

SPECIAL FOCUS

NEWS & INFORMATION ON THE PEDIATRIC SPECIALTY CARE AT CHILDREN'S HOSPITAL, RICHMOND, VA



State and Federal Programs for Children with Special Health Care Needs

When caring for a child with special needs, the medical team and family are often required to be proactive in seeking the resources of state and federal programs. Though these types of programs share common goals for improved health, development and quality of life, their structures differ significantly in terms of populations served, eligibility requirements, application/access processes, and the types of services and support provided. As children with multiple needs are often eligible for and in need of services from more than one program, understanding and utilizing all appropriate options is important in providing a comprehensive, coordinated care plan that helps a child thrive. Equally important to this goal is thoroughly exploring the diverse options available as it is also often the case that a child's condition and/or financial situation may only meet the eligibility requirements of one program for coverage of a particular service or therapy.

To assist with these efforts, the following is an overview of programs often utilized by Children's Hospital case management specialists when working with children with physical and/or developmental disabilities who reside in Virginia. We hope this information will be a helpful resource as you refer, advise and advocate for the children and families you serve.

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Early Intervention: The Infant & Toddler Connection of Virginia

Virginia's statewide early intervention system is called *The Infant and Toddler Connection of Virginia*. Established in accordance with the *Individuals with Disabilities Act (IDEA)*, Part C-Early Intervention, this system serves children from birth through age two (i.e., 36 months) who are not developing as expected or have a medical condition that can delay development. Related supports are also available to their families.

Families referred to the Infant & Toddler Connection are provided a service coordinator who guides them through the early intervention process. Initial and ongoing eligibility is determined through an evaluation by at least two professionals from different areas of development and provided at no cost to families. Once a child is deemed eligible, the family, service coordinator, evaluators and other service providers work together as a team to develop an Individualized Family Service Plan (IFSP) listing desired outcomes and the supports and services needed to meet those outcomes. These direct services may include: assistive technology; audiology; family training, counseling and home visits; health, medical and nursing services; nutrition services; occupational, physical and speech/language therapy; psychological and social work services; special instruction; transportation; and vision services. No family is denied direct services identified in an IFSP due to inability to pay. A variety of payment sources may be used to cover these services, including federal (non-Part C), state and local funds; public and private insurance; and family fees (standardized sliding fee scale).

Eligibility:

In Virginia, children are eligible for Part C services if they have a 25% or greater delay in cognitive, physical, communication, social, emotional or adaptive development; show atypical development (e.g., behavioral disorders, abnormal sensory-motor responses, feeding difficulties, etc.); and/or have a diagnosed physical or mental condition that has high probability of developmental delay.

Application Process:

Physicians, family members and others with whom the child and family have contact may make referrals. Each Virginia locality has a central point of entry which links families to the supports and services in their area. Phone, fax or in-person referrals can be made by contacting the central point of entry for the county or city in which the family resides. For contact information for specific localities, visit www.infantva.org/Providers.htm.¹

Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT)

A program of the Virginia Department of Medical Assistance Services (DMAS), EPSDT is Medicaid's child health program for individuals under age 21. This program is geared to the early assessment of children's health care needs through periodic health examinations. Its goal is to assure that health problems are diagnosed and treated as early as possible.

The EPSDT program covers periodic screenings (well-child checkups involving health, developmental, vision and hearing assessments; immunizations; lab testing; and health education and counseling) and inter-periodic screenings (sick visits or problem-focused assessments) conducted by physicians or certified nurse practitioners. The EPSDT program may also cover medically necessary treatment services (listed in section 1905(a) of the Social Security Act) that are not routinely covered through Virginia's Medicaid program. DMAS calls these unique treatment services "EPSDT Specialized Services." The most frequently requested specialized services are assistive technology, hearing aids, medical formula and medical nutritional supplements, personal care, private duty nursing, specialized behavioral rehabilitation and residential treatment services, and substance abuse residential treatment services. To qualify for coverage, treatment and specialized services must be deemed medically necessary to correct or ameliorate (i.e., manage/maintain) health or medical conditions during an EPSDT screening.

