

Kentucky

Commission for Children with Special Health Care Needs

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Toll-free Hot Line: Information and referral

Telephone: 1-800-232-1160

(V/TDD) In state only

ELIGIBILITY CRITERIA

AGE:

Birth to 21 years of age, eligibility for all hemophiliacs, regardless of age.

RESIDENCY:

Eligible children must be a Kentucky resident.

MEDICAL ELIGIBILITY CRITERIA:

(1) Must be a resident of Kentucky, (2) must be under age 21, and (3) must have a condition amenable to medical treatment.

Eligible Conditions:

Asthma (level 4)

Burns

Cerebral palsy

Cleft lip and palate

Craniofacial anomalies

Cystic fibrosis

Epilepsy

Heart defects

Hemophilia (Children and Adults)

Myelomeningocele (Spina bifida)

Neurology

Other neurosurgical conditions

Orthopedic

Pediatric rheumatology

Eligible Conditions: (continued)

| | |
|---|--|
| Eye disease or serious refractive error | Plastic surgery for certain conditions |
| Hand surgery | Scoliosis |
| Hearing loss, draining ears | Sickle cell |

Note: Conditions not listed receive individual consideration based on fund availability and whether or not the condition is amenable to treatment.

Excluded Conditions:

Exzematous, dermatitis, allergies, any acute or chronic sinus disease epistaxis, throat diseases (acute or chronic); laryngeal, nasal and throat obstructions, i.e. tumors, etc. Diseases of salivary glands, T & A with no hearing loss, uncomplicated headaches and neuralgia symptoms; hypertension; malignancy, conjunctivitis (viral & bacterial), simple refractive errors <-1.00 <+3.00; nephrosis, nephritis. The following covered only if a Myelo Clinic patient: circumcision, phimosis, urinary tract infections, enuresis, other urinary diseases, hydrocele. Simple moles, ichthyosis, other chronic skin condition; allergies; any other hematologic, immunologic; primary mental or emotional disorders, mental retardation without other conditions in the program; learning disorders; simple fractures and other trauma without disabling residual; acute infections of bone or joint; Caffey's Disease or Syndrome (or Infantile Cortical Hyperostosis; simple flatfeet (painless); Ewing's Sarcoma, Osteosarcoma, Osteoclastoma, Chondrosarcoma, Fibrosarcoma, Reticulum Cell, Sarcoma, Plasma Cell Myeloma; minor congenital anomalies, i.e., ear tags, moles, endocrine problems; malignant tumors; obesity; isolated dental malocclusion, isolated dental problems.

FINANCIAL ELIGIBILITY CRITERIA:

Financial eligibility is determined on an individual basis by consideration of family size, income, and resources.

General Financial Eligibility:

Financial eligibility is based upon the family's size and adjusted gross income. Family must be unable to pay for care or able to pay for only portions of care based on sliding fee scale. The Family Financial Participation Scale is updated each April 1.

| Gross Income | Number of Dependents (Total Size of Family) | | | | | | | | | | | |
|---------------------|--|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|
| ANNUAL | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| \$16,700 & Under | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| 16,701 - 22,500 | 20% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| 22,501 - 28,300 | 40% | 20% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| 28,301 - 34,100 | 60% | 40% | 20% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| 34,101 - 39,900 | 80% | 60% | 40% | 20% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| 39,901 - 45,700 | 100% | 80% | 60% | 40% | 20% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |

General Financial Eligibility: (continued)

| Gross Income ANNUAL | Number of Dependents (Total Size of Family) | | | | | | | | | | | |
|------------------------|---|------|------|------|------|------|------|-----|-----|-----|-----|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 45,701 – 51,500 | 100% | 100% | 80% | 60% | 40% | 20% | 0% | 0% | 0% | 0% | 0% | 0% |
| 51,501 – 57,300 | 100% | 100% | 100% | 80% | 60% | 40% | 20% | 0% | 0% | 0% | 0% | 0% |
| 57,301 – 63,100 | 100% | 100% | 100% | 100% | 80% | 60% | 40% | 20% | 0% | 0% | 0% | 0% |
| 63,101 – 68,900 | 100% | 100% | 100% | 100% | 100% | 80% | 60% | 40% | 20% | 0% | 0% | 0% |
| 68,901 – 74,700 | 100% | 100% | 100% | 100% | 100% | 100% | 80% | 60% | 40% | 20% | 0% | 0% |
| 74,701 – 80,500 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 80% | 60% | 40% | 20% | 0% |

NOTE: Commission for Children with Special Health Care Needs (CCSHCN) Family Participation Scale is based on the current federal poverty level (FPL). This scale represents eligibility requirements at 200% of FPL. The scale will be updated each April 1 to reflect the current FPL. This scale is to be used as a guide by the Eligibility Committee. The Committee's deliberations may call for a deviation from the guide because of unusual circumstances.

