

Missouri

Division of Maternal, Child and Family Health

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MISSION STATEMENT

To develop, promote, and support systems that enable the best possible health and highest level of functioning for Missourians with special 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.

Residency:

Missouri residents. Residency requires a permanent connection between the individual and the state of Missouri, which is more than mere residence in the state. It may be established by the individual being present in Missouri with the intent to remain in Missouri permanently or indefinitely. Citizenship is not required.

Medical:

Medically eligible individuals are those who have an organic disease, defect, or condition, which may affect normal growth and development.

Eligible Conditions:

Eligible conditions include, but are not limited to:

Arthritis	Heart defect	Quadriplegia
Burns	Hemophilia	Seizures
Cerebral palsy	Hydrocephalus	Sickle cell anemia
Cystic fibrosis	Neuromuscular disorders	Spinal cord deformities
Digestive disorders	Orthopedics	Traumatic brain injury
Ear infections (chronic)	Paraplegia	Urinary disorders
Hearing loss		

Excluded Conditions:

Behavioral/psychiatric disorders	Fractures (simple)
Comprehensive care for genetic syndromes	Mental retardation
Diabetes mellitus	Nephrologic conditions
Dialysis	Organ transplants
Diseases and disorders of the eye (if primary diagnosis)	Prematurity
Dislocations, acquired	Primary respiratory conditions
Failure to thrive (non-organic)	Progressive or degenerative neurological conditions
Malignant neoplasms	Pyloric stenosis
	Sinusitis (if primary diagnosis)

Financial:

General Financial Eligibility:

Financial eligibility is determined by total income and family size.

USE FOR EFFECTIVE DATES JULY 1, 2002 - JUNE 30, 2003

FAMILY SIZE	ANNUAL	MONTHLY (Maximums)	WEEKLY
1	16,391	1,366	315
2	22,089	1,841	425
3	27,787	2,316	534
4	33,485	2,790	644
5	39,183	3,265	754
6	44,881	3,740	863
7	50,579	4,215	973
8	56,277	4,690	1,082

FAMILY SIZE	ANNUAL	MONTHLY (Maximums)	WEEKLY
9	61,975	5,165	1,192
10	67,673	5,639	1,301
11	73,371	6,114	1,411
12	79,069	6,589	1,521
Each Additional Family Member	+5,698	+474	+110

Financial Eligibility for Initial Screening:

Participants must be both financially and medically eligible to receive initial diagnostic and evaluation services.

Family Co-Payment or Financial Participation Requirements:

None. Contact the Program directly for more information.

DIRECT CARE SERVICES (PROVIDED OR PAID FOR):

The program helps families of children with serious and chronic medical conditions obtain treatment related to their child's condition. Direct health care services provided include:

- Augmentative communication evaluations and equipment
- Dental and orthodontic treatment (cleft lip and palate only)
- Diagnostic services
- Emergency care and transportation
- Hearing aids and accessories
- Inpatient and outpatient treatment services
- Inpatient rehabilitation
- Nutritional supplements
- Physical, occupational, and speech therapy
- Prescription medications

Excluded Direct Care Services:

- Cosmetic surgery
- Dialysis
- Home health care
- Non-prescription medications
- Transplants

HOW/WHERE DIRECT CARE SERVICES ARE PROVIDED:

The Bureau of Special Health Care Needs contracts with providers of services to obtain medical care and ancillary services for children with special health care needs. Services may be through treatment centers and individual or group providers.

Specialty Clinics/Programs:

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

Coordination of Financial Benefits:

The CSHCN program is the payor of last resort after Medicaid and all other public and/or private benefits, including health insurance, personal injury, or other awards or settlements, and any other third-party benefits available to the eligible child or the child’s family due to the child’s eligible disease, condition, or injury.

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

Kids Assistive Technology Program: Grant funding for children age 0-21 years for Assistive Technology ineligible for funding through insurance or other state funding. Must meet program criteria. Contact CSHCN Program Manager.

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. Service coordination is available regardless of income.

ENABLING SERVICES (PROVIDED OR PAID FOR):

The following enabling service is provided through the CSHCN program:

Durable medical equipment purchases and repairs
Service coordination

Coordination of Services:

The mission of the Bureau of Special Health Care Needs is to support and facilitate culturally competent, family-centered, community-based, coordinated care. BSHCN provides families with assistance in planning and developing care that allows easy transition between other organizations providing medical services. Service coordination is provided by state staff and local public health agencies located in offices throughout the state.

Excluded Enabling Services:

Electronic home control devices
Home structural adaptations

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:

The following infrastructure building services are provided through the CSHCN program:

Service coordination is being contracted regionally to LPHA's. An intensive training/mentoring process is in place.

HOW/WHERE INFRASTRUCTURE BUILDING SERVICES ARE PROVIDED:

Regional/Community level service coordination services.

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:

Reimbursement for services provided out-of-state is considered for payment when medically necessary services cannot be provided within the state. Transportation, meals, and lodging costs may be reimbursed for the participant and one family member or attendant. Prior authorization is required.

Out-of-state admission for emergency care may be considered for payment when reported to the Bureau of Special Health Care Needs within 72 hours of admission.

STATUTORY/REGULATORY AUTHORITY OF THE PROGRAM:

Section 201.010-201.130, RSMO 1999