Eligibility:

All children under age 21 who are enrolled in Medicaid are eligible for EPSDT screenings and EPSDT treatment services. (Note: For more on Virginia's Medicaid program for children, see the FAMIS, FAMIS Plus & Medicaid section below.)

Access Process:

To access EPSDT treatment services, families should contact their physician to schedule a well-child visit and determine if any preventive treatment is needed for a suspected health condition. Physicians can help a child/family access Medicaid-funded treatment or EPSDT treatment services by requesting specialized services through DMAS or through the enrollee's managed care organization. To contact DMAS, call (804) 786-6134. Contact information for participating managed care organizations can be found on the DMAS website at www.dmas.virginia.gov/downloads/pdfs/mc-medicaid_MCO_addr_tel.pdf. The following website page has links to additional information that can assist with the referral process: www.dmas.virginia.gov/ch-home.htm.²

SPOTLIGHT ON...FAMIS (FAMILY ACCESS TO MEDICAL INSURANCE SECURITY PLAN), FAMIS PLUS & MEDICAID

FAMIS Plus is Virginia's name for children's Medicaid. FAMIS is a federal/state program that provides health insurance for children of families that earn too much for FAMIS Plus, but do not have private health insurance. To apply, a family can call the FAMIS Processing Unit at 1-866-873-2647 or go to www.famis.org. The FAMIS Processing Unit can process applications for both FAMIS Plus and FAMIS. To apply in person, families should contact their local Department of Social Services (DSS). The following website can help families find their local DSS office: www.dss.virginia.gov/localagency/.

TITLE V PROGRAMS OFFER CARE COORDINATION AND ACCESS TO FUNDS FOR UNINSURED AND UNDERINSURED

Each state has programs for children with special health care needs financed by a combination of federal Maternal and Child Health Block Grant-Title V funds and state funds. Virginia offers two such programs sponsored by the Virginia Department of Health. Both are structured through regional networks. Below are details.

Care Connection for Children (CCC)

CCC is designed to help children with physical disorders reach maximum potential. The statewide CCC network has six regional programs that offer information and referral and care coordination services. These services can assist a child and family in identifying primary and specialty care services, accessing and utilizing insurance benefits, coordinating care, planning for school services, and connecting with local resources and services.

Uninsured or underinsured children receiving services with CCC may be eligible for the Children with Special Health Care Needs Pool of Funds which may pay for medications, therapies, diagnostic evaluations, medical equipment and hospitalization. These funds are allocated to children with greatest financial need. Eligibility is determined by the CCC.

Eligibility:

The CCC program is for children under age 21 who live in Virginia and have a physically based medical condition that has lasted or is expected to last up to 12 months and results in one of the following: a need for health care and ancillary services over and above what is usual for the child's age or for special ongoing treatments, interventions or accommodation at home or school; a limitation in function, activities or social roles in comparison with healthy peers in areas of physical, cognitive, emotional and social growth and development; or a dependence on medications, special diet, medical technology, assistive devices or personal assistance to compensate for or minimize limitation of function, activities or social role.

CCC ongoing case management is available to every child who meets eligibility criteria, regardless of income. Financial criteria are applicable to access the Children with Special Health Care Needs Pool of Funds. In such case, a child must be uninsured or underinsured and the family must have an income below 300% of the Federal Poverty Level. For details regarding the Federal Poverty Level, visit the Department of Health and Human Services website at: <http://aspe.hhs.gov/poverty/08poverty.shtml>.

Application Process:

Physicians and service providers may refer a child for CCC services. Families may also request services. CCC centers are located in Annandale, Bristol, Charlottesville, Norfolk, Richmond and Roanoke. Each center serves a designated region of the state. For contact information and a listing of the localities each center serves, go to www.vahealth.org/specialchildren/ccsprogram.asp. To refer, contact the appropriate CCC center and request a referral form to complete and fax. The CCC team will then review the referral and determine if the child meets criteria. If so, they will contact the family to initiate services and assign a care coordinator.³

Child Development Services Program

Administered through 10 regional clinic offices, Virginia's Child Development Services program is a specialized program that provides diagnostic evaluation services, treatment planning and care coordination for children suspected of having a developmental delay or behavioral disorder. Services include health needs assessment, care planning, interagency coordination, referral and monitoring to assure the multiple needs of patients are met. Screening for Medicaid's Individuals and Family Developmental Disability Support Waiver (i.e., DD Waiver) is also conducted by Child Development Services clinics statewide. (For more on this process, see the DD Waiver section on page 4.) A professional team consisting of a pediatrician, nurse, social worker, educational consultant and psychologist provides these services, as well as consultation, training and advocacy focused on promoting healthy growth and development.

