

**Children with Special Health Care Needs  
Pool of Funds Guidelines  
Care Connection for Children  
Virginia Department of Health**

**Background**

The Care Connection for Children (CCC) Network is a collaborative initiative between the Virginia Department of Health (VDH) and Regional Centers of Excellence for Children with Special Health Care Needs (CSHCN). Its mission is to develop and promote a system that serves children with special health care needs that is community-based, culturally competent, and coordinated care, delivered within comprehensive and integrated systems of services.

Each CCC center provides services to families using a multi-disciplinary approach including the professions of medicine, nursing, social work, education, insurance/eligibility, and advocacy. The team-based approach assists the family in “pulling together” medical personnel primary and specialty care, educators, and community resources to determine how children with special health care needs can reach their maximum potential.

The Children with Special Health Care Needs Pool of Funds provides a limited amount of money to assist Virginia’s uninsured and underinsured children with special health care needs to receive care they otherwise could not afford. The Care Connection for Children Network receives Title V funds from the federal Maternal and Child Health Block Grant and state general funds. This is not an entitlement program. The following guidelines have been developed to allocate the funds to the children with the greatest financial need.

**Criteria for Admission**

Each CCC serves a designated region of the Commonwealth of Virginia and provides information and referral services to all callers requesting information regarding CSHCN.

Requirements for admission for ongoing case management are the following:

1. Resident of the Commonwealth of Virginia.
2. Under the age of 21.
3. Diagnosed with a physical disorder that has lasted or is expected to last at least 12 months; and produce one or more of the following sequelae:
  - a. Need for health care and ancillary services over and above the usual for the child’s age, or for special ongoing treatments, interventions, or accommodation at home or at school;
  - b. Limitation in function, activities, or social role in comparison with health age peers in the general areas of physical, cognitive, and social growth and development;

- c. Dependency on one of the following to compensate for or minimize limitation of function, activities, or social role: medications, special diet, medical technology, assistive devices or personal assistance.

Persons with the following diagnoses do not meet criteria for CCC case management or Pool of Funds. Staff will make appropriate referrals to community resources for these children and their families.

- Abnormal vision due to refractive error
- Allergy/asthma
- Cancer and tumors
- Hemophilia and other bleeding disorders
- HIV/AIDS
- Mental health disorders
- Developmental disabilities
  - Attention Deficit Disorder
  - Attention Deficit Hyperactivity Disorder
  - Autistic spectrum disorders
  - Developmental delay
  - Learning disabilities
  - Mental retardation

### **Covered Services**

Covered services under Pool of Funds (POF) distribution are services that are medically necessary for the treatment and monitoring of a covered condition. They include the following:

1. Dental orthodontic and prosthodontic appliances for children with maxillofacial conditions, which are defined as follows:
  - Covered conditions shall be limited to cleft lip, cleft palate, cleft lip and palate and congenital or acquired facial deformities including severely handicapping conditions such as Aperts, Treacher-Collins, craniofacial microsomias, prognathisms, tumors, Cruzon's Syndrome, Pierre Robin Syndrome, and short palate, as well as other mandibulofacial dysostosis. Tongue-tie is not a covered condition unless accompanied by mandibulofacial problem. Orthodontics without plastic surgery is not covered.
2. Durable medical equipment (limited to eye glasses, contact lenses, prosthetic eyes, hearing aids, nebulizers, insulin pumps, and orthopedic and urology appliances.).
3. Medications which are not available from local pharmacies at prices of \$10 or less for a one-month supply.

4. Metabolic formula as listed in the VDH formulary of approved metabolic formulas to treat selected heritable disorders and genetic diseases as listed by the Virginia Newborn Screening Services Program.
5. Outpatient monitoring testing (laboratory, imaging, and audiology testing including those requiring sedation).
6. Physician interpretation of outpatient monitoring testing that has been preauthorized per service with the physician for payment at the Medicaid rate.
7. Physician-Specialist office visits with a maximum of four per twelve month period per specialty. In addition, the physician can charge the family a \$10 co-pay per visit.

