

## **CHILDREN'S SPECIAL HEALTH SERVICES**

Special Populations Section  
North Dakota Department of Health

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Adapted with permission from the Division of  
Specialized Care for Children at the University of  
Illinois at Chicago.

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## **Children's Special Health Services**



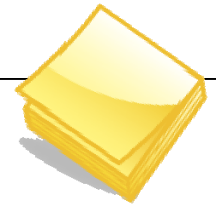
**NORTH DAKOTA**  
DEPARTMENT *of* HEALTH  
Children's Special Health Services

## **Family Handbook for Diagnostic and Treatment Services**

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## Notes/Contacts



### **CSHS Identification Number (9 digits):**

**(Write in the number located on the Notice of Action or Re-evaluation of Financial Status forms.)**

**Specialist care:** Services from a physician who limits his or her practice to certain diseases or areas of the body. Pediatric specialists care for children and adolescents. CSHS requires that care be provided by an approved provider.

**Treatment services:** Covered services delivered by an approved provider for children who meet both medical and financial eligibility criteria for CSHS. Examples of covered services include hospitalization, medications, physician services, diagnostic studies, therapy, etc.

# Welcome to the CSHS Family



## What Is CSHS?

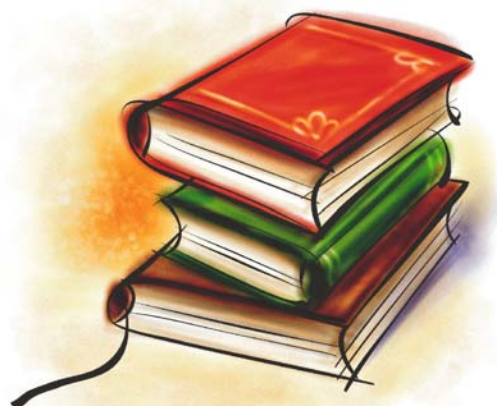
Children's Special Health Services (CSHS) is a division located within the North Dakota Department of Health.

## Mission Statement

The purpose of CSHS is to provide services for children with special health-care needs and their families and promote family-centered, community-based, coordinated services and systems of health care.

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This handbook is being provided to help you understand how CSHS can assist you in meeting your child's needs for diagnostic and treatment services.





## How To Contact CSHS



**Mail :** 600 E. Boulevard Ave., Dept. 301  
Bismarck, ND 58505-0200

**Phone:** 701.328.2436 or 800.755.2714

**Fax:** 701.328.1645

**E-mail:** dohcshsadm@nd.gov

**Website:** www.ndhealth.gov/cshs

**Office hours:** 8 a.m. to 5 p.m. CST

If you are unable to call during office hours, please leave a message with the following information:

- Who you are and your child's name
- The phone number where you can be reached
- The reason for your call

**Contact:** County Social Service Office in the county in which you reside:

**Name:**

**County:**

**Phone #:**

**Medicaid:** Medical Assistance or Medicaid is a North Dakota Department of Human Services program that provides assistance with medical, dental and vision services for low-income families.

**Medical eligibility:** The CSHS medical director determines medical eligibility for the program. The director reviews medical reports to determine if a child has an eligible condition.

**Network providers:** Providers who have agreements with an insurance company are considered “in-network” providers. Using “out-of-network” providers can result in a lower payment by the insurance company and a denial by CSHS unless it has been approved ahead of time.

**Notice of Action:** A CSHS form that states a child's medically eligible condition(s), the eligibility effective date, any applicable family cost share, the child's CSHS identification number, applicable primary insurance information, and date when the next financial review is due.

**Primary-care provider:** The child's regular provider who delivers routine childhood care. Many insurance companies, and Medicaid, may require that a child have a primary-care provider.

**Provider:** The individual, group or business that provides a medical service to your child (e.g., physician, therapist, hospital, pharmacy, clinic, medical equipment company, etc.).

**Re-evaluation of Financial Status:** A CSHS form that states your child's financial review has been approved for another 12-month period for his/her eligible condition. This form lists any applicable family cost share, your child's CSHS identification number, any applicable primary insurance information, and the date when the next financial review is due.

**Diagnostic services:** The evaluation and testing by an approved provider that determines medical eligibility or the need for treatment.

**Eligible condition(s):** A list of medical conditions covered by CSHS.

**Eligibility effective date:** If financial and medical eligibility criteria are met, an eligibility effective date is established. The eligibility effective date is indicated on the Notice of Action or the Re-evaluation of Financial Status forms.

