

Ohio

Bureau for Children with Medical Handicaps (BCMh)

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MISSION STATEMENT

The mission of the Bureau for children with medical handicaps is to assure, through the development and support of high quality coordinated systems, that children with special health care needs and their families obtain comprehensive care and services which are family-centered, community-based and culturally competent.

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; except for individuals with cystic fibrosis for whom there is no age limit.

Residency:

Citizen or permanent U.S. resident who physically resides within the state of Ohio and intends to remain indefinitely.

Medical:

A medically handicapped child is one who suffers from a chronic organic disease, defect, or congenital or acquired physically handicapping and associated condition that may hinder achievement of normal growth and development.

A condition is a medically eligible condition if: (1) the condition has a degree of severity that restricts physical development and is expected to impair health functioning for a period of one year or more or at frequently recurring intervals, (2) the condition is amenable to treatment through treatment services or goods, and (3) the condition either is a neoplasm or a congenital anomaly or affects one or more of the following body systems:

- (a) endocrine and metabolic systems
- (b) blood and blood-forming organs
- (c) nervous system
- (d) sensory organs
- (e) circulatory system
- (f) respiratory system
- (g) digestive system
- (h) genitourinary system
- (i) musculoskeletal system

Eligible Conditions: (Examples of eligible conditions)

- AIDS
- Birth defects
- Cancer
- Cerebral palsy
- Cleft lip and palate
- Cystic fibrosis
- Diabetes
- Hearing loss
- Heart defects
- Hemophilia
- Inguinal hernia
- Malignancies
- Myelodysplasia
- Scoliosis
- Sickle cell anemia
- Spinal injuries and paralysis

Excluded Conditions:

- Acute, infectious, or common childhood conditions, except to prevent a chronic, physically, handicapping condition
- Allergies
- Common malocclusions
- Conditions listed in the operational manual as not medically eligible because the director has determined that the program does not have sufficient funding to permit payment for treatment of the conditions
- Conditions that are self-correcting through maturation
- Learning disabilities
- Mental retardation and related diagnoses when no potential for developmental or neurological improvement exists
- Parasitic diseases
- Pregnancy and pregnancy-related diagnoses
- Psychological and emotional disorders
- Refractive errors (common)
- Well-child care

Financial:

General Financial Eligibility:

A child may be financially eligible for BCMH services if the family's adjusted gross income is equal to or below 185% of the federal poverty level rounded up to the nearest \$500. Educational scholarships, loans and grants, lump-sum death benefits, and child care expenses are not counted as income.

If a family's gross income exceeds the guidelines, BCMH will estimate their "ability to pay" for medical services. A service level credit of \$500, \$1,000, or \$2,000 (based on the child's need for services) is subtracted from the "ability to pay" amount. If the service level credit plus the amount the family pays for health insurance exceeds their "ability to pay", the family is financially eligible. WIC, SSI and Medicaid recipients are categorically financially eligible.

The service level credit is:

- Level I (\$500) - If the child needs only routine physician visits or routine outpatient hospital care. (All families are eligible at least for a service Level I credit.)
- Level II (\$1,000)- If the child needs, or is expected to need, brief hospitalization, minor surgical procedures, medications, durable equipment, or medical supplies.
- Level III (\$2,000)- If a child has a documented need for multiple hospitalizations, major surgical procedures, medications or supplies costing more than \$500 per month, or if the child has a sibling who is also enrolled in BCMH.

Financial Eligibility for Initial Screening:

Initial diagnostic services to determine whether an individual suffers from a medically handicapping condition are available free of charge to Ohio residents under age 21, regardless of income. However, if health insurance, Medicaid, or other third-party benefits are available to the family, the family must apply these benefits to the cost of the diagnostic services.

Family Co-Payment or Financial Participation Requirements:

Some families with incomes above the eligibility guidelines may become eligible for treatment services through cost sharing. Under cost sharing, a family may become eligible once they have incurred medical costs for any or all family members in an amount equal to the cost-share requirement based on income and family size. The cost-share amount equals the family's estimated "ability to pay" minus the annual amount they pay for health insurance and the amount of their service level credit.

DIRECT CARE SERVICES (PROVIDED OR PAID FOR):

Services generally include medical, surgical, or ancillary health care services or related goods that correct a medically eligible condition, improve functioning, prevent potential disabilities, or mitigate the effect of an eligible condition. If BCMH determines it is more cost-effective to do so, it may elect to pay health insurance premiums for an eligible child rather than pay for health care and related services.

