

New Hampshire

Bureau of Special Medical Services (BSMS)

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ELIGIBILITY CRITERIA

AGE:

Birth to 21 years of age.

RESIDENCY:

New Hampshire residency is required. Sufficient to have a New Hampshire address and be an US citizens.

MEDICAL ELIGIBILITY CRITERIA:

Children with special health care needs are those with chronic illness, developmental disability, physically handicapping conditions, or at high risk for disability.

Eligible Conditions

- | | |
|---|---|
| Amputation | Hemophilia |
| Asthma | Inborn errors of metabolism |
| Cardiac defects | Juvenile rheumatoid arthritis (JRA) |
| Chronic otitis media | Low incidence medical conditions and congenital anomalies |
| Cleft lip and palate | Spina bifida |
| Cystic fibrosis | Neuromotor disabilities |
| Developmental delay and those at risk (age 0-6) | Orthopedic problems/scoliosis |
| Diabetes | Traumatic brain injury |
| Epilepsy | Urological disorders |
| Genetic conditions | Visual problems/blindness |
| Cancer | ADHD/ADD |
| Hearing deficits/deafness | HIV/AIDS (pediatric only) |

Excluded Conditions:

- Acute or recurrent conditions encompassing the area of routine medical care
- Hormonal conditions for which long-term replacement therapy is required, such as for short stature
- School performance/Learning disabilities/Mental illness
- Initial NICU hospitalization for prematurity

FINANCIAL ELIGIBILITY CRITERIA:

General Financial Eligibility:

Financial eligibility criteria are based on number of children in the family, gross yearly income, and other financial resources. Deductions to the gross yearly income are allowed for expenses, such as health insurance, child care, and support/alimony payments. Additional deductions are allowed for more than one chronically ill/disabled child in the family or if the child resides in a single-parent household. Currently, families with incomes between 186-200% of poverty are eligible.

Financial Eligibility for Initial Screening:

All families who apply receive information, referral, and assistance in developing a health care plan for their child regardless of income status.

Family Co-Payment for Financial Participation Requirements:

There are no requirements.

SCOPE OF SERVICES

SERVICES:

Eligible Services:

All medically indicated specialty care treatment services, including care coordination.

Excluded Services:

Alternative therapies/treatment which is not FDA approved/long term psychological counseling.

HOW/WHERE SERVICES ARE PROVIDED:

Services are provided through community-based specialty clinics operated or supported by the Bureau of Special Medical Services and/or through Bureau-approved providers located in community-based private practices.

Specialty Clinics/Programs:

| | |
|------------------------------|-------------------------|
| Amputee/Limb Deficiency | Epilepsy |
| Bronchopulmonary Dysplasia * | Genetics * |
| Cleft Lip and Palate | Hemophilia * |
| Cystic Fibrosis * | JRA * |
| Cardiology * | Neuromotor Disabilities |
| Child Development | Pediatric HIV * |
| Diabetes * | Spina Bifida * |

* These clinics are operated by the Dartmouth Hitchcock Medical Center.

Out-of-State Services:

Out-of-state services are utilized when the services are not available in New Hampshire or when out-of-state services are in the best interest of the child's special health care needs.

Families may also choose to use out-of-state services. Payment is made to the level at which the service could be provided in New Hampshire. Families are responsible for any outstanding remaining balances after Bureau Payment.

COORDINATION OF FINANCIAL BENEFITS AND SERVICES:

Coordination of Financial Benefits:

The CSHCN Program is the payor of last resort after utilization of all third-party resources, such as health insurance, government benefits, or other benefits that may be available to the family to cover the cost of the CSHCN Program services. Staffs are available to assist families in applying for Medicaid benefits.

Coordination of Services:

Care Coordination is available through state program staff and contracts with eligible specialty programs or community based public health nurse/social worker on a fee for service basis. Families do not pay for care coordination services.

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

The Bureau of Special Medical Services serves children referred by the Social Security Administration under the Supplemental Security Income/Disabled Children's Program (SSI/DCP). Services are limited to children with medical care needs/diagnoses at this time.

The Bureau of Special Medical Services co-sponsors educational workshops and contributes funding to provide families and professionals an opportunity to enhance their knowledge and skills about children with special health care needs.

Parent matching is provided through Parent-to-Parent of New Hampshire.

Two paid Parent Consultants are on staff at the Bureau of Special Medical Services and manage the Bureau's Family Resource Center.

A statewide nutrition network composed of pediatric nutritionists and an oral motor consultant is available.

STATUTORY/REGULATORY AUTHORITY:

RSA 132
NH Code of Administrative Rules
Chapter He-P 2400
Bureau of Special Medical Services