

New Hampshire

Bureau of Special Medical Services (BSMS)

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MISSION STATEMENT

SPECIAL MEDICAL SERVICES BUREAU OFFICE OF HEALTH PLANNING AND MEDICAID

The mission of the Special Medical Services Bureau (SMSB) is to provide leadership in building and promoting a community-based system of services that is family-centered, comprehensive, coordinated, and culturally competent. The mission is reflected in the agenda for Healthy People 2010, which also addresses the goal of having service systems for children with special health care needs.

The purpose of this focus on systems development is to assure that children with special health care needs and their families have access to appropriate and adequate child and family services. To achieve its mission, the SMSB places the highest priority on integrating public and private health services with education, social services, mental health, and family support programs.

Through funding provided by the Department of Health and Human Services and the federal Maternal and Child Health block grant to the State of New Hampshire, the SMSB provides care coordination services; support for child development, pediatric amputee, and neuromotor clinics; nutritional and feeding/swallowing consultation; psychological and physical therapy services; and support for the NH Family Voices and Parent to Parent programs.

The SMSB defines its functions to:

- Collect and analyze data to assess the needs of children with special health care needs and their families

- Encourage, plan, and develop systems of care
- Allocate resources to support the availability and accessibility of specialized medical related services for children with special health care needs
- Develop quality assurance programs, monitor and evaluate existing special health care services
- Coordinate services provision with state and local agencies and all providers of health care services
- Provide education and disseminate information on best practices 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:

Birth to 21 years of age.

Residency:

New Hampshire residency is required. Sufficient to have a New Hampshire address and be a US citizen.

Medical:

Children with special health care needs are those with chronic illness, developmental disability, physically handicapping conditions, or at high-risk for disability.

Eligible Conditions:

ADHD/ADD	Hearing deficits/deafness
Amputation	HIV/AIDS (pediatric only)
Asthma	Hemophilia
Cancer	Inborn errors of metabolism
Cardiac defects	Juvenile rheumatoid arthritis (JRA)
Chronic otitis media	Low incidence medical conditions and congenital anomalies
Cleft lip and palate	Neuromotor disabilities
Cystic fibrosis	Orthopedic problems/scoliosis
Developmental delay and those at risk (age 0-6)	Spina bifida
Diabetes	Traumatic brain injury
Epilepsy	Urological disorders
Genetic conditions	Visual problems/blindness

Excluded Conditions:

Acute or recurrent conditions encompassing the area of routine medical care
Hormonal conditions for which long-term replacement therapy is required, such as for short stature
Initial NICU hospitalization for prematurity
School performance/Learning disabilities/Mental illness

Financial:

General Financial Eligibility:

Financial eligibility criteria are based on number of children in the family, gross yearly income, and other financial resources. Deductions to the gross yearly income are allowed for expenses, such as health insurance, child care, and support/alimony payments. Additional deductions are allowed for more than one chronically ill/disabled child in the family or if the child resides in a single-parent household. Currently, families with incomes between 186-200% of poverty are eligible.

Financial Eligibility for Initial Screening:

All families who apply receive information, referral, and assistance in developing a health care plan for their child regardless of income status. Financial eligibility is not required for care coordination services.

Family Co-Payment or Financial Participation Requirements:

Same as “General Financial Eligibility”.

DIRECT CARE SERVICES (PROVIDED OR PAID FOR):

The following direct health care services are provided through BSMS:

All medically indicated treatment services associated with neuromotor or amputee clinics
Child development services through contracted programs
Nutrition, feeding and swallowing services through contractors
Psychology consultation

Excluded Direct Care Services:

Alternative therapies/treatment which is not FDA approved/long term psychological counseling.

HOW/WHERE DIRECT CARE SERVICES ARE PROVIDED:

Services are provided through community-based specialty clinics operated or supported by the Bureau of Special Medical Services and/or through Bureau-approved providers located in community-based private practices.

Specialty Clinics/Programs:

Amputee/Limb Deficiency	Genetics *
Bronchopulmonary Dysplasia *	Hemophilia *
Cleft Lip and Palate*	JRA *
Cystic Fibrosis *	Neuromotor Disabilities
Cardiology *	Pediatric HIV *
Child Development	Spina Bifida *
Diabetes *	

* These clinics are operated by the Dartmouth Hitchcock Medical Center.

Coordination of Financial Benefits:

The CSHCN Program is the payor of last resort after utilization of all third-party resources, such as health insurance, government benefits, or other benefits that may be available to the family to cover the cost of the CSHCN Program services. Staff is available to assist families in applying for Medicaid benefits.

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):

The following enabling service is provided through BSMS:

Care coordination

Coordination of Services:

Care coordination is available through state program staff and contracts with eligible specialty programs or community-based public health nurse/social worker. Families do not pay for care coordination services.

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.:

The Bureau of Special Medical Services serves children referred by the Social Security Administration under the Supplemental Security Income/Disabled Children’s Program (SSI/DCP). Services are limited to children with medical care needs/diagnoses at this time.

The Bureau of Special Medical Services co-sponsors educational workshops and contributes funding to provide families and professionals an opportunity to enhance their knowledge and skills about children with special health care needs.

Parent matching is provided through Parent-to-Parent of New Hampshire.

Three paid Parent Consultants are on staff at the Bureau of Special Medical Services and manage the New Hampshire Family Voices Program..

A statewide nutrition network composed of a pediatric nutritionist and three oral motor consultants is available.

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:

Support for Care Coordination in selected Medical Home Pediatric Practices
Work with Hood Center at Dartmouth Medical Center to develop care coordination collaborative

HOW/WHERE INFRASTRUCTURE BUILDING SERVICES ARE PROVIDED:

Community health centers, pediatric practices, and MCOs.

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

Development of links between New Hampshire Birth Defects Registry and Title V to ensure access to services.
Dedicated position(s) (two) with focus on adequacy of insurance for CSHCN and transition services for youth.

OUT-OF-STATE SERVICES FUNDED BY THE PROGRAM:

Out-of-state services are utilized when the services are not available in New Hampshire or when out-of-state services are in the best interest of the child's special health care needs.

Families may also choose to use out-of-state services. Payment is made to the level at which the services could be provided in New Hampshire. Families are responsible for any outstanding remaining balances after Bureau Payment.

STATUTORY/REGULATORY AUTHORITY OF THE PROGRAM:

RSA 132

NH Code of Administrative Rules

Chapter He-P 2400

Bureau of Special Medical Services