

Connecticut

Children with Special Health Care Needs (CSHCN)

Contact Person: Lisa Davis, RN, MBA
Supervisor, MCH Unit

Telephone: (860) 509-8074
Fax: (860) 509-7720

Address: State of Connecticut
Department of Public Health
CSHCN Program
410 Capitol Avenue, MS # 11 MAT
PO Box # 340308
Hartford, CT 06134-0308

Email Address: lisa.davis@po.state.ct.us

Web Site: <http://www.state.ct.us/dph>

Toll-free Hot Line: MCH Information and Referral
Service

Telephone: 211

ELIGIBILITY CRITERIA

AGE:

Birth to 18 years of age, except no age limit for services for individuals with cystic fibrosis.

RESIDENCY:

Connecticut residency is required.

MEDICAL ELIGIBILITY CRITERIA:

Children with special health needs are those who have or are at elevated risk for (biologic or acquired) chronic physical, developmental, behavioral, or emotional conditions and who also require health and related (not educational and not recreational) services of a type and amount not usually required by children of the same age.

Eligible Conditions:

See "Medical Eligibility Criteria".

Excluded Conditions:

Not addressed. Contact the Program directly for more information.

FINANCIAL ELIGIBILITY CRITERIA:

General Financial Eligibility:

Financial eligibility is at or below 300% of the federal poverty guidelines. Special deductions to the gross yearly income may be made for expenses, such as childcare, dependent institutional expenses, medical debt and payments, and support/alimony payments.

Financial Eligibility for Initial Screening:

None. Contact the Program directly for more information.

Family Co-Payment or Financial Participation Requirements:

None. Contact the Program directly for more information.

SCOPE OF SERVICES

SERVICES:

Eligible Services: (certain limitation may apply)

| | |
|-----------------------------------|--|
| Adaptive seating, specialized | Orthotic devices |
| Audiometry | Over the counter medication and/or medical surgical supplies |
| Care planning | Periodontal services |
| Cast room | Physical therapy |
| Dental (limited) | Pharmacy |
| Diagnostic imaging (i.e. MRI, CT) | Physician fees for inpatient care |
| Durable medical equipment | Physician fees for outpatient care (specialty) |
| EEG/telemetry | Prosthetics/prosthetic devices |
| EKG/Halter | Pulmonary function testing |
| Emergency care | Radiology |
| Family support, advocacy | Skilled intermittent nursing |
| Hearing aids, digital and analog | Sleep study/polysomnography |
| Home health aide | Special nutritional formulas |
| Laboratory | Supplements/PKU Foods |
| Medical nutrition services | Speech therapy |
| Medical 23 hour day | Transportation |
| Medical and day surgery | Wheelchairs (including motorized) |
| Occupational therapy | |
| Orthodontics | |

Excluded Services:

General dental
Inpatient hospital care
Routine pediatric care

HOW/WHERE SERVICES ARE PROVIDED:

The CSHCN Program funds two Regional Centers for care management. These Centers are located at The Children's Hospital at Yale in New Haven and Connecticut Children's Medical Center in Hartford. The Centers provide outreach, eligibility determination, care coordination, family advocacy, and access to community-based specialty clinics.

Specialty Clinics/Programs:

Craniofacial Clinic
Cystic Fibrosis Clinics
Juvenile Diabetes Clinic
Orthopedic Clinic
Pediatric Cardiology Clinic
Sickle Cell
Spina Bifida

Out-of-State Services:

Only those not available in state.

COORDINATION OF FINANCIAL BENEFITS AND SERVICES:

Coordination of Financial Benefits:

The CSHCN Program is the payor of last resort after utilization of all third-party resources, such as health insurance, government benefits, or other benefits that may be available to the family to cover the cost of CSHCN Program services. Both Centers employ benefits specialists who work with families regarding financial resources.

Coordination of Services:

Care coordination is available through each Regional Center.

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

The CSHCN Program also enrolls eligible children referred by the Social Security Administration under the Supplementary Security Income/Disabled Children Program (SSI/DCP).

STATUTORY/REGULATORY AUTHORITY:

Conn. Gen. Stat. §§ 19a-50; 19a-48; 19a-51; 19a-52; 19a-53; 19a-54; 19a-58; 19a-61