

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 often need to be proactive in seeking the resources of state and federal programs. Though these 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 for providing a comprehensive care plan that helps a child thrive. Exploring the diverse options available can also be beneficial as a child's condition and/or financial situation may only meet the eligibility requirements of one type of program for coverage of a particular service or therapy.

To assist with these efforts, the following is an overview of programs 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 children and families.

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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 Education 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 by at least two professionals from different areas of development who review available developmental and medical information. Eligible children receive an assessment for service planning. Using information from the assessment for service planning, the family, service coordinator, providers who were involved in eligibility determination and/or assessment, and other service providers work together as a team to develop an *Individualized Family Service Plan (IFSP)* listing desired outcomes (i.e., changes) and the supports and services needed to meet those outcomes. 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.

Service coordination, eligibility determination, assessment for service planning, and IFSP development are provided at no cost to families. 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, atypical 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 or call 1-800-234-1448. (Note: This number is the "Virginia 211" community services information line; choose option #2 to reach the Infant & Toddler Connection.) The TTY/TDD# is (804) 771-5877.¹

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. Periodic examinations geared to the early assessment of health care needs are part of EPSDT programming. The goals of these examinations and related EPSDT services are to keep children as healthy as possible by assuring health and developmental concerns are diagnosed as early as possible, treatment is provided before problems become complex, and medically justified services are provided to treat or correct identified problems.

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 EPSDT 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, during an EPSDT screening, to correct or ameliorate (i.e., manage/maintain) health or medical conditions.

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 (Maternal and Child Health Division). 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 program details and 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. Other FAMIS programs include FAMIS MOMS for pregnant women and Smiles For Children, a dental program. To apply, a family can reach the FAMIS Processing Unit at 1-866-873-2647 or go to www.famis.org. (TDD users call 1-888-221-1590.) The FAMIS Processing Unit can process applications for FAMIS Plus, FAMIS, FAMIS MOMS and Smiles for Children. 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/.

*Medicaid is a program established by the federal government that provides financial assistance to individuals of all ages who do not have the income and resources to pay health care costs. Each state manages their own Medicaid program and the federal government provides matching funds for state Medicaid programs.

TITLE V PROGRAMS

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. For more information on either program, visit: www.vahealth.org/specialchildren or call (804) 864-7706.

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.

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 (supplemental) 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;
- 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.

Application Process:

Physicians and service providers may refer a child for CCC services and 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/cccprogram.asp. To refer or request services, 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 nine 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 an emotional or behavioral disorder that interferes with optimal growth. Services include medical evaluation, psychological and educational assessment, care planning, interagency coordination, referral, and monitoring to assure the multiple needs of patients are met. A professional team consisting of a pediatrician or family nurse practitioner, nurse, social worker, educational consultant and psychologist provides these services, as well as consultation, training and advocacy focused on promoting healthy growth and development.

Through an interagency agreement with the Department of Medical Assistance Services (DMAS), the Medicaid agency responsible for administration, supervision and final authorization of waivers, screenings for Medicaid's Individual and Family Developmental Disabilities Support (DD) Waiver are conducted by Child Development Services clinics statewide. (For more on this process and on the services available through this Medicaid Waiver, see the DD Waiver section on page 4.)

The Child Development Services program is a Medicaid provider and also accepts commercial insurance and self-pay clients. All income levels are served. For families without insurance coverage, there is a sliding scale charge based on the income and size of family. Families are not charged a fee or required to pay for any evaluations needed to determine eligibility for the DD Waiver.

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 the Child Development Services program. (Note: For eligibility requirements for the DD Waiver, see page 4.)

Application Process:

Referrals to the Child Development Services program may be made by families, schools, physicians, 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, Norfolk, Richmond, Roanoke and Winchester. Call (804) 864-7706 or visit www.vahealth.org/specialchildren/cdsclinics.asp for clinic contact information.³

Medicaid Long-Term Care Services

Medicaid's long-term care services include services provided to individuals either through a home-and-community-based care waiver program or in a facility setting. If an individual is determined eligible for both options, they are given a choice between waiver services and facility placement. The information below, and in the Facility-Based Care section on page 6, focuses on the Medicaid long-term care services most applicable to children. For full, updated information, see the "Guide for Long-Term Care Services in Virginia" at www.dmas.virginia.gov/ltc-home.htm.