### **Noncovered Services**

Services that are not covered because of limited funds include:

1. Chemotherapy and radiation.
2. Clinic or facility fees.
3. Cochlear implant and its accessories.
4. Dialysis.
5. Experimental or investigative medical and surgical procedures.
6. Genetic testing and counseling are funded through a different mechanism are not included in the CSHCN Pool of Funds.
7. Hemophilia is funded through the Virginia Bleeding Disorders Program Pool of Funds.
8. HIV and AIDS are funded through a different mechanism are not included in the CSHCN Pool of Funds.
9. Hospitalizations-Inpatient and outpatient procedures.
10. Nutrition and vitamin supplementation.
11. Organ transplants.
12. Physician services not specified as covered elsewhere in this document.
13. Therapies (nutrition, occupational, physical, and speech).
14. Wheelchairs, their repairs, or their parts.

### **Eligibility Requirements**

Children must meet all of the following requirements to obtain funds from the Pool of Funds.

#### Age

Eligible children are covered from birth through 20 years of age, terminating at the 21<sup>st</sup> birthday.

### Residency Requirements

Use of the Pool of Funds is based on the residence of the child. Eligible children must be Virginia residents with proof of residency. A post office box in Virginia does not establish residency. Examples of verification of residency are Virginia motor vehicle registration, Virginia driver's license, proof of payment of Virginia state income taxes, proof of enrollment in a local school, or a lease or utility bill in the name of the applicant or child's parent/legal guardian. The regional pool of funds used is based on the child's place of residence.

Documented (Immigrant visa for permanent residency and nonimmigrant visa for refugee or asylee) and undocumented persons are eligible for services if they are Virginia residents. Persons on temporary visas (Nonimmigrant visa for business, student, pleasure, or medical treatment) are not eligible for services unless they have written documentation from U.S. Citizenship and Immigration Services (USCIS) that they have applied for permanent residency. Verification of immigration status may be requested. Examples of verification include visa, passport, or paperwork that allowed the child to enter the country from the USCIS. See additional information at <http://uscis.gov/graphics/services/visas.htm>

### Financial Requirements

The Pool of Funds program is designed for families with gross family income at or below 300% of the Federal Poverty Level (FPL) based on the Virginia Department of Health's Regulations Governing Financial Eligibility for Services (12 VAC 5-200).

### Health Insurance

The program covers children without health insurance, and children with health insurance that may not cover all of their medical expenses (underinsured). The Pool of Funds, however, is considered the payer of last resort. Therefore, all attempts to obtain health insurance will be made by the Care Connection for Children (Center) before a child is eligible for Pool of Funds.

For children with no health insurance, the child and family must be screened for state and federal medical assistance programs including Medicaid, FAMIS, and Supplemental Security Income.

The Pool of Funds cannot be accessed until the appropriate applications have been processed for acceptance or denial.

### Underinsured

Underinsured children with private (non-Medicaid) insurance can access the Pool of Funds if their insurance does not cover medically necessary services, i.e., hearing aids, medication, equipment, etc.

If a child has Medicaid, coverage must be sought through EPSDT or the appeal process of Medicaid. Pool of Funds can only be accessed for services not reimbursable by Medicaid.

Before the Pool of Funds can be accessed, written proof that the insurance does not cover the service must be received. This proof can be 1) current summary of benefits such as a document issued by the family's insurer or a current denial notice from the insurer. This includes private and public insurance.

Underinsured children with insurance that has a pre-existing clause can access the Pool of Funds during the pre-existing waiting period.

Underinsured children with gross family income up to 300% of FPL, at the time of application, may request use of the Pool of Funds if (1) the family has exhausted its insurance appeal process or (2) a major life event (loss of employment, legal marital separation, death of a spouse, etc.) has affected the family's ability to pay out-of-pocket medical expenses.

