

Montana

Special Health Services (SHS)

Contact Person: Mary Noel
Section Supervisor

Telephone: (406) 444-6992
Fax: (406) 444-2750

Address: Special Health Services
Department of Public Health & Human Services
1400 Broadway, Room C-314 Cogswell Building
PO Box 202951
Helena, MT 59620

Email Address: mnoel@state.mt.us

Web Site: <http://www.dphhs.state.mt.us/hpsd/>

Toll-free Hot Line: Children with Special
Health Care Needs

Telephone: 1-800-762-9891
(in-state for parents only)

MISSION STATEMENT

To promote the health and well being of all children with special health care needs through family support and resource information, education, specialty clinic services, financial assistance, and the development of coordinated, culturally competent, community based, family centered and comprehensive care.

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 through 18 years of age; or through age 21 if the individual has a disability for which delay in treatment is necessary, and for which prior treatment was paid by CSHS.

Residency:

Must reside within the state of Montana.

Medical:

In general, an individual's medical need must require the services of a physician or surgeon with specialized skills beyond the level of care provided by the primary care physician. Children are medically eligible if they have or are suspected to have either a physically disabling condition that can be substantially improved or corrected with surgery, orthodontia or other treatment; or a medical condition considered to be chronic and long-term which can be managed with preventive treatment, such as asthma. To receive financial assistance from CSHS, clients must meet income and condition requirements, and they must have an eligible condition for which there is an eligible service. The cost of an evaluation to determine a medical condition is covered if the family meets financial eligibility guidelines. CSHS does not cover acute care or emergency evaluations.

Eligible Conditions:

Asthma *
Broncho-pulmonary dysplasia
Cardiovascular conditions
Cerebral Palsy *
Craniofacial anomalies, including cleft lip/palate
Cystic Fibrosis *
Diabetes *
Gastrointestinal reflux
Genito-urinary conditions requiring surgical correction
Hearing and speech evaluation as a payer of last resort
Juvenile Rheumatoid Arthritis *
Metabolic disorders including medical dietary supplements
Neurological disorders
One well-child and dental visit per eligibility year
Ophthalmic conditions requiring surgical correction
Orthopedic disorders
Seizure Disorders *

*Assistance is limited to periodic evaluation by a sub-specialty physician and payment for medication for these chronic conditions. Syringes, reagent strips, and glucometers are covered for diabetic clients; home nebulizers are covered for asthma clients. Children with chronic conditions must have yearly evaluation by a sub-specialist to be eligible for assistance.

Note: If the condition is unknown, CSHS also provides assistance for initial diagnosis. The CSHS medical consultant must approve financial assistance for this initial evaluation. Financial assistance for other conditions will be considered.

Excluded Conditions:

Behavioral problems
Blood dyscrasias
Cancer
Conditions associated with prematurity
Infectious diseases

Neonatal care
Ongoing treatment for Attention Deficit/Hyperactive Disorder

Financial:

General Financial Eligibility:

Generally, a child whose gross family income (excluding costs of medical insurance) is equal to or less than 200% of the federal poverty guidelines for services. CSHS does not pay for services, which are reimbursable by Medicaid. There are no financial eligibility criteria for a child who attends one of the SHS sponsored specialty clinics. A Medicaid denial is required for those requesting Medicaid covered services that have resources within Medicaid guidelines.

Financial Eligibility for Initial Screening:

Financial eligibility criteria for initial diagnosis and screening are the same as “General Financial Eligibility”.

Family Co-Payment or Financial Participation Requirements:

Co-payments or financial participation is not generally required. Services provided at clinics funded by CSHS are free-of charge. Families may be billed for that portion of the cost of services above that reimbursable by CSHS only if bills are above the total dollar limitation for services allowed for each child each fiscal year. CSHCN may be dually eligible for CSHS and Montana CHIP.

DIRECT CARE SERVICES (PROVIDED OR PAID FOR):

The following direct health care services are provided through CSHS:

- Allergy injections on the recommendation of a pediatric allergist after other preventive measures have been exhausted, such as removing the allergic trigger from the household, i.e. secondary smoke
- Apnea monitor rental for up to one year for a child with a covered condition
- Appliances required for correction of a covered condition
- Breast pump rental up to one year, for a mother of a child with a covered condition
- Dietary supplement foods not funded by other sources for management of a metabolic disorder; non-prescriptive supplements for a child with inborn errors of metabolism
- Evaluation and outcome management of a developmental delay by a developmental pediatrician
- Evaluation, diagnosis, and treatment, including surgical correction for covered conditions
- Glasses for a child with a syndrome-related condition; maximum of \$175 for frames, lenses and evaluation
- Hearing aids, up to a maximum of \$1500/ear
- Occupational therapy/ physical therapy necessary for rehabilitation from eligible condition, such as JRA or orthopedic surgery, up to \$1500 maximum per year
- Prosthetic devices, such as orthotics for a covered condition

- Tonsillectomy and adenoidectomy in cases of obstructive sleep apnea, repetitive infections, at the medical advisor's discretion, or to protect hearing

Excluded Direct Care Services:

- Acute care for illnesses and injuries
- Home health/Home nursing services for acute care
- Psychological or psychiatric care or counseling
- Respite care
- Transplants, including follow-up care
- Transportation
- Visual training therapy
- Wheel chairs

Note: Other conditions/services not listed will be reviewed for inclusion or exclusion on a case-by-case basis in consultation with CSHS medical advisor.

