

Table of Contents

16.02.26 - RULES GOVERNING THE IDAHO CHILDREN'S SPECIAL HEALTH PROGRAM

| | |
|--|---|
| 000. LEGAL AUTHORITY. | 3 |
| 001. TITLE AND SCOPE. | 3 |
| 002. WRITTEN INTERPRETATION. | 3 |
| 003. ADMINISTRATIVE APPEALS. | 3 |
| 004. DEFINITIONS. | 3 |
| 005. -- 049. (RESERVED). | 3 |
| 050. SERVICES. | 3 |
| 051. DIAGNOSTIC/CONSULTATIVE SERVICES. | 4 |
| 052. TREATMENT SERVICES. | 4 |
| 053. FOLLOW UP AND CASE MANAGEMENT. | 4 |
| 054. HOSPITAL IN-PATIENT SERVICES. | 4 |
| 055. -- 099. (RESERVED). | 4 |
| 100. DIAGNOSTIC CATEGORIES. | 4 |
| 101. CARDIAC. | 4 |
| 102. CLEFT LIP AND PALATE. | 4 |
| 103. CRANIOFACIAL. | 4 |
| 104. CYSTIC FIBROSIS. | 5 |
| 105. NEUROLOGIC. | 5 |
| 106. ORTHOPEDIC. | 5 |
| 107. PHENYLKETONURIA (PKU). | 6 |
| 108. PLASTIC/BURN. | 6 |
| 109. SUPPLEMENTAL SECURITY INCOME (SSI). | 6 |
| 110. -- 149. (RESERVED). | 6 |
| 150. PROGRAM ELIGIBILITY. | 6 |
| 151. AGE. | 6 |
| 152. DIAGNOSIS. | 6 |
| 153. RESIDENCE. | 6 |
| 154. FINANCIAL. | 6 |
| 155. INCOME. | 7 |
| 156. FAMILY SIZE. | 7 |
| 157. SLIDING SCALE. | 7 |
| 158. APPLICATION FOR OTHER RESOURCES. | 7 |
| 159. -- 199. (RESERVED). | 7 |
| 200. APPLICATIONS. | 7 |
| 201. -- 249. (RESERVED). | 7 |
| 250. PAYMENTS TO PROVIDERS. | 7 |
| 251. PRIOR AUTHORIZATION. | 7 |
| 252. MAXIMUM ON HOSPITAL IN-PATIENT PAYMENTS. | 8 |
| 253. BILLING THIRD PARTIES FIRST. | 8 |
| 254. THIRD PARTY PAYMENTS IN EXCESS OF CSHP LIMITS. | 8 |

| | |
|---------------------------------------|----|
| 255. MEDICAID ELIGIBILITY. | 8 |
| 256. OUT-OF-STATE-CARE. | 8 |
| 257. DURABLE MEDICAL EQUIPMENT. | 8 |
| 258. -- 299. (RESERVED). | 8 |
| 300. ADVISORY GROUP. | 8 |
| 301. -- 349. (RESERVED). | 9 |
| 350. PROGRAM EXCLUSIONS. | 9 |
| 351. -- 996. (RESERVED). | 10 |
| 997. CONFIDENTIALITY OF RECORDS. | 10 |
| 998. -- 999. (RESERVED). | 10 |

**IDAPA 16
TITLE 02
Chapter 26**

16.02.26 - RULES GOVERNING THE IDAHO CHILDREN'S SPECIAL HEALTH PROGRAM

000. LEGAL AUTHORITY.

Section 39-105, Idaho Code directs the Department of Health and Welfare to establish rules as may be necessary to deal with problems related to personal health. The Children's Special Health Program provides medical and rehabilitative services to persons age birth to eighteen (18) years who meet the diagnostic eligibility criteria defined in Sections 101 through 108 of these rules. Section 39-147, Idaho Code mandates that the Children's Special Health Program also establish a program of services to persons age twenty-one (21) years and older who have cystic fibrosis. The Omnibus Budget Reconciliation Act (OBRA) of 1989 requires that thirty percent (30%) of the Maternal and Child Health Block Grant to each state be committed to programs for children with special health care needs.

(7-1-97)

001. TITLE AND SCOPE.

These rules apply to the administration of the Idaho Children's Special Health Program and are to be cited as IDAPA 16.02.26, "Rules Governing the Idaho Children's Special Health Program".