### **Limitations of the Pool of Funds**

The Pool of Funds consists of a limited amount of grant funds that may be replenished annually. The Center reserves the right to deny access to the Pool of Funds for an otherwise eligible child if the funds are depleted.

### **Medical Review Panel**

The Medical Review Panel consists of the physician consultant and program directors from each Care Connection for Children center. When a center desires input from other CCC centers on a client request not covered by the CSHCN Pool of Funds Guidelines, it can canvas all centers. Send a description of the situation to all six centers plus the VDH CSHCN Director for their input on whether to cover the item. Once the decision is made, the center is to inform all CCC centers and the VDH CSHCN Director.

### **Appeal Process**

If a request for assistance from the Pool of Funds is denied and the Center appeal process is exhausted, the family may appeal the decision in writing to the Director of the Children with

Special Health Care Needs Program at the Virginia Department of Health (VDH). The final decision will be made by the Care Connection for Children Inter-Center Work Group, consisting of representation from each Center and VDH. The Work Group will seek advice from the VDH Adjudication Officer in the Office of Family Health Services in cases where it is deemed necessary. The Adjudication Officer's decision is final and binding.

## **Policies**

1. The child shall be deemed eligible for the Pool of Funds once:
  - a. The family has completed a financial and insurance eligibility application;
  - b. The Care Connection for Children (Center) has determined that the family has exhausted insurance and other sources of payment for the child's care; and
  - c. The Center has approved the application and issued approvals to the family, the vendor of the service, and the child's primary and specialty physicians.
2. Once deemed eligible, the financial and insurance status of the child shall be checked each time the family seeks access to the Pool of Funds to verify that there have been no changes in income or insurance benefits. A new financial and insurance eligibility application shall be completed at least every twelve months. All eligibility information shall be documented in the client's file.
3. Authorization by the Center shall be required **PRIOR** to the commencement of each covered service. The authorization remains effective until the service is rendered even if several months have passed.
4. Payment for retrospective services shall **NOT** be approved.
5. Services needed urgently can be initiated without full completion of the application process at the Manager of the Center's discretion. If the child is found not eligible, the urgent/emergent treatment service shall be paid from the Pool of Funds, but the family is to be notified that the Center shall not authorize future services until there is a change in their eligibility status.
6. A prescription or written request for the services shall be required from the specialty or primary care physician.
7. Services shall be obtained from a vendor with a contract with the Center/VDH who has credentials and licensure to provide the needed services and who agrees to accept the payment as payment in full and not to pursue balances from the child's family.

8. Verification, i.e., report of services, of the child's receipt of the authorized service shall be completed and documented before the vendor is paid.
9. Reimbursement to the vendor shall be no more than at the Medicaid fee-for-service rate of reimbursement for the specific service. Procedures for reimbursement are explained in the CCC guideline, "CCC Instructions for Payment of Inpatient and Outpatient Services."
10. The Pool of Funds shall be documented payer of the last resort.
11. The Care Connection for Children Inter-Center Work Group, with representation from each Center and VDH, will review the policies and procedures at least every twelve months.

### **Local Health Department's Role**

1. Case finding.
2. Facilitating child's receipt of medication. Current practice of the Care Connection for Children Centers is that once the prescription is set up by the Center, it is valid for one year with a three-month supply per refill. After initiation of the order, the Local Health Department or family can reorder medication from the Center. Once the Center has confirmed that there are no changes in the child's health care coverage or income, the Center will contact the VDH pharmacy. The medications will be mailed to the Local Health Department or to the Center for the family to obtain. Once the family has obtained the medications, the Local Health Department will send to the Center a copy of the VDH prescription (LHS-181) that was attached to the medications upon delivery. The date the family obtained the medications is to be recorded on the prescription. If the family does not obtain the medications within 90 days of receipt by the Local Health Department, the Local Health Department is to return them to the VDH pharmacy and notify the Center of the action.
3. Working with the Center to ensure patient compliance.
4. Care coordination in conjunction with the Center.