Note: For eligibility purposes, medical/nursing, functional and financial criteria are considered. When an individual applies for a Medicaid waiver or facility-based care, only the financial income and resources of the individual is considered for eligibility. For children, regardless of the age of the child, the parent's income and resources are not considered.

Waivers

Virginia has seven Medicaid waivers that provide services for individuals who are elderly and individuals of all ages who have disabilities. To be eligible for a waiver, an individual must meet criteria for a nursing facility, long-stay hospital or for an intermediate care facility for persons with intellectual disabilities/mental retardation or other related conditions (ICF/MR). Waivers are designed to allow individuals to remain in their homes and communities and offered as less costly, less restrictive alternatives to facility placement.

Virginia's waivers include the Elderly or Disabled with Consumer Direction (EDCD) Waiver, Individual and Family Developmental Disabilities Support (DD) Waiver, Intellectual Disability/Mental Retardation (ID/MR) Waiver, Day Support Waiver, Technology Assisted (Tech) Waiver, Alzheimer's Assisted Living (AAL) Waiver, and the HIV/AIDS Waiver. Children most often qualify for the EDCD, DD, ID/MR, Day Support or Tech Waivers. Qualifying for a waiver "automatically" qualifies an individual for Medicaid coverage for general medical services such as primary care and specialist visits, therapy, and transportation, as well as specific waiver services. No waiver is limited by age; therefore, a child may continue to receive services throughout their lifetime if eligibility criteria continue to be met.

Virginia's Department of Medical Assistance Services (DMAS) is responsible for administration and supervision of all Medicaid waivers and regulations, policy, procedures and issues related to the waivers, including payments for waiver services. For most waivers, DMAS also handles daily administration (assessments, service coordination, etc.), however for the ID/MR Waiver, DMAS has a memorandum of understanding with the Dept. of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) to handle the daily operation of this waiver under the supervision and authority of DMAS. Other community agencies are also involved with the screening and application processes for waivers; details are outlined in the descriptions that follow.

Medicaid waivers have "slots" which are funded in part by Virginia's General Assembly based on funding availability. A slot refers to waiver funding that can be assigned to an individual. The federal government's Centers for Medicare and Medicaid Services must approve the number of slots available for a waiver and any change to that number. If all of the slots in a waiver have been filled, a waiting list is maintained for eligible individuals waiting for a slot.^{4,5}

For more information on Medicaid Long-Term Care Services, call DMAS at (804) 225-4222 (Relay #771) or visit www.dmas.virginia.gov/ltc-home.htm. For more information on Medicaid waivers, contact "Medicaid Waiver Technical Assistance" at the Endependence Center: 1-866-323-1088, (757) 461-8007 or TDD/TTY (757) 461-7527. For providers, DMAS has a Medicaid Provider Helpline: (804) 786-6273.

■ ELDERLY OR DISABLED WITH CONSUMER DIRECTION (EDCD) WAIVER

Services available through the EDCD Waiver include adult day health care (for individuals ages 18-21, as well as older individuals); personal care; personal emergency response systems; respite; and transition services and coordination*. Assistive technology and environmental modifications are available through June 30, 2009*.

Eligibility:

An individual of any age may qualify for the EDCD Waiver if they meet nursing facility eligibility criteria. (For specifics, see the "Facility-Based Services" application section on page 6.)

Application Process:

To apply, an individual (or someone on their behalf) may call their local department of health or social services or, if the individual is hospitalized, the hospital discharge planner, and request a pre-admission screening. An individual 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 currently no waiting list for this waiver.

■ INDIVIDUAL AND FAMILY DEVELOPMENTAL DISABILITIES SUPPORT (DD) WAIVER

Services available through the DD Waiver include assistive technology, companion care/services, crisis stabilization/supervision, day support, environmental modifications, family/caregiver training, in-home residential personal care, personal emergency response systems, prevocational services (i.e., work-related adjustment skills), respite care, skilled nursing, supported employment, therapeutic consultation, and transition services*. Individuals who receive a DD waiver choose an agency that is a DMAS provider to provide 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, an individual must be six years or older and diagnosed with a developmental disability that requires the level of care provided in an intermediate care facility for persons with intellectual disabilities/mental retardation or other related conditions (ICF/MR). Individuals eligible for the DD Waiver cannot have a diagnosis of mental retardation.