HOW/WHERE DIRECT CARE SERVICES ARE PROVIDED:

Services are provided locally through public and private providers.

Coordination of Financial Benefits:

CSHS acts as payer for care coordination for children with special health care needs. Public health nurses throughout the state providing case management services for children with special health care needs are eligible for reimbursement through CSHS under the following provisions: (1) child must have a diagnosed special health care need, (2) child who has not been diagnosed as a child with a special health care need must be at risk for poor developmental outcome based on assessment, (3) referral must be made to CSHS with diagnosis, initial assessment information, and expected outcome of care coordination services, or (4) child is not eligible for case management under another program such as Medicaid TCM.

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):

Enabling services are described in Montana as assistance with transition services for youth, resource and referral through Part C and SSI. In addition, nurse consultants provide consultation to a wide variety of state and local programs concerning CSHCN.

Home visiting and care coordination is referred to local public health departments and Part C Family Support Specialists.

Coordination of Services:

Care coordination services are provided for CSHCN. Targeted Case Management (TCM) for Medicaid-eligible CSHCN 0-18 is a billable service. TCM can also be billed to the program by public health nurses through a CSHS referral process.

Excluded Enabling Services:

- Durable medical equipment not on the covered benefits list
- Educational services, for example neuropsychological evaluations
- Legal service
- Respite care
- Transportation

Note: Other conditions/services not listed will be reviewed for inclusion or exclusion on a case-by-case basis in consultation with CSHS medical advisor.

HOW/WHERE ENABLING SERVICES ARE PROVIDED:

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):

The following population-based services are provided through CSHS:

Specialty outreach clinics are provided in Missoula, Helena, Kalispell, Wolf Point, Browning, Bozeman, Great Falls, and Billings. Children's Special Health Services has limited access to specialty physicians in state. There is no medical school in the state.

There are a variety of population-based services occurring through links with the Montana Birth Outcome Monitoring System (MBOMS) and the Newborn Screening and Universal Newborn Hearing Screening programs. These links are electronic and provide quick referral to the CSHS program.

CSHS staff is involved as liaisons to the Newborn Screening Advisory Council, the MBOMS Task Force and the CSHS Advisory Council. These liaisons provide educational outreach to those populations serving on the councils/task forces/programs.

HOW/WHERE POPULATION-BASED SERVICES ARE PROVIDED:

Specialty Clinics/Programs:

Specialty outreach clinics are provided in Missoula, Helena, Kalispell, Wolf Point, Browning, Bozeman, Great Falls, and Billings.

Cleft/Craniofacial
Metabolic

Specialty outreach clinic sites, funded by public (Title V) and private partnerships, are located in Billings and Missoula and provide a range of specialty care.

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 CSHS:

The Children's Special Health Services program has developed a database to collect and manage information about children with special health care needs.

The functionality of the CSHS core module is client management an extensive clinic module, the fiscal module, a reports module with reports for clinic and fiscal management and block grant reporting. Multiple query options have been developed such as a diagnosis query form, client query with multiple query options, and a system notification form, which allows a user to track new referrals to the database.

The functionality of the Newborn screening module is tracking and assurance of newborn screening activities, including referral of any children identified with abnormal lab results to the CSHS database and program for services and participation in regional pediatric specialty clinics The functionality of the MBOMS module is the collection, storage, and reporting of demographic and diagnostic information about children with birth defects. The SHS/MBOMS database currently links with two other Montana Department of Public Health and Human Service's (DPHHS) databases. These include the vital records database for birth and hearing screening data for all children born in Montana and the DPHHS public health lab database for newborn screening information for the State of Montana. These links provide for unduplicated counts of children with birth defects, and other special health care needs.

The database and the application have been developed in Oracle.

HOW/WHERE INFRASTRUCTURE BUILDING SERVICES ARE PROVIDED:

Billings, Missoula, Bozeman computer links.

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:

Services may be obtained outside of the state of Montana if the required service is not available within the state. In addition, services are paid for by the program in another state if travel to another state is within the natural health referral area for a family, i.e. orthodontic treatment in Williston, ND 50 miles away instead of Billings, MT 294 miles away.

STATUTORY/REGULATORY AUTHORITY OF THE PROGRAM:

Mont. Code Ann. § 50-1-202 (1991)

Mont. Admin. R. 37.57.102-125 (2002)