

New Jersey

Special Child, Adult, and Early Intervention Services (SCAEIS)

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MISSION STATEMENT

Not available.

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 Jersey residents. No durational requirement.

Medical:

New Jersey residents under age 21 with special health care needs, such as chronic illnesses, or who are at risk for developing handicapping conditions.

Eligible Conditions:

Medical eligibility is not based on a list of specific eligible conditions.

Excluded Conditions:

While there are no expressly excluded conditions, some services are not covered. Please see “Excluded Services”. Otherwise, SCAEIS’s goal is to ensure all children in the state have access to programs and services for their special health care needs and handicapping conditions.

Financial:

General Financial Eligibility:

Families must submit a socioeconomic statement to be eligible for reduced fees for services or financial assistance for appliances and equipment.

Financial Eligibility for Initial Screening:

Initial screenings and diagnostic services are provided on a reduced fee basis, according to family participation requirements below.

Family Co-Payment or Financial Participation Requirements:

Families are required to share in the cost of services if their means allow. The amount of family participation required is calculated based on where their adjusted income falls on the SCAEIS Financial Eligibility Table below. Recommended monthly participation based on family income that takes into account all living costs except shelter.

**SPECIAL CHILD HEALTH SLIDING FEE SCALE
Financial Eligibility Table**

Family Members

% of FPL	% of cost	1	2	3	4	5	6	7	Each addit
0-150	0%	1108	1493	1878	2263	2648	3033	3418	385
151-175	10%	1293	1741	2191	2640	3089	3538	3988	449
176-200	20%	1477	1990	2504	3017	3530	4044	4557	514
201-225	30%	1661	2239	2817	3394	3971	4549	5127	578
226-250	40%	1842	2488	3130	3771	4412	5055	5697	642
251-275	60%	2026	2737	3443	4149	4853	5560	6266	706
276-300	80%	2216	2985	3756	4527	5295	6066	6837	771

Adjusted as of Jan/2002

FPL = Federal Poverty Level

% of cost = % x wholesale cost

Income is listed per month

Each addit. = Each additional person above 7 in the family

DIRECT CARE SERVICES (PROVIDED OR PAID FOR):

SCAEIS provides identification, evaluation, diagnosis, and treatment. This includes, where appropriate, follow-up care, appliances, and other medically necessary services and equipment. Financial assistance for hospitalization is provided through a Charity Care Fund.

Excluded Direct Care Services:

Those services which are not available through New Jersey hospitals, such as some organ transplants.

HOW/WHERE DIRECT CARE SERVICES ARE PROVIDED:

SCAEIS provides partial support to a network of highly specialized regional and subregional care centers, which must make services available and accessible to all children in need.

Specialty Clinics/Programs:

Child Evaluation Centers
Early Intervention Programs
Genetic Counseling Centers
Hemophilia Program
Hereditary Disorders Program
Newborn Hearing Screening Program

PKU Treatment Centers
Regional Cleft Palate Centers
Regional Family Centered HIV Treatment Centers
Three Tertiary Centers for Pediatric Subspecialty Care

Coordination of Financial Benefits:

SCAEIS is the payor of last resort after family participation requirements are met and funds from private insurance or other governmental agencies are exhausted.

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:

Through county based case management units, SCAIES provides family centered, community-based, coordinated care. Health care professionals, social workers, and parents work together to develop an individualized service plan and follow-up program for children with special health care needs and handicapping conditions.

Excluded Enabling Services:

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

HOW/WHERE ENABLING SERVICES ARE PROVIDED:

Not applicable.

Specialty Clinics/Programs:

Not applicable.

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

SCAEIS has had a statewide county based network of case management service in effect since 1982. It also administers a birth defects/special needs registry, which serves as an entry point into the SCAEIS statewide system.

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:

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:

No out-of-state coverage.

STATUTORY/REGULATORY AUTHORITY OF THE PROGRAM:

N.J. Stat. Ann. § 9.13 et. seq.
N.J. Stat. Ann. § 9.14B
N.J. Stat. Ann. § 26:2-119, 26:2-11, 26:2H5
N.J. Stat. Ann. § 26:5B-1, et. seq.
N.J. Stat. Ann. § 26:2-90
N.J. Stat. Ann. § 26:8-40.20