The Child Development Services program is a Medicaid provider and also accepts commercial insurance and self-pay clients. All income levels are served, and for families without insurance coverage, there is a sliding scale charge based on the income and size of family.

Eligibility:

The Child Development Services program serves Virginia residents under age 21 who are suspected of having one or more of the following development or behavior-related issues: developmental delays/disorders, attention/hyperactivity disorders, learning problems, emotional and behavioral concerns, and mental retardation. A confirmed diagnosis is not required for eligibility for this program.

Application Process:

Referrals to the Child Development Services program may be made by families, schools, physicians, local health departments, social services and other community and professional agencies. Referrals are made to the center assigned to provide services in a child's geographic area. Clinics are located in Danville, Fredericksburg, Gate City, Harrisonburg, Lynchburg, Newport News, Norfolk, Petersburg, Roanoke and Winchester. Call (804) 864-7706 or visit www.vahealth.org/specialchildren/cdsclinics.asp for clinic contact information.³

Medicaid Waivers

Virginia has seven Medicaid long-term care home-and-community-based waivers that cover the cost of services for persons who are elderly or individuals with disabilities who meet criteria for facility-based care. Waivers are designed to allow participants to remain in their homes and communities, a less restrictive and less costly alternative than institutional placement. Waivers include the Elderly or Disabled with Consumer-Direction (EDCD) Waiver, Individuals and Family Developmental Disability Support (DD) Waiver, Mental Retardation (MR) Waiver, Day Support Waiver, Alzheimer's Assisted Living (AAL) Waiver, Technology Assisted (Tech) Waiver, and the HIV/AIDS Waiver. Children with special needs most often qualify for the EDCD, DD, MR, Day Support or Tech Waiver.

Among these waivers, the only age requirement is for the DD Waiver, in which a child has to be age six or older. No waiver is limited by age, therefore, a child may receive a waiver and continue to receive services throughout their lifetime if all eligibility and functional criteria continue to be met. Qualifying for a waiver will "automatically" qualify a child for Medicaid coverage for general medical services such as primary care and specialist visits, therapy and transportation as well as specific waiver services.

All waivers are administered by Virginia's Department of Medical Assistance Services (DMAS). DMAS also provides assessments and service coordination for some waivers, while for other waivers, these services are provided through other community agencies. For more information on Medicaid waivers, go to www.dmas.virginia.gov/litc-home.htm. Another helpful informational source is "Medicaid Waiver Technical Assistance" at the Endependence Center: 1-800-323-1088 or (757) 461-8007.

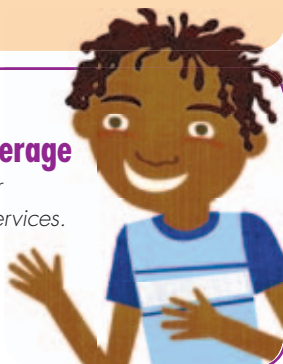
Medicaid Waiver Eligibility:

Each waiver has specific functional (medical) and eligibility criteria. When a person – whether child or adult – applies for a Medicaid waiver, only the financial income and resource information of the individual is considered for Medicaid eligibility. In the case of a child, the parent's income and resources are not considered.

Some Medicaid waivers have "slots" which are determined by the General Assembly based on funding availability. A slot refers to waiver funding that can be assigned to an individual. If all of the slots in a waiver have been filled, a waiting list is created for eligible individuals waiting for a slot. Currently the DD, MR and Day Support Waivers have waiting lists for services.^{4,5}

SPECIAL FOCUS: Home Health Services Coverage

Some waivers provide coverage for medically necessary home health services. For more on these services, see the Home Health Services Coverage chart on page 8.