(7-1-97)

002. WRITTEN INTERPRETATION.

In accordance with Section 67-5201(16)(b)(iv), Idaho Code, this agency has written statements that pertain to the interpretation of the rules of this chapter, or to the documentation of compliance with the rules of this chapter. These documents are available for public inspection and copying at cost in the main office and each regional or district office of this agency.

(7-1-97)

003. ADMINISTRATIVE APPEALS.

All contested cases shall be governed by the provisions of IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings".

(7-1-97)

004. DEFINITIONS.

For the purposes of these rules, the following terms are used:

(7-1-97)

01. Applicant. A person under age eighteen (18) or persons of any age with cystic fibrosis seeking services provided by CSHP.

(7-1-97)

02. Children's Special Health Program (CSHP). The program section within the Idaho Department of Health and Welfare, Division of Health, which is responsible for the administration of services leading to the identification, diagnosis, and aftercare of children with special health care needs.

(7-1-97)

03. Client. A person under age eighteen (18) with a chronic physically disabling condition which meets one of the diagnostic categories of CSHP or persons of any age with cystic fibrosis for which he is receiving or has applied to receive services from CSHP.

(7-1-97)

04. Department. The Idaho Department of Health and Welfare.

(7-1-97)

05. Diagnosis. The act of identifying a disease from its signs or symptoms.

(7-1-97)

06. Division. The Division of Health, a division of the Idaho Department of Health and Welfare, and where CSHP is housed administratively.

(7-1-97)

005. -- 049. (RESERVED).

050. SERVICES.

The scope of activities provided by CSHP contractors such as diagnosis, case management and treatment. The types of services for which reimbursement is made are related directly to program fiscal resources. Funds available for CSHP are limited in amount. Changes in the scope of services and in rates of reimbursement may be made by administrative decision should budgetary reductions or cost overruns occur.

(7-1-97)

051. DIAGNOSTIC/CONSULTATIVE SERVICES.

Clinical examination of a CSHP client to confirm or determine the extent of their condition and recommend treatment options. Physician specialists under contract to CSHP may continue to serve in consultative roles to clients' primary care physicians following clinical examination. (7-1-97)

052. TREATMENT SERVICES.

Following the diagnostic process, individuals may be closed to further service as having "no eligible condition found". Program-eligible clients are accepted for continuing service coordination under CSHP. Care is provided through clinics where treatment schedules are planned and periodic review of cases are conducted. An individual client's treatment plan may cover a variety of related services. (7-1-97)

053. FOLLOW UP AND CASE MANAGEMENT.

CSHP will contract with public health nurses and other district health department program staff to follow-up on CSHP clients receiving treatment through the program to assure that a treatment plan is outlined. These staff shall also implement timely scheduling of medical habilitative and rehabilitative services. (7-1-97)

054. HOSPITAL IN-PATIENT SERVICES.

If diagnostic evaluation requires hospitalization, a maximum of three (3) days inpatient care may be authorized. No inpatient hospital services are paid for emergency, acute or chronic medical care. (7-1-97)

055. -- 099. (RESERVED).

100. DIAGNOSTIC CATEGORIES.

CSHP will serve clients in eight (8) general diagnostic categories: Cardiac, Cleft Lip and Palate, Craniofacial, Cystic Fibrosis, Neurological, Orthopedic, Phenylketonuria (PKU) and Plastic/Burn. These categories are explained further in Sections 101 through 108 of these rules. (7-1-97)

101. CARDIAC.

01. Eligible Conditions. Eligible conditions include congenital heart disease or defects, acquired heart disease and dysrhythmia. (7-1-97)

02. Excluded Conditions. The following conditions are excluded from care under CSHP: patent ductus arteriosus (PDA) in premature neonates, inpatient care for non-diagnostic and non-surgical admissions. Acute care, despite its potential relationship to an underlying covered condition. (7-1-97)

03. Spending Limit. Services provided to eligible patients under the Cardiac Program are subject to a per patient, annual spending limit of twenty five thousand dollars (\$25,000) for each fiscal year, July 1 through June 30. (7-1-97)

