

Tennessee

Children's Special Services (CSS)

Contact Person: Greg Yopp
Director

Telephone: (615) 741-0361
(615) 741-8530
Fax: (615) 741-1063

Address: Children's Special Services
Tennessee Department of Health
Cordell Hull Building 5th Floor
425 5th Avenue, North
Nashville, TN 37247-4850

Email Address: Gregory.Yopp@state.tn.us

Web Site:

Toll-free Hot Line: N/A

Telephone:

MISSION STATEMENT

The Tennessee Children's Special Services program assures appropriate, timely, comprehensive, quality services to children birth to 21 who have or are at-risk for special needs. The program promotes the well-being of children in a manner that is family-centered, culturally sensitive and community-based through service coordinators acting as liaisons for children, families and providers-facilitating, collaborating and forming partnerships that are flexible and creative in meeting the unique needs of each child.

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:

Bona fide residence. Test is whether applicant or applicant’s family intends to stay in state indefinitely and has some objective indication of that intent.

Medical:

Eligible child must have a covered condition or be chronically handicapped by any reason of physical infirmity, whether congenital or acquired, as a result of accident or disease which requires medical, surgical, or dental treatment and rehabilitation, and be totally or partially incapacitated for receipt of normal education or support.

Eligible Conditions:

Eligible conditions are those identified by the program that require treatment under the following specialties:

- | | |
|----------------------------|-----------------|
| Cardiology | Oral surgery |
| Digestive | Orthopedic |
| Endocrinology | Otolaryngology |
| Genetics | Pediatrics |
| Genito-urinary | Plastic surgery |
| Hematology/oncology | Pulmonary |
| Neurology and neurosurgery | Urology |
| Ophthalmologic | |

Excluded Conditions:

Children whose sole diagnosis is blindness or deafness are not eligible, nor are children diagnosed as psychotic.

Financial:

General Financial Eligibility:

Children whose family income is at or below 200% of the federal poverty guidelines are eligible for medical and care coordination services. Children, whose family income is greater than 200% of the federal poverty guideline and are on TennCare, may qualify for care coordination services only if they meet the medical eligibility criteria or have a condition that meets an expanded definition of special needs. This may include some conditions, such as autism and developmental delays.

Financial Eligibility for Initial Screening:

Any child under age 21 who is a resident of Tennessee is eligible for a diagnostic evaluation, including inpatient diagnostic evaluation of a maximum of 3 days. (See also above 200% federal poverty guidelines.)

Family Co-Payment or Financial Participation Requirements:

There is no cost to the family for any CSS services. Children are referred for evaluation of eligibility to TennCare (Medicaid, Uninsured, and Uninsurable). Other insurance may be utilized.

DIRECT CARE SERVICES (PROVIDED OR PAID FOR):

Children’s Special Services provides direct health care services, which are directly related to the diagnosis or condition for which the child is eligible for the program. Special formulas are provided for related diagnoses after exhaustion of all third-party resources, including WIC. CSS provides comprehensive medical services to children who are medically and financially eligible. Services may include surgery, out patient services, physical therapy, occupational therapy, speech therapy, and prescription drugs.

Limitations: hospital days are limited to 20 days per year and covered days in rehabilitation center may not exceed 20 days per year for severe diagnoses, and 7 days per year for less severe diagnoses.

Excluded Direct Care Services:

- Care for acute conditions (injuries, etc.), except for residual effects
- Cochlear implants
- Dental treatments, except for craniofacial malformations, cleft palate conditions, dental conditions caused by Dilantin therapy, and heart conditions
- Drug treatments, which are not approved by the FDA for the purpose for which prescribed
- Orthodontic treatment, except for craniofacial malformations and cleft palate conditions
- Psychiatric treatment and psychological services
- Transplant surgeries, including drugs and supplies directly related to transplants

HOW/WHERE DIRECT CARE SERVICES ARE PROVIDED:

Care and treatment are coordinated through the child’s TennCare Managed Care Organization’s designed primary care provider (Medical Home) and specialty providers when applicable. Care coordination services are provided in the home, school, and/or other location or agency. Families are encouraged to be empowered to utilize the Managed Care system with the assistance of care coordination staff. CSS staff consults with Shriners CHOICES care coordination and the IDEA Part C (TEIS) early intervention service coordinators.

Specialty Clinics/Programs:

Care and treatment may be provided at a CSS sponsored assessment or specialty clinic located in regional/county health department or public/private hospital/physician clinics.

Coordination of Financial Benefits:

CSS program is the payor of last resort. Payment for services provided through the program will not be made until all third-party resources, if any, are exhausted. Title V CSS will pay prior to CHAMPUS.

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 CSS:

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

Coordination of Services:

The program provides community-based care coordination services to assess needs, develop and monitor a care plan, evaluate the child’s progress, and bring together available resources within the child’s community and immediate environment. A care coordinator is available to CSS eligible families in all 95 counties. The primary goal of care coordination is to empower the family/patient to be an effective manager of his or her own service needs.

Excluded Enabling Services:

Ambulance fees and transportation, except for emergency transportation from one hospital to another
Durable medical equipment

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.:

“Parents Encouraging Parents” (PEP) is a statewide parent-to-parent support and information network. PEP services are offered to all families statewide whose child has a special health care need; it is not limited to children on CSS, or by medical or financial eligibility. Services are available in each region of the state by a team of social worker or nurse and a parent consultant who is the parent/grandparent of a special needs child.

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:

Services may be provided in out-of-state facilities if the services requested are not available within the state or explicit medical jurisdiction demonstrates that out-of-state treatment is in the best interest of the child.

STATUTORY/REGULATORY AUTHORITY OF THE PROGRAM:

Tenn. Code Ann. § 68-12-101, et. seq. (1992)
Tenn. Comp. R. & Regs. tit., ch. 1200-11-3