

# Minnesota

## *Minnesota Children with Special Health Needs (MCSHN)*

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**Web Site:** <http://www.health.state.mn.us/divs/fh/mcshn/mcshn.html>

**Toll-free Hot Line:** **Telephone:** 1-800-728-5420

### ELIGIBILITY CRITERIA

#### **AGE:**

Birth to age 21. Adults with cystic fibrosis and hemophilia are also covered.

#### **RESIDENCY:**

Minnesota resident.

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

MCSHN provides services for children with disabilities, defined as individuals under 21 who have a chronic disease or physiological condition which might hinder the achievement of normal growth and development.

#### **Eligible Conditions:**

Eligible conditions are those disabling or physical conditions which may require extended, sequential, medical, surgical, and/or rehabilitative intervention.

#### **Excluded Conditions:**

Mental health diagnoses, unrelated to a medically eligible condition.

**FINANCIAL ELIGIBILITY CRITERIA:**

***General Financial Eligibility:***

Any applicant whose MCSHN adjusted income is above 60% of the state gross median income shall be required to share in the treatment cost of all services authorized by MCSHN. See chart below.

Applicants who meet the medical eligibility criteria are eligible regardless of income. Cost-sharing payment may be required and is dependent on income and family size.

The applicant's share is one percent of cost for each \$1,000 or fraction of income above 60% of the State gross median income for a household of the same size as the applicant's. The applicants percent share is found on the schedule by looking under the number which corresponds with the number of members in the applicant's household to find the income level which includes the applicant's annual household income. The applicant's percent share is shown on the far left of that income level. For each additional household member greater than 10, add 3 percent to 144 percent for each additional household member and multiply the new percentage by the State's dollar amount for four-person households. Within any 12 month period, MCSHN shall pay no more than \$15,000 for the inpatient care of an individual.

**Income Levels by Number of Members in Household (Effective July 1, 2000-June 30, 2001)**

* %	1	2	3	4	5	6	7	8	9	10
0	0- 20948	0- 27393	0- 33839	0- 40284	0- 46729	0- 53175	0- 54383	0- 55592	0- 56800	0- 58009
1	20949- 21948	27394- 28393	33840- 34839	40285- 41284	46730- 47729	53176- 54175	54384- 55383	55593- 56592	56801- 57800	58010- 59009
2	21949- 22948	28394- 29393	34840- 35839	41285- 42284	47730- 48729	54176- 55175	55384- 56383	56593- 57592	57801- 58800	59010- 60009
3	22949- 23948	29394- 30393	35840- 36839	42285- 43284	48730- 49729	55176- 56175	56384- 57383	57595- 58592	58801- 59800	60010- 61009
4	23949- 24948	30394- 31393	36840- 37839	43285- 44284	49730- 50729	56176- 57175	57384- 58383	58593- 59592	59801- 60800	61010- 62009
5	24949- 25948	31394- 32393	37840- 38839	44285- 45284	50730- 51729	57176- 58175	58384- 59383	59593- 60592	60801- 61800	62010- 63009
6	25949- 26948	32394- 33393	38840- 39839	45285- 46284	51730- 52729	58176- 59175	59384- 60383	60593- 61592	61801- 62800	63010- 64009
7	26949- 27948	33394- 34393	39840- 40839	46285- 47284	52730- 53729	59176- 60175	60384- 61383	61593- 62592	62801- 63800	64010- 65009
8	27949- 28948	34394- 35393	40840- 41839	47285- 48284	53730- 54729	60176- 61175	61384- 62383	62593- 63592	63801- 64800	65010- 66009
9	28949- 29948	35394- 36393	41840- 42839	48285- 49284	54730- 55729	61176- 62175	62384- 63383	63593- 64592	64801- 65800	66010- 67009
10	29949- 30948	36394- 37393	42840- 43839	49285- 50284	55730- 56729	62176- 63175	63384- 64383	64593- 65592	65801- 66800	67010- 68009
11	30949- 31948	37394- 38393	43840- 44839	50285- 51284	56730- 57729	63176- 64175	64384- 65383	65593- 66592	66801- 67800	68010- 69009
12	31949- 32948	38394- 39393	44840- 45839	51285- 52284	57730- 58729	64176- 65175	65384- 66383	66593- 67592	67801- 68800	69010- 70009

