

# *Kansas*

## *Services for Children with Special Health Care Needs (SCSHCN)*

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**Toll-free Hot Line:** Make a Difference Information  
Network

**Telephone:** 1-800-332-6262

### ELIGIBILITY CRITERIA

#### **AGE:**

Birth to 21 years of age; except individuals who have hypothyroidism, sickle cell disease, PKU, galactosemia, or hemophilia for which there is no age limitation.

#### **RESIDENCY:**

Applicant must live within the state of Kansas with the intention of making a permanent home here.

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

An individual is medically eligible for the program if the individual has an organic disease, defect, or condition which may hinder the achievement of normal physical growth and development and is identified as an eligible condition.

***Eligible Conditions:***

Conditions eligible for treatment:

Burns requiring plastic surgery or compression garments	Hearing problems
Cardiovascular *	Myelomeningocele
Cleft palate/cleft lip	Neurosurgical *
Craniofacial anomalies, including hydrocephalus	Orthopedic *
Congenital gastrointestinal problems requiring surgical correction	Seizures
	Specified genetic and metabolic *
	Vision problems *

\* May be limited to specified conditions or by severity of condition.

***Excluded Conditions:***

Conditions not specifically included in priority list are not covered.

***FINANCIAL ELIGIBILITY CRITERIA:***

***General Financial Eligibility:***

Financial eligibility is based on a family's "annual margin", calculated by adding adjusted gross income and cash assets above the allowable maximum and subtracting from that the family living allowance and anticipated health care expenditures for the family not covered by health insurance. Within 12 months of the application, a family may spend-down its annual margin to zero by agreeing to: (1) pay for medical expenses, travel expenses related to medical treatment, health support services, supplies, or equipment; or (2) pay for a portion of actual or anticipated medical expenses, travel expenses related to medical treatment or for a portion of health support services, supplies, or equipment.

Family living allowance calculated based on 185% of poverty guidelines.

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

Diagnostic services are available without regard to family income.

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

No co-payment required for families whose annual margin is zero, but see "General Financial Eligibility" above for additional information.

*SCOPE OF SERVICES*

***SERVICES:***

***Eligible Services:***

Treatment services may include:

Durable medical equipment	Medically necessary food products *
Hospitalization	Outpatient care
Interpreter services	Surgery
Medical specialists	Transportation to medical specialty care

A limited amount of speech therapy is provided for children with severe hearing loss or with cleft palate/cleft lip.

A limited amount of rehabilitative physical or occupational therapy is provided for children with severe burns or eligible orthopedic conditions.

\* For children age 18 and under diagnosed with PKU or MSUD, up to \$1,500 per year, 300% of poverty.

***Excluded Services:***

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

***HOW/WHERE SERVICES ARE PROVIDED:***

Services are provided through tertiary facilities, local providers, and out-reach clinics.

***Specialty Clinics/Programs:***

Out-Reach Clinics:

Cardiac Diseases	Neurological Impairments
Genetic Diseases	Orthopedic Conditions

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

Treatment services may be provided out-of-state on an individual basis if: (1) the medical specialty is not practiced in Kansas, (2) the medical treatment is not available in Kansas and two approved medical specialists recommend out-of-state treatment, (3) no hospital beds are available in Kansas, or (4) emergency treatment is required for an eligible condition.

The eligible family is responsible for the cost of travel and maintenance of the family during treatment. No initial diagnostic services may be provided out-of-state.

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

***Coordination of Financial Benefits:***

The CSHCN program is the payor of last resort. For persons receiving funding from both Medicaid and the CSHCN program, Medicaid has primary funding responsibility. \* Private insurance also has primary funding responsibility over the CSHCN program and every effort will be made to utilize insurance benefits.

\* The CSHCN program does not pay for Medicaid eligible services for CSHCN persons with Medicaid.

***Coordination of Services:***

Services include counseling and planning for health care needs, developing an individual plan of health care, and follow-along services.

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

None listed. Contact the Program directly for more information.

***STATUTORY/REGULATORY AUTHORITY:***

Kan. Stat. Ann. § 65-5a01, et seq. (1992)  
K. Administrative Regulation 28-4-400, et seq.