The following direct health care services are provided through BCMH (examples of services):

Dental consults and services	Physician visits and consults
Emergency room services	Prescription medications
Hearing aids	Psychological and neuropsychological evals
Inpatient hospitalization	Public health nurse services
Laboratory tests	Special tests
Orthodontia	Surgery and anesthesia
Physical, occupational, and speech therapy	Transportation (emergency)
	X-ray

Excluded Direct Care Services:

BCMH does not provide all treatments that a medically eligible child may need, nor are all services provided for all eligible conditions. Services do not include experimental or investigative services that are not effective or proven treatments or cosmetic services.

HOW/WHERE DIRECT CARE SERVICES ARE PROVIDED:

Services are provided by BCMH approved physicians, other private providers, and local health departments. Specialty clinics for cardiac, orthopedic, neurology, plastic surgery, vision, and hearing conditions are sponsored by the Bureau of Child and Family Health Services, located in the Ohio Department of Health. These clinics are held in rural, underserved areas. Public health nurses provide assistance to children and families served in these clinics, including linkage with BCMH and other resources. BCMH provider physicians staffing the specialty clinics evaluate children for suspected mental problems and monitor children with handicapping conditions in their community. Referrals to the clinics may be made by community physicians, public health nurses, school nurses, or parents.

Specialty Clinics/Programs:

Not addressed. Contact the Program directly for more information.

Coordination of Financial Benefits:

Third-party payments/resources must be fully utilized; BCMH only pays for treatments for children to the extent the medical services are not eligible under Medicaid or not covered by the family's medical insurance. BCMH requires families who are eligible for medical assistance from other government programs to apply for those benefits. For example, families who meet the eligibility requirements of the Medicaid Healthy Start Program are required to make application to that program before being approved for BCMH coverage.

BCMH may not supplement Ohio Medicaid payment amounts, but may make payment for non-covered services or services rendered during periods of Medicaid ineligibility. BCMH payments may be used to meet the family's monthly Medicaid spend down obligation. BCMH may supplement amounts paid by a child's private insurance. Families are required to furnish detailed coverage information and to follow the requirements of their health insurance plan.

Families must appeal denials of service due to "not medically necessary" or "provider out

of network” and supply BCMH with documentation of appeal approval or denial.

The BCMH health insurance premium payment program may pay the cost of COBRA premiums when doing so would be more cost effective for BCMH than direct service payments.

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 services are provided through BCMH:

Medical supplies, equipment, and formula

Coordination of Services:

BCMCH provides a service coordination program for families of children with selected handicapping conditions. Coordination services are provided by health care professionals and interdisciplinary teams associated with BCMCH approved tertiary centers and local public health/community nurses. Service coordination focuses on a broad range of medical, social, educational, psychological, recreational, vocational, and personal needs of the children and their families.

No financial eligibility criteria apply to the services coordination program. Services are not contingent on enrollment in BCMH diagnostic or treatment programs.

Excluded Enabling Services:

Same as “Direct Health Care Services” above.

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 for Children with Medical Handicaps continues to collaborate with the Shriners Hospitals for Crippled Children in the identification and referral of children who need services unavailable solely from either the Shriners Hospital or the state agency and in the coordination of care for children receiving services in both systems.

BCMH has undertaken a direct, active role in assisting families to obtain governmental and other third party benefits. These activities underscore the Bureau’s intent to expand beyond its role as a payor of last resort for children on the diagnostic and treatment programs and to assist families in accessing all potential benefits to which they are entitled.

BCMH has a full-time parent consultant whose role is to advocate for children with special health care needs and their families. The parent consultant assists the Bureau in developing policies and practices that are family-centered and encourages family involvement at the state and local levels.

The BCMH Parent Advisory Council, established in 1995, consists of parents of children with various handicapping conditions who are located throughout Ohio. This Council assists BCMH to become more family-friendly in serving children with special health care needs. Likewise, these parents facilitate other families’ understanding of complex systems of care, including managed care organizations and Medicaid. The Council is also focusing on issues related to transition of children with special health care needs from pediatric to adult services.

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:

BCMHS physician providers outside the state may be approved: to provide services to children who live in counties of Ohio that are not served or are underserved by comparable Ohio providers, or when an out-of-state physician has specific expertise and/or can provide a service not available in Ohio.

STATUTORY/REGULATORY AUTHORITY OF THE PROGRAM:

Ohio Rev. Code Ann. §§ 3701.021-.028 (Anderson 1992)

Ohio Admin. Code §§ 3701-43, et. seq. (Crippled Children's Services)