Children from family units which fall in the 100% classification normally should be discharged. However, these children may be retained in the program if the service being provided, or to be provided, is not otherwise available near the child's home. In such cases parents will pay for all services at the full reimbursement rate (effective 4/1/00).

Financial Eligibility for Initial Screening:

Initial diagnostic and evaluation services are provided with no regard to family income. Third party payors including Medicaid are billed; however there is no cost to families for these pre-enrollment services.

Family Co-Payment or Financial Participation Requirements:

Families with incomes below 200% of the federal poverty level are financially eligible. The Commission bills insurance or Medicaid for services to children who have these resources. Families with income greater than or equal to 200% of the federal poverty level are required to share in the cost of treatment based on a sliding scale (Family Participation Pay Scale). The Commission charges a co-pay for those families with insurance the co-pay is the amount indicated on their insurance card. Families without insurance are charged a small co-payment based on their established level on the sliding fee scale. Co-payment does not apply to patients with Medicaid. No child denied services because of a family's inability to make the co-payment.

SCOPE OF SERVICES

SERVICES:

Eligible Services:

| | |
|---|---------------------------------|
| Diagnosis | Physical therapy |
| Treatment | Speech therapy |
| Out-patient clinic care | Durable medical equipment |
| Out-patient surgery | Nursing guidance |
| In-patient hospital care including surgery | Nutritional consultation |
| Hospital discharge planning | Psychological evaluation |
| Coordination of patient services | Social worker counseling |
| Audiology services | In-school screening for hearing |
| High risk hearing registry | Scoliosis screening training |
| Occupational therapy | Disabled Children's Program |
| Transition services | Hemophilia Program |

Excluded Services:

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

HOW/WHERE SERVICES ARE PROVIDED:

All Commission for Children with Special Health Care Needs program services are delivered through a statewide network of district offices or private doctor's offices under contract with the Commission or provided in Commission staffed clinics. For referral, information, or application, contact the nearest office:

ASHLAND OFFICE
1409 Blackburn Avenue, PO Box 1561
Ashland, KY 41105-1561
Phone: (606)920-2117
1-800-650-1329
Fax: (606)920-2126

LEXINGTON
333 Waller Avenue Suite 300
Lexington, KY 40504
Phone: (859)252-3170
1-800-817-3874
Fax: (859)225-7155

BARBOURVILLE OFFICE
110 Johnson Lane, PO Box 1330
Barbourville, KY 40906-5330
Phone: (606)546-5109
1-800-348-4279
Fax: (606)546-4199

LOUISVILLE OFFICE *
982 Eastern Parkway
Louisville, KY 40217-1566
Phone: (502)595-4459
1-800-232-1160
Fax: (502)595-3175

HOW/WHERE SERVICES ARE PROVIDED: (continued)

BOWLING GREEN
495 Three Springs Road
Bowling Green, KY 42104
Phone: (270)746-7816
1-800-843-5877
Fax: (270)746-7877

MOREHEAD
214 West First Street
Morehead, KY 40351
Phone: (606)784-3049
1-800-928-3049
Fax: (606)784-1388

EDGEWOOD
St. Elizabeth Medical Center
One Medical Village Drive, Pediatrics Rm. 3328
Edgewood, KY 41017
Phone: (859)578-5135
1-888-542-4453 ext. 5135
Fax: (859)578-5140

OWENSBORO
1600 Breckenridge
P. O. Box 1823
Owensboro, KY 42302-1823
Phone: (270)687-7038
1-877-687-7038
Fax: (270)687-7040

ELIZABETHTOWN
580 Westport Road
Elizabethtown, KY 42701
Phone: (270)765-6982
1-800-995-6982
Fax: (270)769-5121

PADUCAH
400 Park Avenue, Bldg. D
Paducah, KY 42001
Phone: (270)443-3651
1-800-443-3651
Fax: (270)441-7119

HAZARD
68 Independence Drive
Hazard, KY 41701
Phone: (606)435-6167
1-800-378-3357
Fax: (606)435-6164

SALYERSVILLE
741 Parkway Drive, P.O. Box 941
Salyersville, KY 41465
Phone: (606)349-7411
1-800-594-7058
Fax: (606)349-7410

HOPKINSVILLE
712 West 15th Street
Hopkinsville, KY 42240
Phone: (270)885-9903
1-800-727-9903
Fax: (270)885-9914

