

Wisconsin

Children with Special Health Needs

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MISSION STATEMENT

Not available.

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:

Reside within the jurisdiction of the state of Wisconsin.

Medical:

Children with special health care needs are defined as children (birth to 21 years of age) with long term, chronic, physical, developmental, behavioral, or emotional illness or a condition that: (1) is severe enough to restrict growth, development, or ability to engage in usual activities; (2) has been or is likely to be present or persist for 12 months to lifelong; and (3) is of sufficient complexity to require specialized health care, psychological or educational services of a type or amount beyond that required generally by children.

Eligible Conditions:

Same as “Medical Eligibility Criteria”.

Excluded Conditions:

Same as “Medical Eligibility Criteria”.

Financial:

General Financial Eligibility:

As of March 31, 1999 the CSHCN Program no longer provides direct financial assistance to individuals. Through five Regional CSHCN Centers, which began January 2000, a percent of funds are set aside to provide service coordination for children who meet the CSHCN medical eligibility definition and are not eligible for services coordination services through alternate programs, such as Medicaid Targeted Case Management, Birth to Three, Family Support, and Children’s Long Term Care.

Financial Eligibility for Initial Screening:

Same as “General Financial Eligibility”.

Family Co-Payment or Financial Participation Requirements:

Same as “General Financial Eligibility”.

DIRECT CARE SERVICES (PROVIDED OR PAID FOR):

The State CSHCN Program provides the following direct health care services: consultation and information and referral services for families of children with special health care needs.

The CSHCN Program provides, through contracts, five Regional CSHCN Centers. These Regional Centers provide information and referral, follow-up services, parent-to-parent services, and service coordination through contracts with local public health departments or their designees.

Excluded Direct Care Services:

Not addressed. Contact the Program directly for more information.

HOW/WHERE DIRECT CARE SERVICES ARE PROVIDED:

The CSHCN Program is not a direct provider of medical services, but works with families, providers, and local communities to make information and referral, parent to parent support, and service coordination available to families by developing systems of care that are culturally sensitive, community based, and family centered. Through a competitive RFP process, five Regional CSHCN Centers are funded in each of the five Division of Public Health regions beginning January 2000.

The CSHCN Program, in January 2000, awarded contracts totaling \$1,370,000 to establish Regional CSHCN Centers in each of the five Divisions of Public Health regions. The Regional CSHCN Centers increase the capacity of local communities to serve families. The five Regional CSHCN Centers work together to form a statewide, integrated system for children with special health care needs and their families. These Centers began to offer services to families and providers in fall 2000, after an initial planning period for infrastructure development and start up activities. The goals of the Regional CSHCN Centers are to: (1) provide a system of information, referral, and follow-up services so all families of children with special health care needs and providers have access to complete and accurate information; (the Public Health Information and Referral Services for Women, Children, and Families, First Step Hot line Program support the statewide information and referral needs for the Regional CSHCN Centers.); (2) promote parent-to-parent support networks to assure all families have access to parent support services and health benefits counseling; (3) increase the capacity of local health departments and other local agencies, such as schools to provide service coordination; (4) work to establish a network of community providers of local service coordination; and (5) initiate formal working relationships with local health departments and establish linkages for improving access to local service coordination.

Wisconsin First Step is a partnership with Wisconsin's Birth to 3 Program, providing information and referral services for families and providers, regarding issues/services for children with special health care needs Birth to 21. (1-800-642-7837)

Specialty Clinics/Programs:

None. Contact the Program directly for more information.

Coordination of Financial Benefits:

Serve as a point of referral and provision of health benefits counseling.

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

A Parent Liaison Consultant is located within the CSHCN Unit- Loraine Lucinski, 608-267-0329- to provide information/referrals, and technical assistance regarding parent issues and family centered care. A CSHCN Nutrition Consultant is located within the Nutrition Services Unit- Elizabeth Strickland, 608-267-9194. A Wisconsin State Genetic Services Plan can be downloaded at: www.slh.wisc.edu/genetics.

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 State CSHCN Program provides the following enabling services: leadership through coordination of services for CSHCN; administration of program requirements for public information, education, planning, consultations, and technical assistance to families and providers; and advocacy to assist families to access services.

The CSHCN Program monitors five Regional CSHCN Centers that promote a parent-to-parent support network, including the provision of health benefits counseling and increase in the capacity of local Public Health Departments and other local agencies to provide service coordination to children and their families.

Coordination of Services:

See “Coordination of Financial Benefits”.

Excluded Enabling Services:

Not addressed. 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):

The following population based services are provided. Contact the Program directly for more information.

- Oral Health Initiative for CSHCN
- Medical and Dental Home for CSHCN
- Universal Newborn Hearing Screening- Wisconsin Sound Beginnings/WE-TRAC

HOW/WHERE POPULATION-BASED SERVICES ARE PROVIDED:

Not applicable.

SPECIALIZED OR UNIQUE POPULATION-BASED SERVICES, SPECIAL GRANTS, WORKSHOPS, ETC.:

An audiologist is located in the CSHCN Unit to help address the new legislation s.253.1, newborn hearing screening. Wisconsin applied for and received a Universal Newborn Hearing Screening Grant. Wisconsin's Sound Beginnings, a four year MCHB grant funded program, supports the promotion of universal newborn hearing screening into an integrated service delivery system in Wisconsin. Also, Wisconsin recently received a CDC grant to help establish an Early hearing, detection, and tracking data system (WE-TRAC).

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:

The State CSHCN Program provides the following infrastructure building services: systems building in collaboration with other child/family efforts that link community-based health, social services, and education agencies; and management of data and overall program monitoring.

HOW/WHERE INFRASTRUCTURE BUILDING SERVICES ARE PROVIDED:

Same as “Direct Health Care Services” above.

SPECIALIZED OR UNIQUE INFRASTRUCTURE BUILDING SERVICES, SPECIAL GRANTS, WORKSHOPS, ETC.:

Under GPR funding, the CSHCN Unit provides the Birth Defects and Surveillance Program (Wisconsin Act 114). The new program requires DHFS to establish and a registry documenting the diagnosis of birth defect(s).

OUT-OF-STATE SERVICES FUNDED BY THE PROGRAM:

None. Contact the Program directly for more information.

STATUTORY/REGULATORY AUTHORITY OF THE PROGRAM:

WI State Statute AB 585 Chapter 253, Maternal and Child Health, Section 475.253.02(2)