■ ELDERLY OR DISABLED WITH CONSUMER-DIRECTION (EDCD) WAIVER

This waiver is administered by Virginia's Department of Medical Assistance Services (DMAS). The EDCD Waiver services include personal care, respite and personal emergency response systems based on an individual's needs.

Eligibility:

An individual of any age may qualify for the EDCD Waiver if they meet nursing facility and eligibility criteria.

Application Process:

To apply, an individual, family or physician may call the local department of health or social services and request a preadmission screening. A nurse and/or social worker will schedule a time to come to the child's home to meet with the child and parent and complete a Uniform Assessment Instrument (UAI) to determine eligibility. If the child is hospitalized, the preadmission screening may be performed by the hospital discharge planner. A child who meets criteria for two waivers may be on the waiting list for one waiver and receive services under another waiver. This is most typical with the EDCD waiver as there is no waiting list for services.

■ INDIVIDUALS AND FAMILY DEVELOPMENTAL DISABILITY SUPPORT (DD) WAIVER

Virginia's Department of Medical Assistance Services (DMAS) administers the DD waiver. Services available with the DD waiver may include day support, companion services, respite, personal care, skilled nursing, environmental modifications, assistive technology, personal emergency response systems, supported employment, and family and caregiver training. Individuals receiving the DD waivers choose an agency that is a DMAS provider to coordinate case management services. If an individual is already enrolled in Medicaid, they can receive case management services while on the waiting list.

Eligibility:

To be eligible for the DD waiver, the child must be six years or older and diagnosed with a developmental disability that requires the level of care provided in an Intermediate Care Facility-Mental Retardation (ICF-MR) setting. The child cannot have a diagnosis of mental retardation. Applicants are placed on the waiting list until a slot becomes available.

Application Process:

Applications must be made by the individual or family member seeking DD Waiver services. Screenings are conducted by Child Development Services clinics statewide. (Virginia's Child Development Services program is described in detail on page 3.) Families may call the nearest Child Development Services clinic for information and assistance. Request forms and clinic contact information is available at www.dmas.virginia.gov/content/litc-dd_vwr_request_for_services.htm. The family completes the form and mails or faxes it to the Child Development Services clinic for their community. The family will then be contacted by the clinic to schedule an assessment. Families should be prepared to take any medical and psychological reports to their appointment. There is currently a waiting list for the DD waiver.

Medicaid Waivers, continued from page 4.

■ MENTAL RETARDATION (MR) WAIVER AND DAY SUPPORT WAIVER

While all Medicaid Waivers are administered by the Department of Medical Assistance Services (DMAS), the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) handles the day-to-day operations of the MR and Day Support Waivers. MR and Day Support Waiver services are provided through local Community Service Boards (CSBs) or Behavioral Health Authorities (BHAs) and numerous private providers throughout the state. (For more on CSBs/BHAs, see the DMHMRSAS section on page 6.) Available services with the MR Waiver include residential support, personal assistance, day support, prevocational services focusing on work-related adjustment skills, supported employment, personal emergency response systems, crisis stabilization, companion services, environmental modifications, skilled nursing, respite, therapeutic consultation and assistive technology devices. Available services under the Day Support Waiver include day support, prevocational services focusing on work-related adjustment skills and supported employment. Additionally, an individual with a MR or Day Support Waiver will receive case management through his/her local CSB/BHA.

Eligibility:

To qualify for the MR Waiver, a child six years or older must have a psychological evaluation with a diagnosis of mental retardation that demonstrates the child's current status. Children under the age of six must have a psychological or standardized developmental evaluation with a diagnosis of mental retardation or developmental risk that demonstrates the child's current status. In addition, all individuals must meet the Intermediate Care Facility-Mental Retardation (ICF/MR) level of care. The CSB/BHA case manager will administer a tool that determines this ICF/MR level of care.

To qualify for the Day Support Waiver, an individual must have a diagnosis of mental retardation and meet the ICF/MR level of care. This waiver is open to individuals of all ages. Some recipients are transition-age children (high school - age 21).

To receive either waiver, the individual must meet the above eligibility criteria and a waiver slot must be available. There is currently a lengthy waiting list for these waivers.