SOMERSET
401 Bogle Street Suite 104, Professional Plaza
Somerset, KY 42503
Phone: (606)678-4454
1-800-525-4279
Fax: (606)679-5599

LEXINGTON HEMOPHILIA PROGRAM
Markey Cancer Center
800 Rose Street 4th Floor
Lexington, KY 40536-0093
Phone: (859)257-6033
1-800-333-7359
Fax: (859)257-7715

LOUISVILLE HEMOPHILIA PROGRAM
James Brown Cancer Center
529 South Jackson Street
Louisville, KY 40202
Phone: (502)562-4379
1-888-220-6513
Fax: (502)562-4373

*Commission Executive and Administrative Offices are located in Louisville.

Specialty Clinics/Programs

See "Eligible Conditions".

Out-of-State Services:

Not addressed. Contact the Program directly for more information.

COORDINATION OF FINANCIAL BENEFITS AND SERVICES:

Coordination of Financial Benefits:

The Commission for Children with Special Health Care Needs is payor of last resort after Medicaid and all other public and/or private benefits, including health insurance and any other third party benefits to the eligible child or the child's family due to the child's eligible disease, condition, or injury.

Coordination of Services:

Case management is available for medically eligible patients. The Commission coordinates services with multiple private/public agencies.

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

Disabled Children's Program

The Commission for Children with Special Health Care Needs (CCSHCN) serves children referred by the Social Security Administration under the Supplemental Security Income/Disabled Children's Program (SSI/DCP). SSI/DCP provides care coordination and a variety of services for infants, toddlers and preschool children to help improve the child's ability to benefit from subsequent training, or otherwise improve the child's opportunities for self-sufficiency or self-support as an adult.

Hemophilia Program

A statewide program administered by CCSHCN for the detection, diagnosis, and treatment for children and adults suffering from hemophilia.

KY Teach Project

The Commission for Children with Special Health Care Needs is committed to ensuring that Kentucky children with disabilities have appropriate primary medical care and are prepared to successfully transition from school to work, from home to independent living, and from pediatric to adult health care. To achieve this goal the Commission for Children leads a team of health and social services providers, educators, third party payors, employees, disability advocates, parents, and young adults with disabilities that is collaborating on an innovative transition project known as KY Teach Project. This four year \$1.2 million grant is awarded by the federal Maternal and Child Health Bureau and will be funded from July 1, 1990 to June 31, 2003. The KY Teach Project will: (1) expand and strengthen interagency linkage in Kentucky; (2) enhance the capacity

SPECIALIZED OR UNIQUE SERVICES, SPECIAL GRANTS, WORKSHOPS, ETC.: (continued)

of health, education, and social service systems in Kentucky to meet the needs of young people in transition; (3) Prepare children and adolescents with special health care needs for transition to adult health care, independence, and work; (4) develop the knowledge and skills of youth in transition to overcome systems barriers and take advantage of the opportunities available to them;

(5) intensively work with a selected group of young people with special health care needs as they transition from school to work and pediatric to adult health care through the process of care coordination; (6) increase the number of young people with special health care needs who have medical home; (7) increase the number of young people with special health care needs who are employed with health insurance benefits; and (8) evaluate outcomes of the enhanced systems capacity and special services offered through the KY Teach Project.

On July 1, 2000, the Commission for Children with Special Health Care Needs began implementation of statewide Universal Newborn Hearing and Screening. Kentucky's landmark early childhood legislation, passed in March 2000, mandates UNHS be established in hospitals and birthing centers averaging 40 or more births per year. UNHS is the first step in identification and follow-up care for infants with hearing loss. The Commission has also received a grant from the Maternal and Child Health Bureau to assist the implementation of UNHS in Kentucky. Kentucky Infants' Sound Start grant will fund the purchase of new hearing testing equipment for Commission offices. Grant dollars will also support collaborative efforts needed for the effective implementation of the UNHS program and ensure that Kentucky infants do, indeed, get off to a sound start.

STATUTORY/REGULATORY AUTHORITY:

- KRS 200.450 - KRS 200.560, KRS 211.750
- Advisory Councils/Board: A seven member Commission board and a nine member hemophilia advisory committee are appointed by the Governor. A thirteen member medical advisory committee is appointed by the Executive Director.
- Legislatively Mandated: Yes
- Consumer Involvement: Four members of the Commission board are parents of consumers. Four members of the hemophilia advisory committee are parents of children with hemophilia or have hemophilia or hemophilia/HIV.
- Prioritized/Procedures for Development: Services are prioritized only if budget shortfall dictates.
- AIDS-HIV Coverage: Hemophilia Program