102. CLEFT LIP AND PALATE.

01. Eligible Conditions. Eligible conditions include cleft lip, cleft palate, cleft palate with cleft lip, cleft nose, Pierre Robin syndrome, choanal atresia, palatal incompetence, severe malocclusions resulting from disease or trauma, severe structural deformities involving the growth and development of the mandible or maxilla. (7-1-97)

02. Excluded Conditions. The following conditions are specifically excluded from care under the CSHP Cleft Lip/Palate Program: isolated hyper/hyponasality, non-cleft-related malocclusions, mild familial malocclusions. (7-1-97)

03. Spending Limits. Services provided to eligible patients under the CSHP Cleft Lip and Palate program are subject to a per patient, annual spending limit of fifteen thousand dollars (\$15,000) for each fiscal year, July 1 through June 30. (7-1-97)

103. CRANIOFACIAL.

01. Eligible Conditions. Eligible conditions include congenital anomalies of the skull and face, acrocephalosyndactyly, craniosynostosis, Crouzon's Disease, hyperterlorism (severe), platybasia, hemifacial microsomia, including associated microtia. (7-1-97)

02. Excluded Conditions. The following conditions are excluded from care under the Idaho CSHP Craniofacial Program: isolated microtia, temporal mandibular joint disease (TMJ), simple hemangioma not affecting other organ systems. (7-1-97)

03. Spending Limits. Services provided to eligible patients under the CSHP Craniofacial Program are subject to a per patient, annual spending limit of eighteen thousand dollars (\$18,000) for each fiscal year, July 1 through June 30. (7-1-97)

104. CYSTIC FIBROSIS.

01. Eligible Conditions. In addition to cystic fibrosis, services are also provided under this program to clients twenty-one (21) years of age and under who have Kartagener's Syndrome or immotile cilia. (7-1-97)

02. Services Provided. Services available include Physician's office visits or clinic visits, laboratory, x-ray and other tests ordered by physician, medications and drugs prescribed in connection with treatment of cystic fibrosis, transportation to out-of-state medical centers based on physician referral, and home therapy equipment prescribed by the physician. Genetic counseling clinics are available throughout the state and cystic fibrosis patients and their families are encouraged to make use of this service. (7-1-97)

03. Excluded Services. Inpatient hospital care is not paid for under the CSHP Cystic Fibrosis Program, consistent with CSHP policy of not paying acute care. (7-1-97)

04. Spending Limit. Services provided to eligible patients under the CSHP Cystic Fibrosis Program are subject to a per patient, annual spending limit of eighteen thousand dollars (\$18,000) for each fiscal year, July 1 through June 30. (7-1-97)

105. NEUROLOGIC.

01. Eligible Conditions. Eligible conditions include cerebral palsy, seizures/epilepsy, metabolic and storage diseases, central nervous system (CNS) degenerative disorders, congenital CNS anomalies, chronic encephalopathy and CNS injury (near drowning, birth asphyxia), neurocutaneous and neuromuscular syndromes, chronic residua of CNS infections, neuromuscular disorders, attention deficit hyperactive disorder (ADHD) (limited to two (2) visits per year after diagnosis), Tourette's Syndrome, rehabilitation services associated with tumors, infections, trauma and cerebral vascular disease (CVD). (7-1-97)

02. Excluded Conditions. The following conditions are excluded from care under the CSHP Neurologic Program: speech problems without associated CSHP eligibility, primary mental retardation, autism, acute head and spinal cord injuries, primary psychiatric and emotional disorders, headache, and night terrors. (7-1-97)

03. Spending Limit. Services for eligible patients under the CSHP Neurologic Program are subject to a per patient, annual spending limit of twelve thousand dollars (\$12,000) for each fiscal year, July 1 through June 30. (7-1-97)

106. ORTHOPEDIC.

01. Eligible Conditions. Eligible conditions include juvenile rheumatoid arthritis (JRA), developmental dysplasia of the hip, cerebral palsy, neuromuscular dystrophies and atrophies, spinal column defects and deformities causing functional impairment, congenital anomalies of the extremities causing functional impairment, chronic conditions resulting from trauma, limb deficiencies and length discrepancies, chronic infections and inflammations of bones and joints, congenital developmental hip conditions, skeletal dysplasia and other forms of dwarfism, fractures associated with bracing or other long-term care, rehabilitation services associated with tumors and malignancies, metatarsus varus and adductus, polydactyly. (7-1-97)

