

Nebraska

Medically Handicapped Children's Program (MHCP)

Contact Person:	Mary Jo Iwan	Telephone:	(402) 471-9345
	Administrator	Fax:	(402) 471-6352
	Roland Snuttjer, MPA	Telephone:	(402) 471-9328
	Program Manager	Fax:	(402) 471-6352
	Jeanne Garvin, MD	Telephone:	(402) 471-9283
	Medical Director	Fax:	(402) 471-6352
	Roger Hillman	Telephone:	(402) 471-9327
	Program Specialist	Fax:	(402) 471-6352
	Sandy Kilgore	Telephone:	(402) 471-7787
	Nurse Consultant	Fax:	(402) 471-6352

Address: Medically Handicapped Children's Program
Nebraska Department of Health and Human Services
PO Box 95044
Lincoln, NE 68509-5044

Email Address: maryjo.iwan@hhs.state.ne.us
rollie.snuttjer@hhs.state.ne.us
jeanne.garvin@hhs.state.ne.us
roger.hillman@hhs.state.ne.us
sandy.kilgore@hhs.state.ne.us

Web Site: <http://www.hhs.state.ne.us/chs/chd/chdindex.htm>

Toll-free Hot Line:	Disabled Persons and Family	Telephone:	1-800-358-8802
	Support		
	MCH and CSHCN (24 hours)		1-800-862-1889

MISSION STATEMENT

The purpose of the Medically Handicapped Children's Program (MHCP) is to develop, improve, and strengthen standards and services 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:

Under age 21

Residency:

There are no durational or legal residence requirements or citizenship requirements for clients served by MHCP.

HOWEVER:

A person will be considered a resident of the state of Nebraska for the purposes of MHCP if (1) the person is residing within the state with intent to remain (includes the intent of parent(s) or guardian or if person is not an adult or emancipated child), and (2) the person/family did not come to Nebraska for the purposes of obtaining medical care.

Medical:

A medically handicapped child (Children with Special Health Care Needs) for the purposes of the MHCP means children "who experience an orthopedic condition, cerebral palsy, cystic fibrosis, heart disease, an eye problem amenable to surgery, an oral plastic handicap, mid-line birth defect, hearing problem, neoplasm, or any other major illness which is disabling or will lead to a disability and for which an active treatment plan is indicated. Care for acute conditions, such as infectious disease, appendectomy, or simple fractures, are not covered."

Eligible Conditions:

See "Medical Eligibility Criteria" above for a general overview of eligible conditions. Additional specific diagnoses related to those general conditions also are covered.

Some additional eligible conditions include:

Asthma	Prematurity associate with Hyaline Membrane
Cerebral Palsy	disease/respiratory distress syndrome
Cleft lip/palate	Scoliosis
Cystic fibrosis	Serious burn injuries
Diabetes	Sickle cell disease
Hemophilia	Urological
Neurological	

Excluded Conditions:

Acute conditions, such as infectious disease, appendicitis, and simple fractures are not covered. Autism and ADHD are not covered for diagnosis and treatment services. Support services are covered for all disabilities as provided for those children receiving SSI through the SSI-Disabled Children's Program.

Financial:

General Financial Eligibility:

Financial eligibility is based on the family's income and resources, minus deductions, available to pay the costs of medical care and the probable cost of specialized medical care. Deductions include medical allowances for the entire family, including medical insurance premiums. With the adoption of new regulations in 2003 necessitates financial eligibility criteria to mirror the Nebraska SCHIP (Kids Connection in Nebraska) of 185% of poverty.

Financial Eligibility for Initial Screening:

Potentially medically eligible children may receive initial diagnostic evaluation at no cost to the family regardless of income.

Family Co-Payment or Financial Participation Requirements:

If the family's adjusted income exceeds the guidelines, the family may be allowed to spend down or obligate funds for the child's medical care. The amount of the spend down is equal to 25% of the amount the family's adjusted gross income and countable assets are above financial guidelines.

DIRECT CARE SERVICES (PROVIDED OR PAID FOR):

MHCP contracts with service providers to obtain diagnostic and evaluation service and active medical treatment. Program staff provide referral services and limited Services Coordination to meet the family's additional need for medical or social support for the eligible child.

Direct health care services provided include (scope of services may vary depending upon the specific diagnosis):

Ambulance	Laboratory services/x-rays
Audiology services	Orthopedic appliances
Dental care	Orthotics and Prosthetics
Follow-up services with primary care in specific situation	Outpatient services for specialty care
Hearing aids	Physical/occupational therapy
Home health	Prescription drugs
Hospitalization	Respiratory therapy
Limited transportation reimbursement	Surgery related to specific conditions

Excluded Direct Care Services:

All transplants
Custodial care
Growth Hormone
Kidney dialysis

HOW/WHERE DIRECT CARE SERVICES ARE PROVIDED:

Services are provided by MHCP contracted specialists and multidisciplinary teams through a variety of local and centralized specialty clinics sponsored by MHCP. These clinics occur throughout the State in 12 cities on a scheduled basis. Services are also provided in the office of contracted specialty providers and through inpatient and outpatient departments of contracted hospitals as scheduled by the family.

Specialty Clinics/Programs:

MHCP operates multidisciplinary team Specialty Clinics for Children and Youth for the following types of conditions:

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| Asthma | Craniofacial |
| Cardiac | Cystic fibrosis |
| Cerebral palsy and other neuromuscular | Diabetes |
| Midline neurological defects | |

Cooperation of the University of Nebraska Medical Center in Genetics Consultation outreach clinics in western Nebraska.

