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 is a patient assistance fund that 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 CCC Case Management Services

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 healthy 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
Behavioral and developmental disorders
Attention Deficit Disorder
Attention Deficit Hyperactivity Disorder
Autism spectrum disorders
Developmental delay
Learning disabilities
Intellectual disabilities

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 21st birthday.

Residency Requirements

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: https://www.uscis.gov/.

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 the payer of last resort. All attempts to obtain health insurance must be made 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 may be accessed until the appropriate applications have been processed for acceptance or denial. Such eligible families will not have access to Pool of Funds unless found eligible as described in the underinsured section of this document.

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 the Early, Periodic, Screening, Diagnosis, and Treatment Program (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 gross family income up to 300% of FPL 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.

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. Durable medical equipment limited to $2500 per person per center contract year. Services limited to eye glasses, contact lenses, prosthetic eyes, hearing aids and molds, nebulizers, diabetic supplies, orthopedic appliances and urology supplies, and supplies to administer nutrition through a feeding tube. Note: Supplies do not include the nutritional product.

2. Medications that are not available from local pharmacies at prices of $10 or less for a one-month supply.

3. 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.

4. Physician-Specialist office visits, including telehealth, with a maximum of four per consecutive twelve month period per specialty. In addition, the physician can charge the family a $10 co-pay per visit.

5. Visits with Audiologists for the fitting of hearing aids purchased through this program for eligible children (maximum four per consecutive twelve month period).

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. Dental services including orthodontic and prosthodontic appliances
5. Dialysis
6. Experimental or investigative medical and surgical procedures
7. Genetic testing and counseling
8. Hospitalizations-Inpatient and outpatient procedures
9. Nutrition and vitamin supplementation
10. Organ transplants
11. Outpatient monitoring testing that includes laboratory, imaging, and audiology testing
12. Physician interpretation of outpatient monitoring testing
13. Physician services not specified as covered elsewhere in this document
14. Therapies (nutrition, occupational, physical, and speech)
15. Wheelchairs, their repairs**,** or their parts
16. Insurance copayments and deductibles
17. Supplies of general utility not intended to provide a direct medical or remedial benefit to the individual (alcohol wipes, glucose tabs for diabetics, etc.)

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 if funding is exhausted.

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.

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.

10. The Pool of Funds shall be documented as the payer of last resort.

11. The Care Connection for Children Inter-Center Work Group, with representation from each Center and VDH, will review this guidance document at least every twelve months and as needed.