

Washington

Maternal and Child Health

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(For referral to CSHCN coordinators
and resource information for families
of children with special health care needs)

MISSION STATEMENT

The mission of the CSHCN Program is to promote integrated systems of care that assure the population of children with special health care needs the opportunity to achieve the healthiest life possible and develop to their fullest potential.

This MISSION will be met through CSHCN Program staff providing state level leadership in these areas:

- Identifying and addressing health system issues that impact this population;
- Working with families and other leaders to influence priority setting, planning, and policy development;
- Supporting community efforts in assuring the health and well-being of children with special health care needs and their families.

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:

Children 17 years of age or younger are eligible for CSHCN services.

Residency:

Families who intend to establish residency in the state are eligible for CSHCN services. Length of residency is not a factor, but visitors who come to the state for medical services are not eligible.

Medical:

Children are eligible to receive CSHCN services if they have or are at risk for: disabilities and handicapping conditions, chronic illnesses and conditions, or health-related behavioral or educational problems.

Eligible Conditions:

Eligibility is not based on diagnosis. Payment for diagnostic and treatment services is provided when there is no other payment source if:

- The child has, or is at risk of developing disabilities, handicapping conditions, and/or chronic illness;
- The child's condition is amenable to treatment;
- The expected treatment outcome would alleviate, reduce, or prevent disability;
- The service is medically appropriate and medically necessary;
- Treatment is generally accepted as a standard or reasonable action for the condition, for example is not experimental and is not beyond what is generally considered medically necessary;
- The prescribed treatment is the least invasive and promotes the best outcome based on generally accepted standards of practice; and
- Without treatment there is likely to be a greater functional disability.

Excluded Conditions:

Terminal illnesses are specifically excluded. Kidney transplants are covered on a limited basis with Medicaid having primary responsibility for coverage.

Financial:

General Financial Eligibility:

Payment for medically related services is limited to families whose income is at or below 200% of the federal poverty guidelines. Payment for services is made when there is no other payment source.

Financial Eligibility for Initial Screening:

Same as “General Financial Eligibility” except approval may be given for one diagnostic visit if: (1) delay in diagnosis could result in deterioration of presumed or suspected condition, (2) there are no other resources, and (3) the child will not receive services any other way.

Family Co-Payment or Financial Participation Requirements:

None. Contact the Program directly for more information.

DIRECT CARE SERVICES (PROVIDED OR PAID FOR):

All CSHCN clients, regardless of income, are eligible for direct health care services such as PHN nursing assessment and nursing evaluations. When the CSHCN Program is asked to pay for a medically related service, requests may be made when there is no other funding source available and criteria are met (see “Eligible Conditions”).

Excluded Direct Care Services:

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

HOW/WHERE DIRECT CARE SERVICES ARE PROVIDED:

Services are provided in every county by CSHCN coordinators.

Specialty Clinics/Programs:

Neurodevelopmental Early Intervention Services are provided by private nonprofit agencies in some communities.

CSHCN Maxillofacial Team Coordinators coordinate Maxillofacial Team Review Boards in four regions of the state.

Coordination of Financial Benefits:

CSHCN is a secondary payor to all private and other publicly funded programs, (with the exception of IDEA, Part C) including insurance, Medicaid, and Medicare.

Medical Assistance Administration (Medicaid) pays for most medically necessary services for children whose family income is at or below 200% of the federal poverty

level. The State Child Health Insurance Program pays for children whose family income is between 200%-250% of the federal poverty level. All CSHCN clients are required to apply for Medicaid.

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 CSHCN:

Care coordination

Coordination of Services:

CSHCN contracts with health departments/districts and with Yakima Valley Memorial Hospital in Yakima County to administer and/or coordinate services to children with special health care needs at the local level. Major services objectives for

care coordination include: (1) facilitating access to care through comprehensive, community-based, family-centered care coordination services for children under the age of 18 years with special health care needs, regardless of family income; (2) providing public health nursing screening and/or assessment, nursing interventions including information, referral, and resource coordination for children with special health care needs, regardless of income; and (3) providing or assuring comprehensive, multi-disciplinary assessment, health care planning, and intervention for children with complex medical problems.

Excluded Enabling Services:

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

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. 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:

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.:

Grants: CSHCN provides liaison staff for SPRANS Grants related to health system reform and the population of children with special health care needs (managed care, integrated systems), for CISS grants, and for a HRSA grant. An additional SPRANS grant focuses on genetic education for providers.

Washington Integrated Services Enhancement for Children with Special Health Care Needs (WISE for CSHCN): CSHCN received a four-year grant (6/01/01-5/31/05) from the Maternal and Child Health Bureau, to promote cross agency policies and infrastructure to improve access, availability and continuity of services for children 0-8 years old with special needs and their families. Strategies for overcoming the lack of integration across systems will be piloted, and recommendations for policy and infrastructure changes for statewide implementation will be made for the following areas:

- Common enrollment
- Integration of data systems
- Improved coordination
- Blended funding

Integration across these areas will improve access to and continuity of services, as well as easing transition between services. These enhancements will promote attachment

to a medical home, and improve communication between service providers. Ultimately, this will result in better integration of services for children and families.

OUT-OF-STATE SERVICES FUNDED BY THE PROGRAM:

Those residents who live near Portland, Oregon are covered for service provided in Portland.

STATUTORY/REGULATORY AUTHORITY OF THE PROGRAM:

Wash. Rev. Code §§ 43.20.140; 43.20A.635, et. seq. (1983, Supp. 1993)

Wash. Admin. Code § 246-710-001, et. seq.