

Massachusetts

Family and Community Support Division for Special Health Needs (FCSDSHN)

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Toll-free Hot Line: For Child SSI/Public Benefits
Information for Early
Intervention and other disability
resource information

Telephone: 1-800-882-1435

ELIGIBILITY CRITERIA

AGE:

- (1) No age limits for technical assistance, information and referral, or family-to-family support.
- (2) Limited and extended care coordination to age 18.
- (3) Funded in-home family supports for temporary services and respite available up to age 18 or 22 with approval of director.
- (4) Children referred by multiple sources including: SSI outreach, hospital, pediatrician, EI, and self-referral.
- (5) Special Medical Fund: the Division acts as payor of last resort for: hearing evaluations up to age 3, hearing aids up to age 21, other non-reimbursable short-term expenses related to care for a child with special health care needs, penicillin for children with sickle cell disease through age 6, rheumatic fever and seizure control medications for individuals of all ages, and medically necessary foods for children with PKU and other metabolic conditions.
- (6) Medical Review Team, multidisciplinary and multiagency team convened by division to certify children as appropriate for pediatric nursing home placement up to age 22.

RESIDENCY:

Physical residency in Massachusetts with intention to remain is required for all services except technical assistance and information and referral.

MEDICAL ELIGIBILITY CRITERIA:

For services listed under (1) above, no limits based on medical eligibility. For services listed under (2) above, child must have a chronic illness or physically disabling condition that has lasted or can be expected to last at least 12 months. To receive extended service coordination, the child's condition must be life threatening, or entail a need for medical technology for normal functioning, or the child and his or her family must face significant barriers to care.

Eligible Conditions:

Specific services listed under (5) are available to individuals with the specific medical conditions indicated. Care coordination is provided to families with children who have complicated medical conditions and an identified need for services.

Excluded Conditions:

Examples of children not eligible for service coordination under (2) are those with emotional or behavioral disorders, ADHD, learning disabilities, or children who receive CM services from another state agency.

FINANCIAL ELIGIBILITY CRITERIA:

General Financial Eligibility:

There are no financial eligibility limits on services except those for which the Department is payor of last resort. Payor of last resort programs are available to those without insurance coverage for a particular covered service.

Financial Eligibility for Initial Screening:

Not applicable. We do not provide clinical services. Developmental screening is, however, available for all children 0-3 years of age through early intervention, for which we are lead agency.

Family Co-Payment or Financial Participation Requirements:

No family co-payments are required. Financial need is taken into account in prioritizing families for case management services.

SCOPE OF SERVICES

SERVICES:

Eligible Services:

A broad range of medical services are covered by Medicaid and available to children who would not otherwise be Medicaid eligible through a wrap-around program implemented for children with disabilities in 1988 (commonhealth). Services, which are available through Family and Community Support, are those identified above. Family support services may include respite, camperships, and other home services.

Excluded Services:

We do not pay for reimbursable care or any ongoing or costly clinical care.

HOW/WHERE SERVICES ARE PROVIDED:

Services are provided by phone, at DPH regional offices, or in most cases, in the home. A special service for technology assisted children (described below) provides assistance in school settings.

Specialty Clinics/Programs:

No specialty clinics are run by the program; support is provided for pediatric HIV and failure to thrive programs described below.

Out-of-State Services:

No out-of-state services.

COORDINATION OF FINANCIAL BENEFITS AND SERVICES:

Coordination of Financial Benefits:

Several programs provide payment of last resort as described above. Families are assisted in efforts to obtain and coordinate private insurance and publicly financed services.

Coordination of Services:

Coordination of services is a central objective of the program and a major focus of its activity. Case management is provided to children deemed medically eligible for SSI and other children with significant medical needs. It is a requirement for children receiving home-based services under a Medicaid waiver. Family and Community Support also strives to coordinate care with Early Intervention, which is administered by the Division for Special Health Needs.