Application Process:

Applications may be made by an individual or someone on their behalf. As part of interagency agreements with DMAS, eligibility screenings are conducted by Child Development Services clinics (described on page 3), as well as some health departments. Families may call the nearest clinic for assistance. Forms and clinic contact information are available at www.dmas.virginia.gov/content/ltc-dd_wvr_request_for_services.htm. Families should mail or fax forms to the clinic for their community. The family will then be contacted to schedule an assessment and should be prepared to take medical and psychological reports to their appointment. Screenings are conducted using a "Level of Functioning" survey.

There is currently a waiting list for the DD Waiver. This waiting list is maintained on a first come, first serve basis.

SPECIAL FOCUS: Home Health Services Coverage

Coverage for medically necessary home health services is available based on need to everyone who receives waiver services. For more on this, see the Home Health Services Coverage chart on page 7.

■ INTELLECTUAL DISABILITY/MENTAL RETARDATION (ID/MR) WAIVER AND DAY SUPPORT WAIVER

As part of a memorandum of understanding with DMAS, the Dept. of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) handles the daily operations of and prior authorizations for the ID/MR and Day Support Waivers. DMHMRSAS is comprised of a network of Community Service Boards (CSBs) which are contracted by DMAS to assist with assessments for these waivers and to provide case management for individuals eligible for these waivers. (For more on CSBs and DMHMRSAS, see page 6.)

Services available through the ID/MR Waiver include assistive technology, companion services, congregate residential group home services (i.e., where two or more individuals live in the same household and may receive health care services from same provider(s)), crisis stabilization/supervision, day support, environmental modifications, in-home residential supports, personal care/assistance, personal emergency response systems, prevocational services (i.e., work-related adjustment skills), respite care, skilled nursing, supported employment, therapeutic consultation, and transition services*.

Services available through the Day Support Waiver include day support, prevocational services (i.e., work-related adjustment skills), and supported employment.

An individual with an ID/MR or Day Support Waiver will receive case management through his/her local CSB, or, if eligible and under age 3, through an early intervention (Part C) provider (described on page 2). If an individual is already enrolled in Medicaid, they can receive case management services while on the waiting list.

Eligibility:

To qualify for the ID/MR Waiver, an individual must be age six or older and have a diagnosis of mental retardation, confirmed in part through a psychological evaluation, or be under age six and at developmental risk. In addition, all individuals must require the level of care provided in an intermediate care facility for persons with intellectual disabilities/mental retardation or other related conditions (ICF/MR). The ID/MR Waiver is “needs-based” meaning those who meet urgent criteria are served first.

To qualify for the Day Support Waiver, an individual must be on the ID/MR urgent or non-urgent waiting list, have a diagnosis of mental retardation, and meet the ICF/MR level of care. The Day Support Waiver is open to individuals of all ages. Also, unlike the ID/MR Waiver, Day Support Waiver participants are selected according to the date when services were first necessary, not based on urgency.

To receive either waiver, the individual must meet eligibility criteria and a slot must be available. There is currently a lengthy waiting list for these waivers. If a Day Support Waiver slot becomes available first, which is often the case, eligible individuals can begin accessing services through a Day Support Waiver until an ID/MR Waiver slot becomes available.

Application Process:

Families must initiate the process for ID/MR and Day Support Waivers. To request an intake, families can contact their local CSB. A guide to identifying the localities served by specific CSB locations is featured at www.dmhmsas.virginia.gov/SVC-CSBs.asp. Recent assessments and evaluations should be presented during the intake or the CSB case manager may advise an applicant's family in how to obtain additional evaluations if necessary. Screenings are conducted using a “Level of Functioning” survey. When an individual is evaluated, the case manager determines his/her status for the waiting list.

Note: The DMHMRSAS name changes to the Department of Behavioral Health and Developmental Services (BHDS) on July 1, 2009.

■ TECHNOLOGY ASSISTED (TECH) WAIVER

Services available through the Tech Waiver include assistive technology, environmental modifications, private duty nursing, skilled private duty nursing (provided by registered nurses and licensed practical nurses), respite care, and transition services*. Each recipient of the Tech Waiver is assigned a nurse case manager with DMAS.

