

Children's Medical Services (CMS)

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Toll-free Hot Line: None

Telephone:

ELIGIBILITY CRITERIA

AGE:

Birth to 21 years of age.

RESIDENCY:

Physically reside within the state of Florida with the intent to remain.

MEDICAL ELIGIBILITY CRITERIA:

Children under age 21 whose serious, chronic physical, or developmental conditions require extensive preventive and maintenance care beyond that required by typically healthy children. Health care utilization by these children exceeds the statistically expected usage of the normal child adjustment for chronological age. These children often need complex care requiring multiple providers, rehabilitation services, and specialized equipment in a number of different settings.

Eligible Conditions:

Medical eligibility determined by individualized screening process based on condition, function, and financial status.

Excluded Conditions:

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

FINANCIAL ELIGIBILITY CRITERIA:

CSHCN 0-21 years old or high-risk pregnant females who are Medicaid eligible (no financial participation). This is an insured group through CMS.

General Financial Eligibility:

AGE	ELIGIBILITY CRITERIA
Pregnant women & infants (Birth - 1 year)	Eligible without financial participation with incomes at or below 200% of the federal poverty level (FPL). (Same as Medicaid)
12 months - 6 Years	Eligible without financial participation with incomes at or below 133% of FPL. (Same as Medicaid)
6 Years - 21 Years	Eligible without financial participation with incomes at or below 100% of FPL.

An applicant also may be eligible if the applicant: (1) is a current recipient of Supplemental Security Income or TANF (are all Medicaid); (2) is an adopted child and received Children's Medical Services prior to being adopted; (3) is in the custody of the Florida department, or is designated as a "special needs child"; or (4) meets the medical eligibility criteria and CMS determines that the condition would cause significant financial hardship.

Financial Eligibility for Initial Screening:

All potentially eligible persons may receive initial screening services regardless of income.

Family Co-Payment or Financial Participation Requirements:

Estimated cost of care is included in eligibility determination for families with incomes above the criteria. Financial participation or Medical Director's exceptions apply for these families.

SCOPE OF SERVICES

SERVICES:

The Children's Medical Services Network (CMSN) is a primary care physician directed managed care option required in law for children who are covered by Medicaid, uninsured, or underinsured. Phase one of the Network applies to children enrolled in Medicaid (Title XIX), while Phase two is for uninsured children with special health care needs (Title XXI). The CMS Safety Net Program provides services to CSHCN who may not qualify for XIX or XXI. Benefits include medically indicated treatment services, including case management.

Eligible Services:

None listed. Contact the Program directly for more information.

Excluded Services:

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

HOW/WHERE SERVICES ARE PROVIDED:

Services provided by CMS Consultants through CMS clinics, designated hospitals, convalescent facilities, specialized treatment centers, and regional and satellite clinics; if access to clinics or specialized treatment centers is not available, patient may be treated by CMS consultants in their private office. CMSN provides the Medicaid service package plus additional services.

Specialty Clinics/Programs: (examples)

Brain and Spinal Cord Injury	Neurology/Neurosurgery	Renal
Cardiac	Organ Transplant	Speech and Hearing
Cleft Lip/Palate & Cranio-facial	Orthopedic	Spina Bifida
Hematology/Oncology	Pediatric	Vision
Multiple Handicap Specialist	Pediatric Pulmonary	

CMS Contract Programs and Clinics: (examples)

Adolescent and Young Adult	Genetics	Pediatric Rheumatology
Apnea Monitoring Program	Infant Hearing Impairment	Perinatal Intensive Care
Comprehensive Children's	Infant Screening	Poison Information
Diabetes	Kidney Failure Centers	Rheumatic Fever and
Early Intervention Program	Liver/GI/Transplant	Rheumatic Heart
Endocrine	Pediatric Primary Care	Disease

Out-of-State Services:

The Division Director for CMS may authorize services by an out-of-state provider if the needed services are not available in Florida and are necessary to save the life of a CMS patient.

COORDINATION OF FINANCIAL BENEFITS AND SERVICES:

Coordination of Financial Benefits:

CMS is payor of last resort; all potential alternative financial resources must be investigated first, including insurance, personal injury judgments or settlements, Medicaid, or other federal or local governmental benefits.

Coordination of Services:

CMS coordinates services with multiple private/public agencies. Care coordination is provided by nurses and social workers.

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

None listed. Contact the Program directly for more information.

STATUTORY/REGULATORY AUTHORITY:

Fla. Stat. § 391.011 and 409.9126 et. seq. (West 1992)
Fla. Admin. Code Ann. r. 54C