02. Excluded Conditions. The following conditions are excluded from care: simple fractures and other trauma without handicapping residual, acute infections of bone or joint, simple flat feet (painless), acute care for amputations, acute care for fractures or other injuries, benign genu valgum (knock knee), benign genu varum (bow legs), tibial torsion/femoral version, growth hormone therapy for short stature. (7-1-97)

03. Spending Limits. Services provided to eligible patients under the CSHP Orthopedic Program are subject to a per patient, annual spending limit of fifteen thousand dollars (\$15,000) for each fiscal year, July 1 through June 30. (7-1-97)

107. PHENYLKETONURIA (PKU).

Under this program eligible patients are provided treatment services which include nutritional assessment, dietary counseling and provision of formula. Persons over eighteen (18) years of age with PKU may purchase formula from CSHP at CSHP's cost. (7-1-97)

108. PLASTIC/BURN.

01. Eligible Conditions. Eligible conditions include hemangioma and lymphangioma depending on severity, location and effect on function; cystic hygroma; and hemifacial microsomia, including associated microtia. (7-1-97)

02. Excluded Conditions. The following conditions are excluded from care under the Idaho CSHP Plastic/Burn program: acute burn care, cosmetic surgery, hemangioma, including port wine stain, not affecting physical function. (7-1-97)

03. Spending Limit. Services provided to eligible patients under the CSHP Plastic/Burn Program are subject to a per patient, annual spending limit of fifteen thousand dollars (\$15,000) for each fiscal year, July 1 through June 30. (7-1-97)

109. SUPPLEMENTAL SECURITY INCOME (SSI).

The state CSHP office receives copies of all SSI determinations made in the state and forwards them to the Idaho District Health Department nearest the family. District staff then contact the family to offer CSHP services if appropriate. (7-1-97)

110. -- 149. (RESERVED).

150. PROGRAM ELIGIBILITY.

Eligibility for participation in CSHP is based on age, diagnosis, legal residence and financial criteria. Eligibility criteria is explained further in Sections 151 through 157 of these rules. (7-1-97)

151. AGE.

Applications may be accepted on persons up to age eighteen (18), or any age for persons with cystic fibrosis or phenylketonuria (PKU). With the exception of Cystic Fibrosis, CSHP will pay for no services after the patient's 18th birthday unless the person is receiving active inpatient treatment at the time of the birthday. In that case CSHP will pay for services until discharge if they fall within the guidelines described in Section 054 of these rules. (7-1-97)

152. DIAGNOSIS.

Eligible persons are those born with or who acquire physical disabilities or special health care needs as defined under the various programs in Sections 101 through 108 and who require long-term multi-disciplinary care to improve their ability to function. (7-1-97)

153. RESIDENCE.

Applicants must be legal residents of the state of Idaho to receive services from CSHP. Legal residents of neighboring states are not eligible for services. Non-citizens who are legal residents of Idaho are eligible to receive services but undocumented aliens are not. (7-1-97)

154. FINANCIAL.

All persons who meet the age, diagnostic and residency requirements are eligible to receive CSHP services,

regardless of income. Families whose taxable income falls at or below one hundred eighty-five percent (185%) of the federal poverty level will be provided CSHP services at no cost. Those families with income above one hundred eighty-five percent (185%) of the federal poverty level will share in the costs of treatment as determined by the CSHP sliding scale (see Section 157). Families with incomes great enough to have a financial participation percentage will be billed through CSHP for their share of costs. Payment arrangements can be made through the District Health Department CSHP Coordinator for those families facing significant costs. (7-1-97)

155. INCOME.

Income for a family is defined as "adjusted taxable income" from the family's most recent tax return. Financial eligibility is redetermined annually and may be redetermined more often if family circumstances change during the year. (7-1-97)

156. FAMILY SIZE.

Family is defined as a "group of related or non-related individuals who are not residents of an institution, but who are living together as one (1) economic unit". Family size is the number of individuals included in that unit. (7-1-97)