Eligibility:

Individuals must require substantial ongoing skilled nursing care and have a trained primary caregiver who provides at least eight hours of care for each 24-hour day to be eligible for the Tech Waiver. Additionally, those under age 21 are required to have a dependency on technology (such as a ventilator) which replaces a vital bodily function and need more than any third-party benefits they may have for private duty nursing to be eligible. (Note: Applicants age 21 and older must be dependent at least part of each day on a ventilator or meet complex tracheostomy criteria to be eligible.)

Application Process:

To apply, an individual (or someone on their behalf) may call their local department of health or social services or, if the individual is hospitalized, the hospital discharge planner, and request a pre-admission screening. (See the “Facility-Based Services” application section on page 6 for more on this screening process.) There is currently no waiting list for Tech Waivers.^{4, 5}

–Medicaid Long-Term Care Services section continued on page 6

*Money Follows the Person (MFP) Project

MFP is a voluntary state project that assists seniors and individuals with disabilities, currently living in facilities, to transition into their communities and receive appropriate supports, including those available through Medicaid Waivers. As part of the MFP Project, in July 2008 transition-related services were added to select waivers. As part of MFP eligibility criteria, an individual must be eligible for enrollment in an EDCD, DD, ID/MR, Tech or HIV/AIDS Waiver, and eligible individuals who choose to participate in the project have access to the following new waiver services:

Transition services – a one-time, lifetime \$5,000 for use in the purchase of household expenses for individuals moving from a facility to a home/community-based setting (Added to EDCD, DD, ID/MR, Tech and HIV/AIDS Waivers)

Transition coordination – Transition Coordinators assist individuals in moving out of facilities (Added to EDCD Waiver).

MFP participants may also be able to access supplemental funds for home modifications that exceed \$5,000, and rental payments while home modifications are being completed.

The services of assistive technology and environmental modifications were added to EDCD and HIV/AIDS Waivers in 2008 as part of the MFP Project. These services are now slated for removal from these waivers as permanent waiver services on July 1, 2009, but will continue to be offered to MFP participants. Assistive technology and environmental modifications are offered through other waivers, as noted in above descriptions, and will continue to be available through these waivers, regardless of an individual's participation in MFP. For additional MFP details, visit www.olmsteadva.com/mfp or call the MFP Program Director at (804) 225-2984.⁶

Medicaid Facility-Based Long-Term Care, continued from the Medicaid Long-Term Care Services section on pages 4-5

While Medicaid Waivers (see pages 4-5) are designed to allow participants to remain at home and in their communities, if home care is not an option, or no longer an option, facility-based long-term care is another possible Medicaid-funded option for those who meet eligibility criteria. Settings include nursing facilities (which include specialized care providers), long-stay hospitals and intermediate care facilities for persons with intellectual disabilities/mental retardation or other related conditions (ICF/MR). Most facilities are designed to serve adults, but a small number are certified by the Virginia Dept. of Health and Medicaid as long-term care providers and further certified by Virginia Medicaid as pediatric specialized care or long-stay hospital providers. As of April 2009, these facilities include Children's Hospital in Richmond, Hospital for Sick Children in Washington, D.C., Iliff Nursing and Rehabilitation Center in Dunn Loring and Lake Taylor City Hospital in Norfolk. For more info: www.dmas.virginia.gov/ltc-home.htm or (804) 225-4222.

Eligibility:

To be eligible for specialized care or long-stay hospital care, an individual must meet requirements for a facility placement and also be determined to have specialized needs. Specialized care/long-stay hospital care needs for *children* include: ventilator care, intravenous medication or nutrition, certain complex medical care, and comprehensive rehabilitation therapy; for *adults*, specialized care is limited to ventilator care and complex tracheostomy care. A nursing facility is the alternative facility placement for individuals eligible for EDCCD, AAL and HIV/AIDS Waivers; an ICF/MR is the alternative for DD, ID/MR and Day Support Waivers; and for the Tech Waiver, the alternative for *children* is a specialized care or long-stay hospital provider, while for *adults* it is a specialized care program housed within a nursing facility.

Application Process:

Note: The pre-admission screenings described here are part of the process to determine eligibility for nursing facilities and also for EDCCD, Tech, AAL and HIV/AIDS Waivers.

