

Vermont

Children with Special Health Needs (CSHN)

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(in-state)

MISSION STATEMENT

The mission of the CSHN program is to promote the well being of Vermont children with developmental and special health care needs.

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 individuals over 21 with cystic fibrosis who are also eligible.

Residency: Eligible children must live within the state of Vermont; children who are residents of another state may be eligible for limited services through written agreements with CSHN.

Medical:

Comprehensive diagnostic, treatment, follow-up, and care coordination services are provided to children in the CSHN program as a means to minimize the impact of their condition on their growth and development.

Eligible Conditions:

Arthritis
Cardiac disease and congenital heart deformities
Chronic renal disease
Cleft lip/cleft palate and craniofacial malformations
Complex hearing loss
Complex orthopedic conditions due to congenital malformation, abnormalities of growth, and the chronic results of injury and infection
Congenital anomalies of the gastrointestinal system, genito-urinary system, nervous system, and respiratory system
Congenital cataracts and glaucoma
Cystic fibrosis
Developmental disabilities
Epilepsy and other neurological conditions
Hemophilia
Muscular dystrophy
PKU and other inborn errors of metabolism
Residual effects of malignancies, trauma, and burns

Excluded Conditions:

Asthma
Cancer
Diabetes mellitus
Fractures, sprains, toeing in/toeing out, flat feet, and mild scoliosis
Visual impairment, such as strabismus and refractive errors

Financial:

General Financial Eligibility:

Most services are available without regard to income. Families may be asked to share in the cost of some services (see “Family Co-payment or Financial Participation Requirements” below). Respite care has an income criterion.

Financial Eligibility for Initial Screening:

Initial screening and diagnostic services are provided free of charge regardless of family income. While there is no out-of-pocket fee for attendance at clinics, public and private third party payers may be billed.

Family Co-Payment or Financial Participation Requirements:

Families with income below 225% of the Federal Poverty Level (FPL) and families with Medicaid coverage are exempt from cost sharing. Families above 225% of the FPL must pay one of five income-based annual deductibles before CSHN financial assistance triggers on. Deductibles range from \$230/year to \$600/year.

DIRECT CARE SERVICES (PROVIDED OR PAID FOR):

The following direct health care services are provided through CSHN (Private insurance, Medicaid, and all other third-party sources must be billed first):

- Hospitalization and surgery
- Laboratory tests and x-rays
- Medical/surgical evaluation, diagnosis, and treatment
- Nursing services, including home visitation provided by Department of Health nursing staff or by exception
- Nutrition services, including assessment and counseling
- Pharmaceuticals for problems that are related to the disease process or developmental delay/disability
- Physical and occupational therapy
- Specialty physician care

Excluded Direct Care Services:

- Dental care, except as authorized by the Cleft Lip/Cleft Palate Program or by the Special Services Program
- Eye surgery, eye refraction, or eye glasses (exceptions for associated unusual medical conditions can be made)
- Organ transplants
- Psychological counseling
- Respiratory therapy except for cystic fibrosis patients
- Routine pediatric or family physician care
- Speech and language therapy except in Cleft Lip/Cleft Palate Program when not otherwise available

HOW/WHERE DIRECT CARE SERVICES ARE PROVIDED:

CSHN administers a program of care and does not act merely as a payer for services. Services are provided at clinics operated by the CSHN clinical staff. If additional opinion and/or consultation is requested or required, it must be approved by the Vermont Department of Health if CSHN is to provide financial assistance. Times and locations of clinics vary among several regions in the state.

Specialty Clinics/Programs:

Cardiology
Cleft Palate/Craniofacial
Combined *
Cystic Fibrosis
Epilepsy
Feeding Team (consultation by referral from within CSHCN)
Hand/Upper Extremity
Hearing Outreach Project (infant/newborn screening)
Intensive Care Nursery Follow-up***
Metabolic
Muscular Dystrophy
Myelomeningocele and Spinal Cord Disorders
Orthopedic
Rheumatology
Rhizotomy
Special Services**
Wheelchair/Seating Clinic

*The Berline and Burlington Orthopedic Clinics offer combined clinic services with the Child Development Clinic.

**Provides services, including out-of-state services for children with very rare conditions or common conditions for which there is no CSHN clinic. Services include care coordination or more intensive case management and limited financial assistance.

***Developmental screening and referral for infants who meet “high risk” criteria after discharge from the Newborn Intensive Care Nursery at Fletcher Allen Health Care.

Coordination of Financial Benefits:

Private insurance, Medicaid, and all other third-party sources must be billed before CSHN will pay for medical services.

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

CSHN Collaborates with the Shriners Hospital in Springfield, Massachusetts to ensure continuity of care for children opting to secure some services at Shriners. Also, Vermont CSHN works closely with the Dartmouth-Hitchcock Medical Center in Lebanon, New Hampshire to improve continuity of care for children receiving care at that facility and their families.

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, except that families do not have to meet a deductible before receiving support for transportation, lodging, or interpreter services.

THERE IS AN INCOME LIMIT FOR RESPITE SERVICES.

ENABLING SERVICES (PROVIDED OR PAID FOR):

The following enabling services are provided through CSHN (Private insurance, Medicaid, and all other third-party sources must be billed first):

Equipment purchases (Equipment must be medically necessary and for use primarily in the community)

Interpreter (language and ASL)

Limited transportation and lodging

Orthotic and prosthetic devices

Respite care

Social work service evaluation/referral/care coordination

Coordination of Services:

Care coordination services are provided at each clinic site. Case management is generally provided on a regional basis if not provided through a specific clinic. Case management consists of social workers, nurses, and other professionals at the clinic coordinating care and developing treatment programs in collaboration with other medical, educational, and social services providers and the families themselves.

Excluded Enabling Services:

Beds, accessories, floatation mattresses or bedding

Equipment for motor vehicles

Ramps and other renovations to homes

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.:

CSHN has part-time care coordinators on staff at Dartmouth-Hitchcock Medical Center to work with Vermont children and families.

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.:

In collaboration with Fletcher Allen Health Care and other hospitals, CSHN provides statewide hearing screening for infants and newborns as well as hard to test older children.

IV. INFRASTRUCTURE BUILDING SERVICES

Infrastructure building services are those 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 CSHN:

CSHN Family Advisory Committee meets 3 times a year formally, and is available via telephone and e-mail, to address policy issues, budget proposals, needs assessment, etc.

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:

CSHN will pay for approved treatment out-of-state if the treatment is not available in Vermont. Coverage ends when child ceases to be a resident.

STATUTORY/REGULATORY AUTHORITY OF THE PROGRAM:

Vt. Stat. Ann. tit. 18, §§ 115, 115a, 116, 120 (1991)