

Family Health Services Bureau

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ELIGIBILITY CRITERIA

AGE:

Birth to 19 years of age. Exception - Pregnant women who satisfy specific criteria.

RESIDENCY:

Person who lives in this state, intends to live in state indefinitely, is employed or seeking employment or is temporarily absent from state but intends to return. Applicant must be a legal resident of the country, per current immigration law and eligibility.

MEDICAL ELIGIBILITY CRITERIA:

Inherited or acquired condition or disability which, if untreated, will impact the activities of daily living and which falls within listed eligible medical conditions and financial criteria.

Eligible Conditions: (NAC 442.600 - 442.785)

Blood cell conditions
Cardiovascular conditions
Craniofacial anomalies

Genitourinary disorders
Metabolic disorders
Neurological disorders

Eligible Conditions: (continued)

Ear disorders	Orthopedic disorders
Endocrinological conditions	Prenatal
Eye conditions	Pulmonary
Gastrointestinal disorders	Reconstruction i.e. burns, disfiguring anomaly

Note: Above conditions are not all inclusive and are subject to medical review.

Excluded Conditions:

Acute infectious diseases	Flat feet, tibial torsion and metatarsus adductus
Allergies	Hypertrophy of T and A
Alteration of construction or building	Initial acute care of accidents, poisoning or violence
Benign inflammatory conditions	Ordinary refractive errors
Blood and plasma except processing and admin. fees	Prematurity alone
Chronic sinusitis	Second opinions other than those requested by M.D.
Cosmetic surgery as an isolated indication	Services for homemakers
Custodial care	Strabismus where non surgical tx suffices
Diagnostic or therapeutic procedures which are experimental or not FDA approved	Transplant surgeries and related follow-up
Disorders of the immune system	Transportation except ambulance
Educational services	

FINANCIAL ELIGIBILITY CRITERIA:

Varies according to the adjusted gross annual income of the clients' household in comparison to 250% of the level of poverty designated for a household of that size by U.S. Department of Health and Human Resources.

General Financial Eligibility:

All income into the household must be counted. Insurance coverage is not a deterrent. 250% of poverty is used as a base and is the cut off figure for eligibility. SSI/DCP, Nevada Check-up and/or Medicaid are classified as primary resources and must be applied for i.e. information on file indicates probable eligibility. Denials of these resources must be appropriate vs "failure to cooperate". These figures are effective as of April 1, 1999.

Size of Family Unit(s)	Born after 9/30/83 100% of Poverty	133% of Poverty	185% of Poverty	200% of Poverty	250% of Poverty	300% of Poverty
1	\$8,240	\$10,959.20	\$15,244	\$16,480	\$20,600	\$24,720
2	11,060	14,709.80	20,461	22,120	27,650	33,180
3	13,880	18,460.40	25,678	27,760	34,700	41,640
4	16,700	22,211.00	30,895	33,400	41,750	50,100
5	19,520	25,961.60	36,112	39,040	48,800	58,560
6	22,340	29,712.20	41,329	44,680	55,850	67,020
7	25,160	33,462.80	46,546	50,320	62,900	75,480
8	27,980	37,213.40	51,763	55,960	69,950	83,940
9	30,800	40,964.00	56,980	61,600	77,000	92,400
10	33,620	44,714.60	62,197	67,240	84,050	100,860
For each member add:	2,820	3,750.60	5,217	5,640	7,050	8,460

Financial Eligibility for Initial Screening:

Diagnostic exams/tests to rule in or rule out medically eligible conditions are covered up to 300% of poverty.

Family Co-Payment or Financial Participation Requirements:

Families whose household income is above the allowed limits of 250% and 300% of poverty are not eligible for program coverage.

SCOPE OF SERVICES

SERVICES:

All allowed services must be prior authorized and include the following: office visits, lab, X-ray, MRI, CT scans, surgery & related expenses, in hospital & outpatient, limited pre-natal care, amniocentesis, ultrasounds, emergency air/land ambulance, medications for certain conditions - i.e. diabetes, food supplements for specific conditions - i.e. PKU, limited orthodontia, limited DME, limited counseling, and therapies.

Excluded Services:

Acute infectious diseases, allergies, building alterations, cosmetic surgery, custodial care, prematurity, organ transplants & follow-up related care, homemaker services, family transport, family requested second opinions, non-FDA approved medications or treatments, chronic sinusitis, initial acute care for accidents, poisoning, violence.

HOW/WHERE SERVICES ARE PROVIDED:

Majority of services are purchased from private sector and include but are not limited to office visits, lab, x-ray, one day surgery & in-hospital surgeries, food supplements for specific metabolic conditions (i.e. PKU), medications for specific conditions.

Limited prenatal
Special Children's Clinics (see below)

Specialty Clinics/Programs:

Craniofacial clinics - diagnosis and recommendations only
Metabolic/hemoglobinopathy - diagnosis and recommendations only
Genetic Clinics - diagnosis and recommendations only
Special Children's Clinics in Las Vegas and Reno for multidisciplinary evaluation, diagnosis, and intervention services for children developmentally delayed, primarily ages 0-3 years.
Endocrine Clinics – diagnosis and recommendations only.

Out-of-State Services:

Out-of-State services are authorized when the medical condition is such that there is insufficient expertise within the state of Nevada or geographically it is more efficient to use out-of-state providers.

COORDINATION OF FINANCIAL BENEFITS AND SERVICES:

Coordination of Financial Benefits:

CSHCN is program of last resort if client is not Medicaid or Nevada Check-up eligible. All CSHCN applications are reviewed for possible eligibility to alternate programs such as SSI/DCP & Medicaid. If eligibility is suspected clients are referred to those programs and are expected to apply. CHAMPUS and private insurance are billed by providers before billing to program.

Coordination of Services:

Currently, medical eligibility is the same for treatment and diagnostic; however, financially there is no income limit for diagnostic evaluations.

Case management is provided for those children seen through the Special Children's Clinics.

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

None listed. Contact the Program directly.

STATUTORY/REGULATORY AUTHORITY:

NRS 442.120

NRS 442.180 - 442.230

NAC 442.600 - 442.838

Advisory Councils/Boards:

Maternal and Child Health Advisory Board
State Board of Health

Legislatively Mandated:

Statutes NRS 442.133 - MCH Board
 NRS 442.180 - CSHCN Program Authorized

Consumer Involvement:

One member of the Board is a consumer.
Special Children's Clinics have parent councils.

Priorities/Procedures for Development:

Current limitation is an annual maximum expenditure of \$50,000.00 per client (the State Health Office may waive this provision). Plus condition levels are assigned categories according to severity. Program has the option of discontinuing assistance to clients with "severe" category in event there is a funding shortage.

AIDS-HIV Coverage:

Diagnosis only is covered.