Application Process:

Families must initiate the process for a MR or Day Support Waiver. To request an intake, a family can contact their local CSB/BHA. A guide to identifying a county or city's local CSB or BHA is featured at www.dmhmsas.virginia.gov/SVC-CSBs.asp. Recent assessments and evaluations should be presented during the intake or the CSB/BHA case manager may advise family in how to obtain additional evaluations if necessary. When a child is evaluated for the waiver, the case manager will also determine the status of the child for the waiting list. The waiting list is divided into the categories of urgent, non-urgent and planning. For more about the MR waiver, go to www.dmhmsas.virginia.gov/OMR-MRVWaiverInformation.htm.

■ TECHNOLOGY ASSISTED (TECH) WAIVER

Administered by Virginia's Department of Medical Assistance Services (DMAS), the Tech Waiver provides private duty nursing, respite care, environmental modification and assistive technology. Each recipient of the Tech Waiver is assigned a case manager with DMAS.

Eligibility:

All individuals must require substantial ongoing skilled nursing care to be eligible for the Tech Waiver. Additionally, those under age 21 are required to meet criteria of respiratory and nutritional support and must have exhausted third-party benefits to pay for private duty nursing to be eligible. (Note: Applicants age 21 and older must be dependent at least part of each day on a mechanical ventilator or meet complex tracheotomy criteria to be eligible.)

Application Process:

Screenings for the Tech Waiver are conducted by DMAS and can be requested by calling (804) 225-4222. If the child is hospitalized, which is most commonly the case, the hospital social worker or discharge planner should be reached to request a screening. Families or physicians can also contact DMAS directly to request screenings. There is no waiting list for Tech Waivers.^{4,5}

SPECIAL NOTICE REGARDING VIRGINIA'S MEDICAID WAIVERS:

Virginia's Money Follows the Person (MFP) Demonstration project will permanently add services and supports to select home-and-community-based waivers. The implementation date for Virginia's Money Follows the Person program is July 1, 2008, pending approval by the Centers for Medicare and Medicaid Services of the operational protocol for the program. The following is a list of waiver services which will be added as a result of this project:

WAIVER	SERVICE(S) TO BE ADDED
EDCD Waiver	Environmental modifications, Assistive technology, Transition coordination, Transition services
Day Support Waiver	Consumer-directed supported employment
DD Waiver	Consumer-directed supported employment, Transition services
MR Waiver	Consumer-directed supported employment, Transition services
Tech Waiver	Personal emergency response systems, Transitional services

Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS)

Virginia's public mental health, mental retardation (also termed "intellectual disability") and substance abuse system is comprised of a network of 40 Community Service Boards (CSBs) and Behavioral Health Authorities (BHAs). All CSB/BHA locations are required to provide emergency mental health services and case management services on a sliding fee scale basis to eligible individuals who reside in their region. Some CSBs/BHAs also provide other optional services, such as early intervention, residential and vocational supports, respite, and day supports. CSBs/BHAs are also responsible for screening individuals for Mental Retardation Waiver and Day Support Waiver eligibility (for more on this see the Mental Retardation/Day Support Waivers section on page 5), and, depending upon the individual's need, linkage to appropriate support providers and service plan development.

CSBs and BHAs are locally run organizations contracted by DMHMRSAS to provide these community-based services. It is important to note that similar mental health/mental retardation services are provided in most localities by privately operated providers and, in many cases, CSBs/BHAs are the gateway to access these service providers. Also, while CSBs and BHAs provide a variety of services, for the purposes of this publication their services related to mental retardation/intellectual disabilities are highlighted as these services are particularly relevant to children.

Eligibility:

Children under age six with confirmed cognitive developmental disabilities may be eligible for mental retardation/intellectual disability services. After age six, a psychological evaluation with the diagnosis of mental retardation is required to continue to receive services.