**Explanation of benefits:** A statement from your insurance company that explains what was paid and why the insurance company processed the claim a certain way. The provider will attach the explanation of benefits to the claim form when they submit the bill to CSHS for reimbursement.

**Healthy Steps (SCHIP):** A benefit program for eligible North Dakota children to age 19 who do not have a source of health-care coverage. The program offers comprehensive medical, dental and vision coverage. (877.KIDS.Now or 877.543.7669)

**Identification number:** This is a number for your child that is assigned by CSHS. Families need to provide the identification number to clinics, physicians, hospitals, pharmacies, etc., who are providing services for your child so they know to bill CSHS.

**Indian Health Service:** Provides health services to American Indians and Alaskan Natives who belong to federally recognized tribes. The Indian Health Service administers health services through Indian Health Service's facilities, through tribally operated facilities and by contracting for health services. ([www.ihs.gov](http://www.ihs.gov))

## The Specialty Care Program for Diagnostic Services

*Promotes early diagnosis of medical conditions*

Diagnostic services may help to secure a diagnosis when the medical condition is *unknown* or to monitor the condition until treatment is recommended. Children are eligible for diagnostic services regardless of family income.

This program may help pay for office visits and diagnostic tests. Examples include lab tests, x-rays, Holter monitors, etc.

Services such as surgery, medications and therapies *cannot* be covered under the Diagnostic Services Program, as these are treatment services for the eligible condition.

Services *must be* delivered by a CSHS-approved provider. A regularly updated list is available through your County Social Service Office, the state CSHS Office or the CSHS website. Health-care providers, clinics and facilities must agree to accept CSHS payment.

Services by a family practice physician are covered only if there has been an emergency or they are provided in consultation with an approved specialist for an eligible condition. CSHS requires notification from the specialist regarding the referral for follow-up by the primary-care provider.

CSHS may pay up to \$20,000 per child for all diagnostic and/or treatment services in a 12-month period. This limit applies regardless of the number of eligible conditions.

Eligibility effective dates may go back 90 days from date of application if there is medical need related to the eligible condition. In this situation, the application must be signed within 30 days from the first point of contact.

# The Specialty Care Program for Treatment Services

*Assists with payment for medical care*

Treatment services are provided to children with chronic health conditions or disabilities who meet both medical eligibility criteria and financial eligibility (annual income levels). The annual income guidelines are listed on the CSHS Diagnostic and Treatment Fact Sheet and located on the CSHS website. You can also contact the CSHS worker at your County Social Service Office or the state CSHS office for this information.

Services *must be* delivered by a CSHS-approved provider. A regularly updated list is available through your County Social Service Office, the state CSHS Office or the CSHS website. Health-care providers, clinics and facilities must agree to accept CSHS payment.

Services by a family practice physician are covered only if there has been an emergency or if they are provided in consultation with an approved specialist for an eligible condition. CSHS requires notification from the specialist regarding the referral for follow-up by the primary-care provider.

Financial income eligibility levels change each year. If you have a monthly cost share, the amount can be re-determined each May.

This program may provide coverage for treatment recommended by a participating specialist such as surgery, medications, therapies, etc.

If you are unsure if services recommended for your child would be covered by CSHS or if the specialist providing the service is enrolled with the program, contact your CSHS worker at the county in which you reside or the state CSHS Office.

CSHS may pay up to \$20,000 per child for all diagnostic and/or treatment services in a 12-month period. This limit applies regardless of the number of eligible conditions.



## CSHS Glossary

As you work with CSHS, you may find some terms that are unfamiliar to you. This glossary will define those terms as they apply to CSHS. As always, if you have questions about this information, call CSHS.

**Annual financial review:** Financial eligibility is re-determined every year for the Treatment Services Program.

**Approved provider:** A medical or dental provider who has met CSHS licensing and certification criteria. This provider is able and willing to accept CSHS payment.

**Care coordination:** The process by which the County Social Service staff helps families meet medical, social, financial, educational and family support needs.

**Caring for Children:** A benefit program for eligible North Dakota children to age 19 who do not have another source of health-care coverage. The program offers primary medical and dental care, as well as mental health and chemical dependency treatment.

**Cost share:** Families that are above the financial eligibility levels must spend a designated amount for out of pocket medical expenses each month for the family unit before CSHS will pay for care or services for the eligible child.

**County Social Service Office:** Each County Social Service Office has a designated staff person who will determine your financial eligibility for CSHS on an annual basis. This person also will develop a care coordination plan for your family.