*General Financial Eligibility: (continued)*

**Income Levels by Number of Members in Household (Effective July 1, 2000 - June 30, 2001)**

* %	1	2	3	4	5	6	7	8	9	10
13	32949- 33948	39394- 40393	45840- 46839	52285- 53284	58730- 59729	65176- 66175	66384- 67383	67593- 68592	68801- 69800	70010- 71009
14	33949- 34948	40394- 41393	46840- 47839	53285- 54284	59730- 60729	66176- 67175	67384- 68383	68593- 69592	69801- 70800	71010- 72009
15	34949- 35948	41394- 42393	47840- 48839	54285- 55284	60730- 61729	67176- 68175	68384- 69383	69593- 70592	70801- 71800	72010- 73009
16	35949- 36948	42394- 43393	48840- 49839	55285- 56284	61730- 62729	68176- 69175	69384- 70383	70593- 71592	71801- 72800	73010- 74009
17	36949- 37948	43394- 44393	49840- 50839	56285- 57284	62730- 63729	69176- 70175	70384- 71383	71593- 72592	72801- 73800	74010- 75009
18	37949- 38948	44394- 45393	50840- 51839	57285- 58284	63730- 64729	70176- 71175	71384- 72383	72593- 73592	73801- 74800	75010- 76009

*Financial Eligibility for Initial Screening:*

None. Contact the Program directly.

*Family Co-Payment or Financial Participation Requirements:*

See General Financial Eligibility.

*SCOPE OF SERVICES*

***SERVICES:***

MCSHN provides diagnosis and treatment services, including medical, dental, rehabilitative and follow-up. Treatment services are funded to a maximum of \$15,000 per eligibility year.

***Eligible Services:*** (include but are not limited to)

- |   |   |
|---|---|
| Asthma care *                                   | Fetal alcohol effects and syndrome  |
| Audiology/otology care                          | Genetic testing   |
| Cardiac   | Growth hormone  |
| Cleft lip and palate                            | Hearing aids and accessories  |
| Cochlear implants                               | Hemophilia care **  |
| Cystic fibrosis care **                         | Mental health *   |
| Diabetic care, supplies and equipment           | Occupational, physical and speech therapy                                   |
| Diapers and incontinence products over age four | Ophthalmology and otometry care, including eye glasses and contact lenses * |
| Equipment rental/purchase                       |   |
| Feeding disorders                               |   |

***Eligible Services: (continued)***

Orthopedic conditions  
Orthodontia and orthognathic surgery  
Prescription medications

Scoliosis treatment  
Seizures and neurological conditions  
And many others

\* Some eligibility restrictions.

\*\* No age limit.

***Excluded Services:***

Not specifically addressed. Contact the Program directly.

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

Services must be obtained from a Minnesota medical assistance provider.

***Specialty Clinics/Programs:***

MCSHN offers medical and rehabilitative clinic services in areas where such services are not currently available. These services complement ongoing local medical care. Clinics offered include Cardiac, Speech, Developmental Learning, Diabetes, Facial-Dental, Physical Rehabilitation, Habilitation Technology, Behavior, Fetal Alcohol Syndrome, and Fetal Alcohol Effects.

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

MCSHN may pay medical care for services received in bordering communities in adjacent states.

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

***Coordination of Financial Benefits:***

MCSHN is payor of last resort after cost-sharing or third-party reimbursement sources.

***Coordination of Services:***

Minimal service coordination is provided in selected situations.

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

MCSHN sponsors or co-sponsors educational workshops and contributes funding to provide families and professionals opportunities to enhance knowledge and skills relating to children with special health care needs.

Information and referral assistance is provided at the 1-800-728-5420 number.

***STATUTORY/REGULATORY AUTHORITY:***

Minn. Stat. § 145.88 (1992)

Minn. Stat. §§ 144.10,.11 (1992)

Minn. R. 4705.0100, et. seq. (1991)