Application Process:

While a school or physician may refer a family to a CSB or BHA, the family needs to call their local CSB/BHA directly to request an intake. To locate the correct CSB/BHA, go to www.dmhmsas.virginia.gov/SVC-CSBs.asp. An intake manager will set up an interview with the family to determine if the child qualifies for services, designate which services are most appropriate to meet the child's needs, make needed referrals and screen the child for Mental Retardation Waiver and Day Support Waiver eligibility.⁶

Supplemental Security Income (SSI)

SSI provides monthly payments to children under age 18 with disabilities, if certain financial criteria are met. Payments can be as much as \$637 a month in 2008. SSI benefits are intended to help with the costs of the child's current needs, and are to be used first for food and shelter, then for medical expenses, personal items, and finally savings.

Eligibility:

SSI is based on the income and resources of both the child and parent(s). A parent's income is counted only if that parent is living with the child. Income and resource rules take into account the number of family members in the home, including other children, and whether the income is earned (wages from employment or net earnings from self-employment) or unearned (all income that is not earned). Allowable resources that are not counted include basic necessities such as a house and car. If the child and/or the living-with parent(s) have more than the allowable amount of income or resources, cash benefits will be denied. (Eligibility stops, for example, if the child's countable resources, including savings, exceed \$2,000.) For a general idea of eligibility limits based on earned income, in 2008 a family of two parents and two children (one with a disability) can have gross earnings as high as \$2,356 per month before SSI payments will start to be reduced; once gross wages reach \$3,630, eligibility for payments will cease. A new computation is done each month, so lower earnings can mean that payments will begin again. While the child applying must be a U.S. citizen or national, this is not required of the family.

A child must also be determined to have a disability. SSI considers a child to have a disability if there is a physical or mental condition that results in "marked and severe functional limitations" and which is expected to last at least 12 consecutive months or is expected to result in death. This definition of disability differs from that used with adults, where disability is based on the individual's inability to do gainful work rather than on impaired functioning. Disability decisions are made by the Disability Determination Service (DDS), which in Virginia is a branch of the Department of Rehabilitative Services. DDS reviews doctor and hospital records to determine medical eligibility and schedules additional evaluations if more information is needed.

Application Process:

Families must initiate the SSI application process. They can do so either by telephone (1-800-772-1213) or at a local Social Security office. Physicians' offices can help by replying promptly to requests for medical records and by documenting in the child's record how the condition or illness is affecting or impairing the child's functioning. Immediate payments may be made in the case of HIV infection or AIDS, total blindness, total deafness, cerebral palsy, Down syndrome, muscular dystrophy, severe mental retardation, amputation of two limbs, amputation of a leg at the hip, and extremely low birth weight. The application process can take several months for a determination to be made.

Approval for SSI usually qualifies a child for Medicaid benefits, but in Virginia families must still apply for Medicaid with the Department of Social Services. Should a child's disability application be denied, the family has the right to appeal. For more information on Social Security benefits for children with disabilities, visit www.socialsecurity.gov/pubs/10026.html#applying.⁷

Virginia Assistive Technology System (VATS)

VATS is Virginia's statewide assistive technology program. VATS strives to ensure that all people who can benefit from assistive technology have access to affordable and quality devices. Regional VATS sites located in Fairfax, Norfolk and Blacksburg provide information and referral services; information on funding options and local resources; and other services, which depend upon the needs of individuals who utilize and/or can benefit from assistive technology.

VATS staff can guide families to equipment recycling and exchange centers to acquire used equipment, identify alternative funding sources and options, provide demonstrations which allow individuals to try equipment, and guide families to resources related to assistive technology. VATS staff can also direct providers to therapists and vendors who can assist with obtaining evaluations and equipment for children and adults who may benefit from assistive technology.

Eligibility:

VATS services are available for all residents of Virginia of all ages.

Contact Information:

Individuals who utilize or can benefit from assistive technology, their families and service providers can contact the VATS Information & Referral Program by calling 1-800-435-8490, completing an on-line request at www.vats.org/iandr.htm or contacting a regional office. To identify an individual's regional office, go to www.vats.org/progserv.htm.⁸

Summary of State/Federal Programs The following is a summary of programs profiled in this publication.