**CSHS:** Children's Special Health Services



## CSHS Family Involvement

CSHS supports a nine-member Family Advisory Council that meets four times each year. This council is the primary way that CSHS ensures family involvement in program and policy. Families advise staff about services for children with special health-care needs and their families.

Please contact CSHS for more information if you think you might be interested in participation on the Family Advisory Council.



## Medical Eligibility

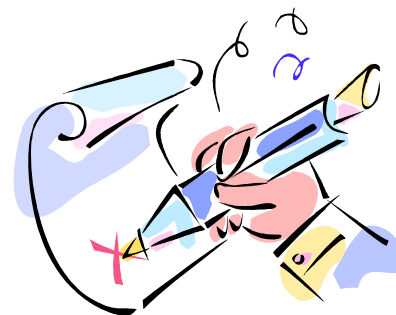
CSHS can help you with coverage for certain medical conditions.

Current medical reports are needed to determine if your child has an eligible condition.

While CSHS may not be able to help with payment for all your child's health-care needs, it is important to provide this information in order to help you get the most benefit from your insurance coverage and to help you locate and use other resources. Below is a *partial* list of eligible conditions that CSHS covers.

- |                                   |                      |
|-----------------------------------|----------------------|
| Acquired brain injury             | Hearing loss         |
| Asthma                            | Heart conditions     |
| Bony deformities                  | Hemophilia           |
| Burns                             | Joint deformity      |
| Cancer                            | Malocclusion         |
| Cerebral palsy                    | Muscular dystrophy   |
| Cleft lip and/or palate           | Phenylketonuria      |
| Cystic fibrosis                   | Rheumatoid arthritis |
| Dental disorders                  | Scoliosis            |
| Diabetes                          | Seizure disorders    |
| Gastro-intestinal tract anomalies | Spina bifida         |
| Genito-urinary tract anomalies    | Stabismus            |
| Growth hormone deficiency         | Syndromes            |

A complete list of eligible conditions is available through your County Social Service Office, the state Children's Special Health Services Office or the CSHS website.



## Financial Eligibility

To obtain or continue financial help from CSHS for treatment services, your County Social Service Office will need the following information:

- Family demographic information (e.g., family names, birthdates, etc.)
- Medical report(s)
- Financial information (e.g., tax forms, paycheck stubs, child support, Social Security benefits)
- Information about other insurance, Medicaid, Healthy Steps, the Caring for Children Program or Indian Health Service, including the amount of insurance premium you pay out of pocket
- Contact information about professionals, including health-care providers who help your child and family.
- Information about your family's strengths and needs to help coordinate care
- Signed authorizations to disclose information

When your child is determined financially eligible, a *Notice of Action form* or *Re-evaluation of Financial Status form* will be sent to you that includes the eligibility effective date, a CSHS identification number, the eligible condition(s), any applicable monthly cost share, any applicable primary insurance information, and the date when the next financial review is due. **Keep this notice and show it to providers as proof of coverage.**

## Care Coordination Program

Meeting the complex needs of children and their families often requires special assistance in the form of care coordination, which is also known as service coordination or case management. For Children's Special Health Services, care coordination is provided by County Social Services staff.

Care coordination planning is a participatory process with the child and family. Although the care coordination plan is family driven, the County Social Service staff's suggestions and perspectives are also valuable to the planning process.

An annual face-to-face meeting to develop the care coordination plan is required. The plan must be completed by the County Social Services staff and signed by the parent or the child if age 18 and older.

Care coordination helps:

- Identify the family's strengths and needs.
- Determine interventions through a written care coordination plan.
- Link the family to services or other resources.



## CSHS Information Resource Center

CSHS can provide information about a variety of health and related topics, such as:

- Medical conditions.
- Special health-care services.
- Typical child development.
- Financial assistance.
- Family support services.
- Well-child health care.
- Medical Equipment

To request information, contact CSHS via phone, e-mail or the web.

For more information about CSHS, visit the following website:

[www.ndhealth.gov/cshs](http://www.ndhealth.gov/cshs)



Financial eligibility is re-determined every year for the Treatment Services Program. The next review date is listed on the Notice of Action or Re-evaluation of Financial Status form that you receive. At age 18, individuals apply on their own behalf.

When your annual financial review is due, you will need to provide the county CSHS worker with your current income and insurance verification. The CSHS worker also will assist you in developing a new care coordination plan.

CSHS may pay up to \$20,000 per child for all diagnostic and/or treatment services in a 12-month period. This limit applies regardless of the number of eligible conditions.

Contact your CSHS worker or the state CSHS Office if you have questions about coverage for services.