157. SLIDING SCALE.

A sliding scale is used to determine the family's percentage of financial participation. Families with incomes below one hundred eight-five percent (185%) of federal poverty guidelines will receive CSHP services at no cost; incomes between one hundred eighty-five percent (185%) and one hundred ninety-nine percent (199%) will be responsible for ten percent (10%) of costs up to a one thousand eight hundred dollar (\$1,800) maximum; incomes between two hundred percent (200%) and two hundred twenty-four percent (224%) will be responsible for twenty percent (20%) of costs up to a three thousand six hundred dollar (\$3,600) maximum; incomes between two hundred twenty-five percent (225%) and two hundred forty-nine percent (249%) will be responsible for thirty percent (30%) of costs up to a five thousand four hundred dollar (\$5,400) maximum; incomes between two hundred fifty percent (250%) and two hundred seventy-four percent (274%) will be responsible for fifty percent (50%) of costs up to a nine thousand dollar (\$9,000) maximum; incomes between two hundred seventy-five percent (275%) and two hundred ninety-nine percent (299%) will be responsible for seventy-five percent (75%) of costs up to a thirteen thousand five hundred dollar (\$13,500) maximum; and incomes of three hundred percent (300%) and above will be responsible for one hundred percent (100%) of costs up to an eighteen thousand dollar (\$18,000) maximum. Each percentage category includes an annual maximum for which a family would be responsible in any given year. The percentage amount applies to all costs incurred for services provided to their child up to the annual maximum indicated. (7-1-97)

158. APPLICATION FOR OTHER RESOURCES.

CSHP applicants are required to apply for benefits from other programs for which they may be eligible and which would reduce the costs to CSHP. The use of all available other resources is required in order to supplement program dollars to the greatest degree possible. For new applicants and during redetermination there will be a review for possible eligibility for other programs and appropriate referrals shall be made. Families who refuse to obtain benefits for which they are eligible or do not complete the application process will be closed to the program. (7-1-97)

159. -- 199. (RESERVED).

200. APPLICATIONS.

An application for services from CSHP shall, at a minimum, consist of a completed Application Form. A copy of the family's most recent tax return will also be required in order to determine financial eligibility. Idaho Health Districts may require additional forms such as a Request for Services, Consent for the Release of Information and/or Authorization to Release Information. Applications are processed by Idaho District Health Department staff. Applicants are notified as to their acceptance or denial by the Idaho District Health Department staff. (7-1-97)

201. -- 249. (RESERVED).

250. PAYMENTS TO PROVIDERS.

CSHP payments are made on the basis of fee schedules or set allowances; where applicable, Idaho Medicaid rates are used. (7-1-97)

251. PRIOR AUTHORIZATION.

To qualify for payment by CSHP, services other than diagnostic/consultative and follow-up/case management must

be preauthorized by the CSHP Health District Coordinator or designee. A CSHP Authorization Memo, obtained from the District CSHP Coordinator, must be issued for any service authorized under CSHP. (7-1-97)

252. MAXIMUM ON HOSPITAL IN-PATIENT PAYMENTS.

There is a twelve thousand dollar (\$12,000) maximum payment, per hospitalization, for inpatient hospital expenses, exclusive of surgeon, anesthesiologist or other physician costs related to the hospitalization. These costs are applied toward the annual program cap. (7-1-97)

253. BILLING THIRD PARTIES FIRST.

Providers must bill all other sources of direct third party payment before submitting their claims to CSHP for payment. Private insurance must be billed and benefits, or the denial of benefits, ascertained before the CSHP will consider payment. Typically either an Explanation of Benefits (EOB) from the third party payor or a letter stating that the service is not covered will be required before CSHP payment will be made. (7-1-97)

254. THIRD PARTY PAYMENTS IN EXCESS OF CSHP LIMITS.

CSHP will not reimburse providers for services rendered when the amount received by the provider from the third party payor is equal to or exceeds the level of reimbursement allowed by CSHP for those particular services. (7-1-97)

255. MEDICAID ELIGIBILITY.

Any person who may be eligible for Medicaid is required to apply before CSHP services are authorized. CSHP is always last payor to Medicaid. (7-1-97)

256. OUT-OF-STATE-CARE.

CSHP will not pay for care out-of-state that is available in-state. Any exceptions to this rule will be determined by the state office of the CSHP. All out-of-state care must be preauthorized through a CSHP clinic or other regular program mechanism. (7-1-97)

257. DURABLE MEDICAL EQUIPMENT.

The CSHP will always be payor of last resort for all durable medical equipment provided to clients. (7-1-97)

258. -- 299. (RESERVED).