Coordination of Financial Benefits:

MHCP is the payor of last resort after available third-party resources, such as Medicaid and other government, federal, state, or local benefits programs and health insurance benefits. Staff is trained to utilize other resources prior to accessing Program resources.

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

The Genetically Handicapped Person’s Program

This Program provides treatment for persons age 21 or older with the genetically handicapping conditions of cystic fibrosis, hemophilia, or sickle cell disease. This centralized program follows the regulations and policies of the Title V services for medically handicapped children, with appropriate modification for the medical care of persons age 21 or older, including contracting with specialists in adult diseases. State funding for this program is very limited. Therefore, therapeutic options may also be limited.

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.

The SSI-Disabled Children's Program is the specialized enabling MCH program for CSHCN in Nebraska:

SSI-Disabled Children’s Program

This Program serves children who receive monthly SSI benefits by providing services that enable the family to keep the child in his/her own home and provided for rehabilitative services. These services include medical, social, developmental, rehabilitative, and referral services for disabled children age 15 and younger, based upon an assessment of need completed with the family and allowed available funding. This needs assessment is shown in the child’s Individual Service Plan (ISP). The Early Intervention/Early Development Network (up to age 3) Individual Family Service Plan (IFSP) is used when the child is eligible for Early Intervention Services.

ELIGIBILITY CRITERIA FOR ENABLING SERVICES

Age:

Age 15 or younger for most services. Transportation services are available for children through age 20.

Residency:

Same as “Direct Health Care Services” above.

Medical:

Must be receiving the federal Supplemental Security Income (SSI) disability.

Financial:

Must be receiving the federal Supplemental Security Income (SSI) benefit or meet the Direct Care Health Care financial requirements for transportation services.

ENABLING SERVICES (PROVIDED OR PAID FOR):

. Meals and lodging not paid by Medicaid while traveling/receiving medical or rehabilitative care.

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| Architectural modifications | Personal care needs |
| Attendant care | Respite care |
| Commercial transportation | Sibling care |
| Diapers if age three and over | Special equipment |
| Mileage reimbursement | Utilities |
| Other services | |

Coordination of Services:

Staff provides families with services coordination and referral services, assists with questions or problems with medical bills, and in dealing with the psychosocial aspects of the child’s condition and treatment.

Excluded Enabling Services:

Services paid by Medicaid, Social Services Block Grant and other Programs including private medical insurance.

HOW/WHERE ENABLING SERVICES ARE PROVIDED:

A home visit is required for SSI-Disabled Children's Program services with the exception of transportation services. The staff involved in the Direct Services programs also provide the Enabling Services program and services through the Disabled Persons and Family Support Program (a State funded program which provides some transportation services for children) and in some instances also provide Home and Community-Based Medicaid Waiver services for Children.

Specialty Clinics/Programs:

Described in “Direct Health Care Services” above.

SPECIALIZED OR UNIQUE ENABLING SERVICES, SPECIAL GRANTS, WORKSHOPS, ETC.:

See Enabling Services, the Supplemental Security Income – Disabled Children's Program described above.

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:

Quality Assurance standards and process developed for Specialty Clinics for Children and Youth teams.

Quality Assurance standards and process developed for MHCP Services Coordination personnel.

Partial funding of the Answers4families website along with the Nebraska Resource Referral System, which is an internet accessible system of communication between families of children with special needs, between caregivers, between services coordinators, between assisted living providers, between foster care families, between adoptive families, etc. The system also provides information including educational information on types of care, treatment/care methods and services program, as well as the ability to search for specific types of providers and services.

A telehealth initiative is in the final planning stages in collaboration with the Munroe Meyer institute at the University of Nebraska Medical Center to provide Developmental Pediatric, Occupational Therapy and Physical Therapy consultation with sites in the far western areas of Nebraska.

HOW/WHERE INFRASTRUCTURE BUILDING SERVICES ARE PROVIDED:

See <http://www.answers4families.org> click on "find services" to access the resource and referral system.

QA visits are periodically provided to individual team meetings/clinic sessions and HHS MHCP services sites throughout the State.

Professional resume is reviewed before formal agreement for services provision is initiated.

SPECIALIZED OR UNIQUE INFRASTRUCTURE BUILDING SERVICES, SPECIAL GRANTS, WORKSHOPS, ETC.:

The CONNECT computer system is an integrated web based client tracking database system for MHCP (CSHCN), SSI-Disabled Children's Program, Home and Community-Based Medicaid Waivers, Early Development Network (Early Intervention), Disabled Persons and Family Support, and the Lifespan Respite Services Program. This system provides the opportunity for all these Programs and services to collaborate and integrate their services to children, families, adults and the elderly.

OUT-OF-STATE SERVICES FUNDED BY THE PROGRAM:

MHCP services are provided out-of-state if the needed medical services are not available in Nebraska, if an emergency arises when an enrolled child is visiting in another state and the child's health would be endangered if care were delayed, or if the child had to travel to Nebraska. Some specific contracts have been developed with specialty providers in other states where the service is much closer than in-state services.

STATUTORY/REGULATORY AUTHORITY OF THE PROGRAM:

Neb. Rev. Stat. §§ 43-507-525, 68-309, 68-717 (1988, 1990)

Title 467 of the Nebraska Administrative Code