PROGRAM NAME	DESCRIPTION	AGE RANGE
Care Connection For Children (CCC)	Care-coordination program for children with physical disorders; provides eligibility screenings for funds for uninsured/underinsured	Individuals under age 21
Child Development Services Program	Diagnostic evaluations and treatment planning for children suspected of having developmental or behavioral disorders	Individuals under age 21
Dept. of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS)	Case management and other services for individuals with developmental delay or mental retardation/intellectual disability	Children ages 0-6 with developmental delays; individuals ages 6 and above with mental retardation
Early Intervention: The Infant & Toddler Connection of Virginia	Services designed to promote greatest possible developmental outcomes for infants and toddlers with developmental delays or disabilities	0-36 months
Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT)	Medicaid child health program; provides periodic and as-needed screenings; provides treatment/specialized services not routinely covered through VA Medicaid	Individuals under age 21
Medicaid Waivers	Seven long-term care home-and-community-based waivers for services for individuals with disabilities who meet facility-based care criteria	Age range varies by waiver program (see pgs. 4-5); Note: Waivers are not limited by age; child may continue to have waiver throughout lifetime
Supplemental Security Income (SSI)	Monthly payments for costs of child's care based on income and resources of child and "living-with" parent(s)	Children with disabilities under age 18
Virginia Assistive Technology System (VATS)	Information and referrals for assistive technology	For all ages

REFERENCES/RESOURCES LIST

¹ Information excerpted with permission from www.infantva.org (March 2008).

² Information excerpted with permission from www.dmas.virginia.gov/ch-home.htm#EPSDT/ (March 2008).

³ Information excerpted with permission from www.vahealth.org/specialchildren/ (March 2008).

⁴ Information excerpted with permission from www.dmas.virginia.gov/ltr-home.htm (March 2008).

⁵ "Virginia's Medicaid Waivers for Persons With Disabilities, Their Parents and Caregivers" (www.vcu.edu/partnership/valend/MEDICAID%20WAIWERS%20GUIDE%20rev2_7_07.pdf) created by Jessica Cann & Elaine Ogburn, Virginia Leadership Education in Neurodevelopmental Disabilities Program

(Va-LEND), in collaboration with Terry Smith, Division Director, Division of Long-Term Care, Virginia Department of Medical Assistance Services (DMAS), & Maureen Hollowell, Director of Advocacy and Services, Medicaid Waiver Technical Assistance Center, Independence Center, Norfolk, Virginia. (2007).

⁶ Information excerpted with permission from www.dmhmsas.virginia.gov. (March 2008).

⁷ Information excerpted with permission from www.socialsecurity.gov (March 2008).

⁸ Information excerpted with permission from www.vats.org (March 2008).

Home Health Services Coverage

Most states have programs that provide eligible children with home health services as these services are costly and often not covered by private insurance. Virginia programs that provide some type of coverage for home health services include the following:

MEDICALLY NECESSARY SERVICE	DESCRIPTION	STATE/FEDERAL RESOURCE
Companion Care	Social support, supervision	DD and MR Waivers
Respite Care	Intermittent care (short-term and intended to provide rest or relief for caregiver)	EDCD, DD, MR and Tech Waivers DMHMRSAS
Personal Care	Generally provided by certified nursing assistant; assists patient with activities of daily living	EDCD, DD and MR Waivers EPSDT Program
Skilled Care	Short-term care often for an acute need; focus on teaching the parent or caregiver provided by licensed practical nurse, registered nurse, occupational therapist, physical therapist or speech/language pathologist	DD and MR Waivers <i>Note: May be covered by private insurance plan</i>
Private Duty Nursing	Continuous care for ongoing or chronic need provided by licensed practical nurse or registered nurse	Tech Waiver EPSDT Program

For eligibility details and other information about each state/federal resource, see waiver and program descriptions on pages 2-6.

Note: The number of hours provided for home health services is determined by medical necessity. Physicians ordering services or recommending home health should note number of hours recommended. Additionally, it is helpful if letter of medical necessity states the child's medical and social need for home health. If home health services will facilitate a parent's employment, this too should be highlighted in physician documentation.

ADDITIONAL COPIES A downloadable version of this Early Edition issue is available in the "For Professionals" section of the Children's Hospital website: www.childrenshosp-richmond.org. For more information on Children's Hospital or on Early Edition articles, contact our Hospital Liaison at (804) 228-5835.

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www.childrenshosp-richmond.org

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