300. ADVISORY GROUP.

The Medical Advisory Committee of CSHP provides recommendations to the Division of Health. (7-1-97)

01. Recommendations. The Medical Advisory Committee provides recommendations regarding the following: (7-1-97)

- a. Future focus and responsibilities of CSHP; (7-1-97)
- b. Diagnostic conditions to be covered under the medical benefits aspects of the program; (7-1-97)
- c. Scope of services to be covered under each condition; (7-1-97)
- d. Definition of clinic categories; (7-1-97)
- e. Medical eligibility criteria for clinical attendance; (7-1-97)
- f. Clinical standards and staffing requirements for clinic operation; (7-1-97)
- g. Policies for medical personnel staffing clinics; (7-1-97)
- h. Criteria for medical provider appointment to CSHP clinics; (7-1-97)
- i. Provider application forms. (7-1-97)

02. Appointment. Members of the Medical Advisory Committee are appointed by the Administrator of

the Division of Health. The Medical Advisory Committee may appoint subcommittees which can function as work groups and report to the Committee with recommendations. (7-1-97)

301. -- 349. (RESERVED).

350. PROGRAM EXCLUSIONS.

The following is a list of additional conditions, services and items not covered or paid for by CSHP: (7-1-97)

- 01. Excluded Conditions, Services and Items. (7-1-97)
 - a. Acute care, such as hospitalization for congestive heart failure or complications of cystic fibrosis. (7-1-97)
 - b. Ambulance/air ambulance charges. (7-1-97)
 - c. Behavior problems. (7-1-97)
 - d. Brain tumors. (7-1-97)
 - e. Biofeedback equipment. (7-1-97)
 - f. Routine dental care. (7-1-97)
 - g. Congenital defects of the gastrointestinal or genitourinary tracts. (7-1-97)
 - h. Cancer care. (7-1-97)
 - i. Cosmetic surgery. (7-1-97)
 - j. Diabetes care. (7-1-97)
 - k. Prescription medicine - except those prescribed for eligible cystic fibrosis patients. (7-1-97)
 - l. Educational services. (7-1-97)
 - m. Eye care except as related to an eligible condition such as cerebral palsy or juvenile rheumatoid arthritis. (7-1-97)
 - n. Eyeglasses. (7-1-97)
 - o. Fractures. (7-1-97)
 - p. Growth Hormone. (7-1-97)
 - q. Hearing problems, except as related to cleft lip and palate. (7-1-97)
 - r. Hernias. (7-1-97)
 - s. Home health/home nursing services. (7-1-97)
 - t. Infectious diseases. (7-1-97)
 - u. Legal services. (7-1-97)
 - v. Minor foot and leg deformities: flat feet, bow legs, knock knees, pigeon toes, tibial torsion and mild femoral anteversion. (7-1-97)

- w. Neonatal intensive care in the newborn period. (7-1-97)
- x. Orthoptics - visual training therapy. (7-1-97)
- y. Routine pediatric care. (7-1-97)
- z. Prematurity. (7-1-97)
- aa. Pseudohermaphroditism. (7-1-97)
- bb. Psychological or psychiatric care or counseling. (7-1-97)
- cc. Respiratory or pulmonary problems except as related to cystic fibrosis. (7-1-97)
- dd. Respite care. (7-1-97)
- ee. Shoes (corrective or orthopedic). (7-1-97)
- ff. Sleep Apnea Monitors. (7-1-97)
- gg. Spinal disc lesions. (7-1-97)
- hh. Transplants. (7-1-97)
- ii. Transportation to in-town clinics or other regular services. (7-1-97)

02. Individual Consideration. Conditions not specifically identified within these rules as included or excluded by CSHP will be considered on a case by case basis that includes review by the Medical Authorization Review Subcommittee of the CSHP Medical Advisory Committee. (7-1-97)

351. -- 996. (RESERVED).

997. CONFIDENTIALITY OF RECORDS.

Any disclosure of information obtained by the Department is subject to the restrictions contained in Idaho Department of Health and Welfare Rules, IDAPA 16.05.01, "Rules Governing the Protection and Disclosure of Department Records". (7-1-97)

998. -- 999. (RESERVED).