

## ***Child Health Specialty Clinics (CHSC)***

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**Toll-free Hot Line:** Iowa Compass - for people with  
disabilities including children  
with special health care needs

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### ELIGIBILITY CRITERIA

#### **AGE:**

Birth to 22 years of age. Exceptions may be made for individuals with chronic cardiac, neuromuscular, hemophilia, lung, and other diseases.

#### **RESIDENCY:**

Required, but not defined.

#### **MEDICAL ELIGIBILITY CRITERIA:**

CHSC services are available to children and young adults who have or are at risk for chronic illness, disability, or a health-related educational or behavioral problem. Health or related conditions may be short- or long-term. The program focuses on those children who need community-based care or follow-up care for medically complex conditions.

***Eligible Conditions:***

Eligibility is not based exclusively on a diagnosed condition. Individuals who have the following conditions may be eligible for CHSC services:

- Chronic illnesses, such as hemophilia, cystic fibrosis, bronchopulmonary dysplasia, cardiac disease, diabetes mellitus, juvenile rheumatoid arthritis, and sickle cell disease
- Developmental disabilities, such as cerebral palsy, seizure disorder, autism, mental retardation, and Down Syndrome
- Ear, nose, and throat conditions, such as hearing loss, chronic ear infections, nasal obstruction, and cleft lip and palate
- Muscle disorders, such as muscular dystrophy and related conditions
- Orthopedic problems, such as scoliosis and Legg-Perthes' disease
- Other health problems which create a disability or loss of function
- Prematurity, low birth weight, and developmental delay
- Serious behavioral, social, and emotional problems
- Traumatic injuries, such as head and spinal cord injuries

***Excluded Conditions:***

Acute conditions or illness

***FINANCIAL ELIGIBILITY CRITERIA:***

***General Financial Eligibility:***

Eligible individuals may receive CHSC services regardless of income. But, see “Family Co-Payment or Financial Participation Requirements”.

***Financial Eligibility for Initial Screening:***

Same as “General Financial Eligibility”.

***Family Co-Payment or Financial Participation Requirements:***

Families with adjusted gross incomes below 185% of the federal poverty guidelines are not responsible for payment of clinic fees. Families' financial responsibility, if applicable, is determined on a sliding fee scale using the number of exemptions claimed and adjusted gross income from the most recent federal income tax return. Extenuating circumstances are also considered.

SCOPE OF SERVICES

**SERVICES:**

***Eligible Services:***

Specialized services include expert diagnosis and evaluation, consultation and training for primary care providers, care coordination and related family support services, and core public health functions, specifically:

- Assessment of physical and/or psychosocial status, including medical examination, developmental evaluation, consultation by other professionals, and radiological and laboratory studies
- Care planning and coordination
- Family support services
- Information and referral
- Needs assessment
- Policy development
- Purchase of certain assistive devices and pharmaceuticals
- Quality assurance

Emergency follow-up services, including health care, pharmaceuticals, and equipment may be provided on a one-time extraordinary basis if the budget allows it and if: (1) the child is a patient of CHSC or known to CHSC through other programs, (2) the requested services/equipment is needed, and (3) there is significant reason to believe the services will not be provided without emergency funding.

***Excluded Services:***

None specifically listed. Contact Program directly for more information.

**HOW/WHERE SERVICES ARE PROVIDED:**

Services are provided through 14 regional health centers, statewide mobile clinics conducted in local hospitals, and CHSC's central office in Iowa City. Clinics and services are provided in, but not limited to, the following subspecialties:

- |                    |                      |                     |
|--------------------|----------------------|---------------------|
| Audiology          | Nutrition            | Pulmonology         |
| Cardiology         | Occupational Therapy | Respiratory Therapy |
| Endocrinology      | Orthopedics          | Rheumatology        |
| Gastroenterology   | Otolaryngology       | Social Work         |
| Genetic Counseling | Pediatrics           | Speech/Language     |
| Hematology         | Physical Therapy     |                     |
| Nursing            | Psychology           |                     |

***Specialty Clinics/Programs:***

Autism Training and Consultation Services  
High Risk Infant Follow-Up Program  
Home and Community Care Planning  
Infant and Toddler Training and Consultation Services  
Integrated Evaluation and Planning Clinics

***Continuity of Care Services:***

Community Outreach Program for Children and Youth with Prader-Willi Syndrome  
Community Reentry Programs for Children with Cancer, Diabetes Mellitus, or Renal Disease  
Consultative and Comprehensive Care Program for Children and Youth with Sickle Cell Anemia and Other Major Hemoglobinopathies  
Rural Comprehensive Care Program for Hemophilia Patients  
Community Care Planning for Children Discharged from Medical Centers

***Out-of-State Services:***

CHSC rarely pays for out-of-state care for program participants. However, CHSC may purchase care on an individual basis with special administrative approval.

***COORDINATION OF FINANCIAL BENEFITS AND SERVICES:***

***Coordination of Financial Benefits:***

CHSC will bill third-party payers in the following sequence: (1) Medicare; (2) private insurance, including SCHIP plans; (3) public programs [Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) and Civilian Health and Medical Program of the Veteran's Administration (CHAMPVA) and Medicaid]; and (4) other pre-authorized resources (from private organizations).

The family's sliding fee level is applied to the total clinic service fee. If third-party resources pay at or above the family's liability, there is no further liability to the family. In the event of unusual circumstances, selected administrative staff may waive the balance when third-party resources have not paid all of a family's liability.

***Coordination of Services:***

Care coordination is provided to promote or provide for the effective and efficient organization and use of resources to assure access to and use of necessary comprehensive services for children, youth, and young adults with special health care needs and their families. Care coordination is an integral part of CHSC services and is provided to all individuals receiving clinic services, as well as many others, for example children eligible for home and community-based services through the Department of Human Services Waiver, children with special health care needs eligible for EPSDT services, and families of children with special health care needs applying for Supplemental Security Income. Planning is currently underway for CHSC to provide care coordination services to children with special health care needs enrolled in Medicaid Managed Care.

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

The Parent Partnership Program strengthens family-centered care by creating opportunities for parent support, information sharing, and parent-professional collaboration. The program operates the Parent Consultant Network and sponsors periodic regional and statewide conferences for families and service providers. A parent is a member of the CHSC Leadership Council.

A special MCHB grant titled “Healthy and Ready to Work” has the purpose of improving the system of transition services for adolescents and youth with special health care needs. The project will sponsor transition-related activities for policy makers, health care providers, employers, educators, and adolescents with special health care needs and their families.

The CHSC Director is the principal investigator for a MCHB sponsored hearing screening grant. A major project goal is to address barriers to universal screening and uniform data procedures.

***STATUTORY/REGULATORY AUTHORITY:***

In 1936, the Iowa State Board of Education adopted a resolution (titled “Hospital for Crippled Children - Social Security Act”) directing and authorizing the University of Iowa College of Medicine to develop a program for crippled children under the jurisdiction of the State Board of Education and in close relation to programs carried on at the University of Iowa Children’s Hospital.

In 1986, under Iowa Senate File 2175, overall responsibility for the Child Health Specialty Clinics was transferred from the University of Iowa Hospitals and Clinics to the Iowa Department of Health (now called Iowa Department of Public Health).

The Iowa legislature passes annual appropriations bills designating a certain percentage of the MCH Block Grant and a certain amount of state general funds to be utilized for the CHSC program.