sliding Fee Scale by Income Range (\$)					
Category IV					
Family Size	Category A 0%	Category B 25%	Category C 50%	Category D 75%	Category E 100%
1	0-1,508/mo. 0-18,100/vr.	1,509-2,111/mo. 18,101-25,340/vr.	2,112-2,790/mo. 25,341-33,485/vr.	2,791-3,771/mo. 33,486-45,250/vr.	>3,771/mo. >45,250/vr.
2	0-1,764 0-21,180	1,765-2,470 21,181-29,652	2,471-3,265 29,653-39,183	3,266-4,413 39,184-52,950	>4,413 >52,950
3	0-2,021 0-24,260	2,022-2,830 24,261-33,964	2,831-3,740 33,965-44,881	3,741-5,054 44,882-60,650	>5,054 >60,650
4	0-2,278 0-27,340	2,279-3,189 27,341-38,276	3,190-4,214 38,277-50,579	4,215-5,696 50,580-68,350	>5,696 >68,350
5	0-2,534 0-30,420	2,535-3,548 30,421-42,588	3,549-4,689 42,589-56,277	4,690-6,338 56,278-76,050	>6,338 >76,050
6	0-2,791 0-33,500	2,792-3,908 33,501-46,900	3,909-5,164 46,901-61,975	5,165-6,979 61,976-83,750	>6,979 >83,750
7	0-3,048 0-36,580	3,049-4,267 36,581-51,212	4,268-5,639 51,213-67,673	5,640-7,621 67,674-91,450	>7,621 >91,450
8	0-3,305 0-39,660	3,306-4,626 39,661-55,524	4,627-6,114 55,525-73,371	6,115-8,263 73,372-99,150	>8,263 >99,150
9	0-3,562 0-42,740	3,563-4,985 42,741-59,836	4,986-6,589 59,837-79,069	6,590-8,905 79,070-106,850	>8,905 >106,850
10	0-3,819 0-45,820	3,820-5,344 45,821-64,148	5,345-7,064 64,149-84,767	7,065-9,547 84,768-114,550	>9,547 >114,550

Cat. A – For family units with more than 10 members, add \$3,080 yr./\$257 mo. for each additional member.

DIRECT CARE SERVICES (PROVIDED OR PAID FOR):

The following direct health care services are provided through CMP:

- Clinic units
- Hospitalization
- Medications available through the Mississippi State Department of Health Pharmacy
- Nutrients and supplements provided by nutritional support team, and covering certain metabolic disorders
- Surgery
- Post-op therapy

Excluded Direct Care Services:

Diabetic care, kidney dialysis, psychological services or those related to developmental delay or attention deficit disorder.

HOW/WHERE DIRECT CARE SERVICES ARE PROVIDED:

Services are provided through public health departments, in physician’s offices, field clinics, and hospital clinics, and approved hospitals. Medications provided through Mississippi State Department of Health Pharmacy.

Specialty Clinics/Programs:

Multispecialty clinics
Statewide field clinics (orthopedic, cardiac)
Seating and positioning
Feeding evaluation/intervention
Collaboration with Infant/Toddler Program

Coordination of Financial Benefits:

Program is payor of last resort; families are assisted by staff (Social Worker, Nurse, M.D., Administrative) to coordinate available services. Referral to Medicaid and Child Health Insurance (CHIP) of potentially eligible children is required.

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

Hemophilia Advisory Committee

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 service is provided through CMP:

Durable medical equipment as prescribed by attending physician

Coordination of Services:

Program provides case management/care coordination to as many patients as possible, utilizing available resources and manpower.

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.:

Parent Advisory Committee (implementation pending)

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.:

CMP Advisory Committee.

OUT-OF-STATE SERVICES FUNDED BY THE PROGRAM:

Provided on an individual basis under the following conditions: (1) referral made by provider physician who feels best available care for child is outside the state, or (2) service is not currently available in state. Out-of-state providers agree to accept reimbursement per program policy.

STATUTORY/REGULATORY AUTHORITY OF THE PROGRAM:

Section 41-3-15, Mississippi Code of 1972.

The Children's Medical Program (CMP)

Sections 43-13-103, 43-13-122, Mississippi Code of 1972.

Sections 37-115-21 through 37-115-35, Mississippi Code of 1972.

Advisory Councils/Boards:

Parent Advisory Board (implementation pending)

CMP Advisory Board

Legislatively Mandated:

None.

Consumer Involvement:

Consumers are included.

Priorities/Procedures for Development:

Case Management, Identification of and Communication with Primary Care Physicians.

AIDS-HIV Coverage:

Not covered as specific program. Orthopedic, other specialty services available on referral. State Department of Health maintains separate HIV/AIDS program.