## What Is a Cost Share?



Some families may be over the CSHS financial income eligibility levels. If this occurs, the amount that is above the annual financial income eligibility level is divided by 12 to arrive at the monthly cost share.

As the providers submit claims to CSHS, the monthly cost share amount will be reduced. The provider will be notified by CSHS to collect this share from you. You will then receive a bill from the provider. Once the monthly cost share has been met, the claim may be covered by CSHS.

Any out of pocket medical expenses paid for any other family members or services for an eligible child that are not related to the eligible condition in a specific month can be used to reduce the cost share for the eligible child in the same month. You will need to provide the county worker with documentation, such as an explanation of benefits from your insurance or a statement from the provider. All documentation must show the date of service, amount paid out of pocket and the provider who performed the service.

Transportation expenses, when related to the child's eligible condition, may be used to reduce the monthly cost share. Expenses will be deducted only for the month they were incurred when documentation is provided. Documentation of transportation expenses are to be submitted to the state office on a monthly basis. Examples of transportation expenses include mileage, meals and lodging.

Financial income eligibility levels change each year. If you have a monthly cost share, the amount can be re-determined each May.

If you have had a change in your income at any time during the year, please notify your County Social Service Office.

## Care on the Weekend or After Working Hours

CSHS can cover emergency services after hours if the services are for an eligible condition. Services covered by CSHS must be a true emergency.

Ground and air ambulance services are not covered by the CSHS program.



## Medical Equipment

Individuals eligible for treatment services are encouraged to reuse or recycle their medical equipment. Upon replacement or disuse, if the equipment item is resold, individuals are encouraged to use the proceeds to meet ongoing medical-related expenses.



## When To Contact CSHS

In order for CSHS to help you coordinate services for your child, please call the county or the state CSHS office about the medical services your child may need:

- When seeing a new provider.
- When receiving care out of state.
- To notify CSHS about hospital dates or emergency room visits.
- The kind of surgery that is being done to ensure coverage through Children's Special Health Services, including lab work, x-rays or other care needed before and after surgery.
- Equipment or supplies.
- Medications.
- Therapies (physical, occupational and speech).
- Referrals recommended by the specialist.
- Other medical concerns.

Also call about changes in:

- Health insurance/Medicaid/Healthy Steps.
- Child's address or phone number.
- Child's treatment.
- Family size and income.

The more CSHS knows about your child's needs, the better the program will be able to help you in meeting those needs.



## Insurance and CSHS

CSHS helps your child receive specialized medical care for the conditions listed on your Notice of Action form. CSHS can help pay for this care; however, there are rules you must follow, so your help is needed. Always give your child's CSHS identification number, upon check-in, to notify registration or billing staff that CSHS is a payer for your child's eligible condition.

Contact CSHS or your county CSHS worker:

- If medical care your child needs is not covered by your plan.
- If your insurance has special rules (e.g., using network providers, getting a referral or prior-authorization, etc.), you *must* follow these rules unless exceptions have been approved in advance by CSHS.
- If your insurance sends a check to you instead of the doctor, hospital or other provider, you must use that money to pay those providers before CSHS can pay.

Let CSHS know immediately if there has been a change in your address, phone number, family size or income or if you become eligible for Medicaid coverage, Healthy Steps, or the Caring for Children Program. If rules are not followed, CSHS may not be able to pay the bill even though your child has been determined eligible.



## Healthy Steps, Medicaid and CSHS

If your child has Healthy Steps or Medicaid, those programs cover most medical care for children up to age 19 or 21. For more information, about these programs call 877-Kids-Now or 877.543.7669.

Under certain circumstances, CSHS can help if you have coverage through Medicaid or Healthy Steps. CSHS can:

- Assist with referrals to other agencies or community resources.
- Assist in finding physicians and other providers.
- Assist with some services not covered by Medicaid or Healthy Steps (e.g., noncovered service, orthodontia).

CSHS is limited to providing health-care coverage for your child's eligible condition(s).



## Bills and CSHS

Sometimes you will receive a bill for medical services that CSHS can cover.



- If you receive a bill, CSHS may not have received that bill in the state office. Contact the provider immediately and give them your child's CSHS identification number and ask them to bill CSHS. You will find this number on the Notice of Action form or Re-evaluation of Financial Status form that was sent to you.
- If you continually receive a bill from the provider after you have contacted them and given your child's CSHS identification number, call Children's Special Health Services or your County Social Service Office or send the billing statement to the state CSHS Office.
- The sooner CSHS receives your call or the billing statement from you, the quicker the claim can be processed for payment. If you have more than one payer, claims will take longer to process.

