

ELIGIBILITY CRITERIA FOR DIRECT CARE SERVICES (Note: For Physically Handicapped Children’s Program)

Age:

Under age 21; treatment authorized and initiated prior to the individual’s 21st birthday may continue up to expiration of authorization (12-18 months).

Residency:

Domiciled in New York State.

Medical:

A medically eligible child is one who is handicapped because of a defect or disability, whether congenital or acquired by accident, injury, or disease, or who suffers from a long-term disease who may be expected to benefit from medical services. There are some county variations in the conditions and services covered.

Eligible Conditions:

Varies by county, but may include:

- | | |
|-------------------|---|
| Blood dyscrasias | Convulsive disorders |
| Cardiac Disorders | Cystic fibrosis |
| Cancer | Diabetes mellitus |
| Cerebral palsy | Nephrosis |
| Chronic asthma | Rheumatic fever and rheumatic heart disease |

Excluded Conditions:

- Developmental delay
- Mental retardation
- Other exclusions depend on county

Financial:

General Financial Eligibility:

There are no statewide eligibility criteria for PHCP treatment services. The PHCP is a county-based program with offices in most counties and New York City. The individual programs establish the financial eligibility standards. The county standards are designed to assist families with low incomes or inadequate private health insurance obtain medical services for their children.

Financial Eligibility for Initial Screening:

The PHCP authorizes and reimburses health care providers for the diagnosis and evaluation of children who have or are suspected of having physically disabling conditions or

severe chronic illness. Providers must bill Medicaid or private insurance first. A total of three outpatient visits, three outpatient clinical evaluation visits, or an inpatient hospital stay may be eligible for reimbursement.

Family Co-Payment or Financial Participation Requirements:

Some counties may require financial participation for the treatment program.

DIRECT CARE SERVICES (PROVIDED OR PAID FOR):

The following direct health care services are provided through PHCP (reimbursement is limited to services directly related to the covered conditions, and may vary by county).

- Drugs
- Durable medical equipment
- Engineered foods for inborn errors of metabolism (for example PKU)
- Hearing aids
- Inpatient hospitalization
- Laboratory tests
- Orthodontics
- Physician services
- Special formulas and engineered foods for inborn errors of metabolism (for example PKU)
- Surgical procedures
- Therapies including: occupational, physical, speech

Excluded Direct Care Services:

There are county variations in services excluded. Contact county or New York City program directly.

HOW/WHERE DIRECT CARE SERVICES ARE PROVIDED:

Program standards require that PHCP eligible children obtain needed services from specialty centers approved by the State Program or physician specialists listed on the New York State roster of medical specialists.

Specialty Clinics/Programs:

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|-------------------------------------|-----------------------------|
| Blood Dyscrasia/Leukemia | Cystic Fibrosis |
| Cancer | Diabetes Mellitus |
| Chronic Asthma | Hearing and Speech |
| Chronic Renal Disease | Inborn Errors of Metabolism |
| Cleft Palate | Infant Apnea |
| Congenital & Acquired Heart Disease | Orthopedics |
| Congenital Hypothyroidism | Premature Infant Care |
| Convulsive Disorders | |

Coordination of Financial Benefits:

The PHCP is the payor of last resort. The county program determines the family's health insurance status or Medicaid coverage and notifies the provider accordingly. Third party insurance and/or Medicaid must be billed first. Medicaid payment is considered payment in full. Where appropriate, a family will be referred to local agencies to determine if the family is eligible to receive Medicaid, Child Health Plus, Supplemental Security Income, WIC, etc.

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

The New York State Department of Health, Bureau of Child and Adolescent Health, has received a HRSA grant award to develop a comprehensive, statewide plan to implement the medical home concept for children with special health care needs in New York State.

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:

A child with special health care needs under 21 years.

Residency:

Same as "Direct Health Care Services" above.

Medical:

Children with special health care needs are those children who have or are suspected of having a serious or chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

Financial:

There are no financial eligibility requirements for information or referral services. However, eligibility for PHCP reimbursement of transportation services is the same as "Direct Health Care Services."

ENABLING SERVICES (PROVIDED OR PAID FOR):

The following enabling services are provided through PHCP (reimbursement is limited to services directly related to the covered condition, and may vary by county):

Transportation

Coordination of Services:

Not specifically addressed. Contact the Program directly for more information.

Excluded Enabling Services:

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

HOW/WHERE ENABLING SERVICES ARE PROVIDED:

Information and referral services are provided by CSHCN Programs in local health departments or community-based organizations. Contact the Growing Up Healthy Hotline for the phone numbers of local CSHCN programs.

Transportation reimbursement is provided through PHCP as determined by localities.

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 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 the CSHCN Program:

The state program contracts with local health units to provide information and referral services to CSHCN. This data is compiled and reported to the State program.

HOW/WHERE INFRASTRUCTURE BUILDING SERVICES ARE PROVIDED:

Through local health units and community-based organizations.

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

State Systems Development Initiative:

This federal grant's goal is to increase state and local knowledge of health status of Children with Special Health Care Needs (CSHCN) and to develop local capacity to address the comprehensive needs of CSHCN and their families. The objectives of the project are to: (1) identify the population of CSHCN within New York State, (2) to collect and report core data on the CSHCN population including access to and delivery of health care, and (3) to develop performance measures for CSHCN Programs.

OUT-OF-STATE SERVICES FUNDED BY THE PROGRAM:

The Commissioner of Health may approve out-of-state services: (1) to ensure continuity of services if the child requesting out-of-state services was born/previously treated in another state, (2) if the child requesting emergency out-of-state services is visiting in and physically located in another state, or (3) necessary services, procedures, or providers are unavailable within the state.

The child must be determined eligible for PHCP by locality before an out-of-state determination can be made.

STATUTORY/REGULATORY AUTHORITY OF THE PROGRAM:

N.Y. Public Health Law §§ 2580-2583 (McKinney 1985, Supp. 1993)

N.Y. Compilation of Codes, Rules and Regulations, Title 10, §§ 46.1-46.11