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

Specialized services include:

- Oversight of the state's new universal newborn hearing screening program;
- A grant funded under Title IV of the Ryan White Care Act to provide pediatric/family HIV care in five community sites;
- A collaborative project with Medicaid, other state agencies, payors, and providers to develop and implement strategies to enhance managed care for CSHCN;
- State-funded multidisciplinary clinic services for children experiencing growth failure;
- Ongoing training of medical and social service providers and parent groups concerning SSI and other public benefit programs;
- A consultation program for school nurses to assist school systems address the needs of children dependent on technology;
- A parent to parent support program staffed by parent consultants;
- A hospital initiative effort with (6) tertiary pediatric centers located throughout the state to enhance discharge planning and to increase the knowledge and skills of hospital staff concerning community based services; and
- Transition related projects are funded through a "Healthy and Ready to Work" Grant, including: a mentorship program for youth with disabilities, a contract health-focused program at Children's Hospital to develop models for clinic transition, and a poster and accompanying provider manual on transition to be used in physician offices or other clinic settings.

Advisory Councils/Boards:

The program is part of the Bureau of Family and Community Health, which has a broad-based Advisory Council. The Division also has its own Advisory Committee, including providers, parents, and advocates. A committee of audiologists, parents, physicians, and advocates advises the division on issues related to the hearing screening program. Pediatric/family AIDS services are advised by the MassCARE Coordinating Committee and the Family Advocacy Network. Our Healthy and Ready to Work grant is advised by a broad coalition called the Massachusetts Partnership for Transition.

Legislatively Mandated:

The Bureau of Family and Community Health Advisory Council was established in 1982 per order of the Commissioner of Public Health and operates at the discretion of the Commissioner. It was not established by statute.

Consumer Involvement:

Consumers are included in the Bureau, Division, MassCARE advisory bodies, and the Massachusetts Partnership for Transition. In addition, the Division for Special Health Needs employs seven parent consultants in its regional offices who staff a state-wide family-to-family support organization, two parent consultants to assist on implementation of AIDS services, eight parent consultants to coordinate parent activities related to Early Intervention, and two parent consultants involved in transition efforts. All Division policy activities, including development and reviews of contract proposals and planning and oversight of programs, include parents. Family initiatives are overseen by a director who is herself a parent and is part of the Division Management Team.

Priorities/Procedures for Development:

Current priorities include: improved integration of DPH case management with primary care providers based on a medical home model; implementation of a newly mandated Universal Infant Hearing Screening Program; expansion of hospital initiative to include all pediatric tertiary centers; collaboration with development of case management standards and of a model case management service plan that can be used across programs; collaboration around implementation of managed care for children with special health care needs to assure access to appropriate, high quality care; implementation of an enhanced computerized information and referral system staffed by parents and professionals in DPH regional offices and integration of different program databases to promote coordination of care; implementation of model projects to enhance transition in medical, educational, social, and employment domains implementation of new provisions of Part C of IDEA calling for provision of EI services in “natural environments”; and enhanced collection, linkage, and analysis of data related to disability and to specific division programs.

AIDS/HIV Coverage:

All services described in (1) and (2) above are available to children and families with HIV. In addition, the Division for Special Health Needs administers the MassCARE Pediatric/Family HIV Grant, which provides community based care in five high risk communities across the state linked with sophisticated AIDS specialty care. This grant also supports parent involvement in AIDS policy activities related to care of children and families.

STATUTORY/REGULATORY AUTHORITY:

OBRA 89 Amendments to Title V;
Ch 347, Acts of 1936, General Laws of MA (authorizes DPH for Title V provisions);
Laws governing Spec Med programs:
Hearing Evaluation Acts of 1971, Ch 1095;
Rheumatic Fever Act of 1960, Ch. 111 14A;
Epilepsy Program Acts of 1967, 111 4G;
Nutrition Services Acct. 4530-5000;
Medical Review Team is established by statute.