

# *South Dakota*

## *Children's Special Health Services (CSHS)*

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### MISSION STATEMENT

We, Children's Special Health Services, strive to empower, advocate for, and strengthen children with special health care needs and their families by offering them a comprehensive approach to health services, education, and to provide a place of hope and acceptance.

### 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 18 years of age.

**Residency:**

No duration requirements, but must be a resident of South Dakota. Non-residents may be referred to CSHS sponsored outreach clinics and will be scheduled into clinics if caseloads allow, but are not eligible for financial assistance.

**Medical:**

Children eligible for program services are those who have a long-term chronic condition that meets at least one of the following criteria: (1) has existed or is expected to last 2 years; (2) is of sufficient complexity to need a multi-disciplinary team for evaluation and care; (3) is disabling to the child; (4) is of such a nature that services can reasonably be expected to benefit the child by improving the child’s function or extending the child’s life, or both; and (5) is a coverable condition under the program.

**Eligible Conditions:**

See “Direct Care Services” for a listing of program areas.

**Excluded Conditions:**

Generally, services for the following conditions are not covered:

Acute accidents or illness	Fractures/acute trauma	Psychological evaluation
Acute conditions	Infectious diseases	Tissue transplant
Experimental procedures	Intestinal obstruction	Undescended testicles

**Financial:**

**General Financial Eligibility:**

Eligibility for financial assistance is based on the family’s taxable income and family size. Services are provided on a cost-sharing basis, which varies from 0% to 100%. These guidelines are effective April 1, 2002.

<b>Family Size</b>	<b>150% and above 25% Family</b>	<b>175% and above 50% Family</b>	<b>200% and above 75% Family</b>	<b>225% or greater 100% Family</b>
1	13,290 – 15,504	15,505 – 17,719	17,720 – 19,934	19,935
2	17,910 – 20,894	20,895 – 23,879	23,880 – 26,864	26,865
3	22,530 – 26,284	26,285 – 30,039	30,040 – 33,794	33,795
4	27,150 – 31,674	31,675 – 36,199	36,200 – 40,724	40,725
5	31,770 – 37,064	37,065 – 42,359	42,360 – 47,654	47,655
6	36,390 – 42,454	42,455 – 48,519	48,520 – 54,584	54,585
7	41,010 – 47,844	47,845 – 54,679	54,680 – 61,514	61,515
8	45,630 – 53,234	53,235 – 60,839	60,840 – 68,444	68,445
9	50,250 – 58,624	58,625 – 66,999	67,000 – 75,374	75,375
10	54,870 – 64,014	64,015 – 73,159	73,160 – 82,304	82,305
11	59,490 – 69,404	69,405 – 79,319	79,320 – 89,234	89,235
12	64,110 – 74,794	74,795 – 85,479	85,480 – 96,164	96,165
13	68,730 – 80,184	80,185 – 91,639	91,640 – 103,094	103,095
14	73,350 – 85,574	85,575 – 97,799	97,800 – 110,024	110,025
15	77,970 – 90,964	90,965 – 103,959	103,960 – 116,954	116,955

***Financial Eligibility for Initial Screening:***

Applicants for initial screening must meet same eligibility criteria as for “General Financial Eligibility”.

***Family Co-Payment or Financial Participation Requirements:***

Families with cost-sharing percentages of 25%, 50%, and 75% are eligible for partial financial assistance. With the exception of zero pay clients, the family is responsible for the balance between the CSHS payment and the maximum allowable payment.

**DIRECT CARE SERVICES (PROVIDED OR PAID FOR):**

Direct health care services are provided through the following Specialty areas:

Cardiology	Myelodysplasia
Children’s Rehabilitation	Neurology
Craniofacial	Ophthalmology
Endocrinology/Metabolic	Orthopedic
Gastroenterology	Pulmonary
Genetics	Renal
Hematology/Oncology	

Service limits: an eligible child is allowed a maximum of \$20,000 for inpatient and outpatient physician and health care charges each fiscal year, inpatient diagnostic services are limited to 3 days, and inpatient hospitalization is limited to 10 days.

***Excluded Direct Care Services:***

- Ambulance charges
- Dietary supplements, except phenyl-free formula
- Kidney dialysis
- Routine dental care, except for child with a cleft palate
- Routine pediatric care, unless recommended by specialist in charge
- Special education
- Speech, occupational, and physical therapies
- Tissue transplants
- Vocational rehabilitation

**HOW/WHERE DIRECT CARE SERVICES ARE PROVIDED:**

The CSHS program sponsors outreach specialty clinics in various locations around the state. Nurses, social workers, and dieticians provide direct services in conjunction with local health care providers and Department of Health field staff.

***Specialty Clinics/Program Areas:***

Cardiology  
Children's Rehabilitation  
Endocrinology/Metabolic  
Gastroenterology  
Genetics  
Neurology  
Pulmonary

***Coordination of Financial Benefits:***

Staff at regional sites make all reasonable efforts to assist parent and legal guardians in determining the child's eligibility for third party resources and assist in the application process to Medicaid. Third party resources, such as Medicaid, Civilian Health and Medical Program of the Uniformed Services, insurance, Medicare, and Indian Health Services are billed prior to payment by CSHS based on the cost share determined for the family.

**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:***

Care coordination is a major priority of the CSHS program and staff participate in networking and outreach activities with social service providers, physicians and other health care providers, schools and other agencies to meet primary and preventative care needs of eligible children, as well as the educational, rehabilitative, and psychosocial needs of recipients. Nurses, dietitians and social workers provide care coordination and assist pediatric specialists and primary care physicians in providing medical management.

***Excluded Enabling Services:***

Appliance repairs  
Supplies and appliances, except upon individual case review  
Transportation, room, and board

**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. CSHS works collaboratively with South Dakota Parent Connection, Inc. in the provision of parent training and support activities. Contact the Program or SD Parent Connection 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:**

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 care may be permitted upon individual case review when the following conditions are met: (1) service of comparable quality is not available within the state, (2) it inflicts a significant hardship on the family to use the in-state services, or (3) the individual is in the middle of complex care that was initiated before the development of the in-state service.

**STATUTORY/REGULATORY AUTHORITY OF THE PROGRAM:**

S.D. Codified Laws Ann. § 34-1-21 (1986)

S.D. Admin. R. 44:06.01, et. seq.