

Nevada

Family Health Services Bureau

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MISSION STATEMENT

To improve the health of children with special health care needs and their families, by promoting, assuring, and providing health education, prevention activities, quality assurance, and access to health care services including specialty and subspecialty 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 to 19 years of age. Exception – Pregnant women who satisfy specific criteria.

Residency: Person who lives in this state, intends to live in state indefinitely, is employed or seeking employment or is temporarily absent from state but intends to return. Applicant must be legal resident of the country, per current immigration law and eligibility.

Medical:

Inherited or acquired condition or disability, which, if untreated, will impact the activities of daily living and which, falls within listed eligible medical conditions and financial criteria.

Eligible Conditions: (Nevada Administrative Code 442.600 – 442.785)

Blood cell conditions	Genitourinary disorders
Cardiovascular conditions	Metabolic disorders
Craniofacial anomalies	Neurological disorders
Ear disorders	Orthopedic disorders
Endocrinological conditions	Prenatal
Eye conditions	Pulmonary
Gastrointestinal disorders	Reconstruction i.e. burns, disfiguring anomaly

Note: Above conditions are not all inclusive and are subject to medical review.

Excluded Conditions:

Acute infectious diseases	Flat feet, tibial torsion and metatarsus adductus
Allergies	Hypertrophy of T and A
Alteration of construction or building	Initial acute care of accidents, poisoning or violence
Benign inflammatory conditions	Ordinary refractive errors
Blood and plasma except processing and admin. fees	Prematurity alone
Chronic sinusitis	Second opinions other than those requested by M.D.
Cosmetic surgery as an isolated indication	Services for homemakers
Custodial care	Strabismus where non-surgical tx suffices
Diagnostic or therapeutic procedures, which are experimental or not FDA approved	Transplant surgeries and related follow-up
Disorders of the immune system	Transportation except ambulance
Educational services	

Financial:

Varies according to the adjusted gross annual income of the client's household in comparison to 250% of the federal poverty level.

General Financial Eligibility:

All income into the household must be counted. Insurance coverage is not a deterrent. 250% of poverty is used as a base and is the cut off figure for eligibility. SSI/DCD, Nevada Check-up and/or Medicaid are classified as primary resources and must be applied for if information on file indicates probable eligibility. Details of these resources must be appropriate vs. "failure to cooperate". These figures are effective as of March 1, 2002.

Size of Family Unit(s)	Born after 9/30/83 100% of Poverty	133% of Poverty	185% of Poverty	200% of Poverty	250% of Poverty	300% of Poverty
1	\$8,860	\$11,784	\$16,391	\$17,720	\$22,150	\$26,580
2	11,940	15,880	22,089	23,880	29,850	35,820
3	15,020	19,977	27,787	30,040	37,550	45,060
4	18,100	24,073	33,485	36,200	45,250	54,300
5	21,180	28,169	39,183	42,360	52,950	63,540
6	24,260	32,266	44,881	48,520	60,650	72,780
7	27,340	36,362	50,579	54,680	68,350	82,020
8	30,420	40,459	56,277	60,840	76,050	91,260
For each member add:	3,080	4,096	5,698	6,160	7,770	9,240

Financial Eligibility for Initial Screening:

Diagnostic exams/tests to rule out medically eligible conditions are covered up to 300% of poverty.

Family Co-Payment or Financial Participation Requirements:

None. Families whose household income is above the allowed limits of 250% and 300% of poverty are not eligible for program coverage.

DIRECT CARE SERVICES (PROVIDED OR PAID FOR):

All allowed services must be prior authorized and include the following: office visits, lab, X-ray, MRI, CT scans, surgery & related expenses, in hospital & outpatient, limited pre-natal care, amniocentesis, ultrasounds, emergency air/land ambulance, medications for certain conditions – i.e. diabetes, food supplements for specific conditions – i.e. PKU, limited orthodontia, limited DME, limited counseling, and therapies.

Excluded Direct Care Services:

Acute infectious diseases, allergies, building alterations, cosmetic surgery, custodial care, prematurity, organ transplants & follow-up related care, homemaker services, family requested second opinions, non-FDA approved medications or treatments, chronic sinusitis, initial acute care for accidents, poisoning, and violence.

HOW/WHERE DIRECT CARE SERVICES ARE PROVIDED:

Majority of services are purchased from private sector and include but are not limited to office visits, lab, x-ray, one day surgery & in-hospital surgeries, food supplements for specific metabolic conditions (i.e. PKU), medications for specific conditions.

Limited prenatal
Special Children's Clinics (see below)

Specialty Clinics/Programs:

Craniofacial clinics – diagnosis and recommendations only
Genetic Clinics – diagnosis and recommendations only
Metabolic/ hemoglobinopathy – diagnosis and recommendations only
Special Children's Clinics in Las Vegas and Reno for multidisciplinary evaluation, diagnosis, and early intervention services for children developmentally delayed, primarily ages 0-3 years.

Coordination of Financial Benefits:

CSHCN is program of last resort if client is not Medicaid or Nevada Check-Up (S-CHIP) eligible. All CSHCN applications are reviewed for possible eligibility to alternate program such as SSI/DCP & Medicaid and Nevada Check-Up. If eligibility is suspected clients are referred to those program and must apply and produce a denial of eligibility before CSHCN eligibility can be established. CHAMPUS and private insurance are billed by providers before billing to program.

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):

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

Coordination of Services:

Currently, medical eligibility is the same for treatment and diagnostic; however, financially there is a somewhat higher income limit for diagnostic evaluations.

Case management is provided for those children seen through the Special Children’s Clinics.

Excluded Enabling Services:

Family transport

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 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:

Out-of-state services are authorized when the medical conditions are such that there is insufficient expertise within the state of Nevada or geographically it is more efficient to use out-of-state providers.

STATUTORY/REGULATORY AUTHORITY OF THE PROGRAM:

NRS 442.120
NRS 442.180 – 442.230
NAC 442.600 – 442.838

Advisory Councils/Boards:

Maternal and Child Health Advisory Board
State Board of Health

Legislatively Mandated:

Statutes NRS 442.133 – MCH Board
 NRS 442.180 – CSHCN Program Authorized

Consumer Involvement:

One member of the Board is a consumer.
Special Children’s Clinics have parent councils.

Priorities/Procedures for Development:

Current limitation is an annual maximum expenditure of \$10,000.00 per client (the State Health Officer or a person designated by the Administrator may waive this provision). Plus condition levels are assigned categories according to severity. Program has the option of discontinuing assistance to clients with “severe” category in the event there is a funding shortage.

AIDS-HIV Coverage:

Diagnosis only is covered.