

Montana

Special Health Services (SHS)

Contact Person: Sharon S. Wagner
Director

Telephone: (406) 444-3622
Fax: (406) 444-2606

Address: Special Health Services
Department of Public Health & Human Services
Cogswell Building Room C314
Helena, MT 59620

Email Address: shwagner@mt.gov

Web Site: <http://www.dphhs.state.mt.us/hpsd/>

Toll-free Hot Line: Children with Special
Health Care Needs

Telephone: 1-800-762-9891
(in-state for parents only)

ELIGIBILITY CRITERIA

AGE:

Birth to 18 years of age; or up to age 21 if the individual has a disability for which delay in treatment is necessary, and for which prior treatment was paid by SHS.

RESIDENCY:

Must reside within the state of Montana.

MEDICAL ELIGIBILITY CRITERIA:

In general, an individual's medical need must require the services of a physician or surgeon with specialized skills beyond the level of care provided by the primary care physician. Children are medically eligible if they have or are suspected to have either a physically disabling condition that can be substantially improved or corrected with surgery, orthodontia or other treatment; or a medical condition considered to be chronic and long-term which can be managed with preventive treatment, such as asthma. High-risk pregnant women are eligible for assistance with transport costs. To receive financial assistance from SHS, clients must meet income and condition requirements, and they must have an eligible condition for which there is an eligible service. SHS does not cover acute care or emergency evaluations.

Eligible Conditions:

Asthma *
Cardiovascular conditions
Cerebral Palsy *
Craniofacial anomalies, including cleft lip/palate
Cystic Fibrosis *
Diabetes *
Gastrointestinal conditions requiring surgical correction
Genito-urinary conditions requiring surgical correction
Hearing and speech evaluation as a payor of last resort
Juvenile Rheumatoid Arthritis *
Metabolic disorders
Neurological disorders
Ophthalmic conditions requiring surgical correction
Orthopedic disorders
Seizure Disorders *
Pregnant women at risk of premature delivery with poor outcome needing transport

* Assistance is limited to periodic evaluation by a sub-specialty physician and payment for medications for these chronic conditions. Syringes, reagent strips, and glucometers are covered for diabetic clients; home nebulizers are covered for asthma clients. Children with chronic conditions must have a yearly evaluation by a sub-specialist to be eligible for assistance.

Note: If the condition is unknown, SHS also provides assistance for initial diagnosis. Financial assistance for this initial evaluation must be approved by the SHS medical consultant. Financial assistance for other conditions will be considered.

Excluded Conditions:

Behavioral problems
Blood dyscrasias
Cancer
Conditions associated with prematurity, including bronco pulmonary dysplasia
Infectious diseases
Neonatal and well child care

FINANCIAL ELIGIBILITY CRITERIA:

General Financial Eligibility:

Generally, a child whose gross family income (excluding costs of medical insurance) is equal to or less than 200% of the federal poverty guidelines is eligible for services. SHS does not pay for services which are reimbursable by Medicaid. There are no financial eligibility criteria for a child who attends one of the SHS sponsored specialty clinics. A Medicaid denial is required for those requesting Medicaid covered services who have resources within Medicaid guidelines.

Financial Eligibility for Initial Screening:

Financial eligibility criteria for initial diagnosis and screening are the same as “General Financial Eligibility”.

Family Co-Payment or Financial Participation Requirements:

Co-payments or financial participation is not generally required. Services provided at clinics fully funded by SHS are free-of-charge. Families may be billed for that portion of the cost of services above that reimbursable by SHS only if bills are above the total dollar limitation for services allowed for each child each fiscal year. CSHCN may be dually eligible for Montana CHIP.

SCOPE OF SERVICES

SERVICES:

Eligible Services:

Allergy injections on the recommendation of a pediatric allergist after other preventive measures have been exhausted, such as removing the allergic trigger from the household, for example secondary smoke
Appliances required for the correction of an eligible condition
Dietary supplement foods not funded by other sources for management of a metabolic disorder
Evaluation, diagnosis, and treatment, including surgical correction for covered conditions
Occupational therapy/ physical therapy necessary for rehabilitation from eligible condition, such as JRA or orthopedic surgery, up to \$600 maximum per year
Prosthetic devices
Transport of a high-risk pregnant woman to a hospital for delivery
Transport of a high-risk newborn to a hospital

Excluded Services:

Acute care for illnesses and injuries
Dental services other than those necessary for orthodontic management of a cleft/craniofacial condition, such as tooth extraction
Durable medical equipment
Educational services, for example neuropsychologic evaluations
Eye glasses and visual training therapy
Home health/Home nursing services for acute care
Legal service
Psychological or psychiatric care or counseling

Excluded Services: (continued)

Respite care

Transplants, including follow-up care

Transportation other than for high-risk pregnant women or newborn hospital transports

Note: Other conditions/services not listed will be reviewed for inclusion or exclusion on a case by case basis in consultation with SHS medical consultant.

HOW/WHERE SERVICES ARE PROVIDED:

Services are provided through a combination of SHS sponsored clinics and other public and private providers.

Specialty Clinics/Programs:

Cleft/Craniofacial

Metabolic

Out-of-State Services:

Services may be obtained outside of the state of Montana if the required service is not available within the state.

COORDINATION OF FINANCIAL BENEFITS AND SERVICES:

Coordination of Financial Benefits:

SHS acts as a payor for care coordination for children with special health care needs. Public health nurses throughout the state providing case management services for children with special health care needs are eligible for reimbursement through SHS under the following provisions: (1) child must have a diagnosed special health care need, (2) child who has not been diagnosed as a child with a special health care need must be at risk of poor developmental outcome based on assessment, (3) referral must be made to SHS with diagnosis, initial assessment information, expected outcome of care coordination services, (4) child is not eligible for case management under another program such as Medicaid TCM.

Coordination of Services:

Care coordination services are provided for clients of SHS sponsored clinics. Targeted Case Management (TCM) for Medicaid-eligible CSHCN 0-18 is a billable service.

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

Special Health Services has been reorganized to include the state's newborn screening program. In addition, a CDC grant has been obtained to develop a birth defects registry. A data system is under development to link NBS data with birth records which will also include newborn hearing screening. This information will form the basis of the registry.

STATUTORY/REGULATORY AUTHORITY:

Mont. Code Ann. § 50-1-202 (1991)

Mont. Admin. R. 16.24.101-.111 (1992)