To apply, an individual (or someone on their behalf) should contact their local department of health or social services and request a pre-admission screening which involves a nurse (from the local dept. of health) and a social worker (from the local dept. of social services) going to an individual's home to complete a Uniform Assessment Instrument (UAI). If the individual is hospitalized at the time long-term care services are identified as a need, then the hospital discharge planner should perform the pre-admission screening.

A pre-admission screening is completed to ensure the individual meets criteria for long-term care. For nursing facility eligibility, this includes evaluation of functional needs (dependency/semi-dependency in daily living activities, joint motion, mobility, behavior, orientation, and medication administration) and medical/nursing needs (defined as medical conditions that require observation and assessment; unstable or potentially unstable complex medical conditions; or the requirement of at least one ongoing medical or nursing service). DMAS oversees agreements with health/social services departments and hospitals to conduct these screenings. Additional pre-authorization is required for specialized care or long-stay hospital services. Also, for nursing facility placement, if the individual has mental illness, intellectual disability/mental retardation, or a related condition, a second screening is required to determine if nursing facility placement is the most appropriate option.⁷

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

Note: The DMHMRSAS name changes to the Dept. of Behavioral Health and Developmental Services (BHDS) on July 1, 2009.

Virginia's public mental health, intellectual disability and substance abuse system is comprised of a network of 40 Community Service Boards (CSBs) and 16 state-operated facilities. CSB locations offer varying combinations of emergency services, local inpatient services, outpatient and case management services, day support services, residential services, and prevention and early intervention services. (Note: For the purposes of this publication, services related to intellectual disabilities are highlighted.) CSBs also serve as a point of entry to publicly-funded mental health, intellectual disability and substance abuse services for their localities, including access to state services through screening and services coordination. As part of this programming, through an interagency agreement with DMAS, the Medicaid agency responsible for administration of waivers, CSBs provide assessments and prior authorization for ID/MR and Day Support Waiver eligibility, as well as linkage to waiver service providers and service plan development. Waiver services are considered separate services from those offered by CSBs and are provided to eligible individuals regardless of whether available through their local CSB. For more on waivers, see pgs 4-5.

Eligibility/Application Process:

CSBs and state facilities serve children and adults who have or who are at risk of mental illness, serious emotional disturbance, intellectual disability or substance abuse services. A family needs to call their local CSB to request an intake. To locate the correct CSB, go to www.dmhmrzas.virginia.gov/SVC-CSBs.asp. An intake manager interviews the family to determine if the child qualifies for services, designates appropriate services, and makes referrals. For more info: (804) 786-3921 or TDD# (804) 371-8977.⁸

Virginia Assistive Technology System (VATS)

VATS, Virginia's statewide assistive technology program, strives to ensure that all people who can benefit from assistive technology have access to affordable and quality devices. Regional VATS sites are located in Blacksburg, Fairfax and Norfolk. VATS staff provide information and referral; offer demonstrations where individuals can try equipment; and identify funding options and resources (including equipment exchange centers). VATS staff can also direct providers to therapists and vendors who can assist with evaluations and equipment for children/adults who may benefit from assistive technology.

Eligibility/Contact Information:

VATS services are available for Virginia residents of all ages. Individuals who utilize or can benefit from assistive technology, their families and service providers can contact VATS by calling 1-800-435-8490, making an on-line request at www.vats.org/iandr.htm or contacting a VATS regional office directly. For regional office locations, go to www.vats.org/progserv.htm.⁹

Supplemental Security Income (SSI)

The U.S. Social Security Administration (SSA) has two programs that can provide cash benefits for individuals determined eligible due to a disability: Social Security Disability Insurance (SSDI), which is based on prior work under Social Security; and Supplemental Security Income (SSI), which is financed through general revenues and based on financial need. The SSI program provides monthly payments to children (under age 18) with disabilities, if financial criteria are met. Payments can be as much as \$674/month in 2009. SSI benefits are intended to help with costs of a child's current needs, and are to be used first for food and shelter, then for medical expenses, personal items, and finally savings. Similar SSI benefits are available to adults with disabilities who qualify.

Eligibility:

SSI for children is based on the income and resources of both the child and "living-with" parent(s). Income and resource rules take into account the number of family members in the home, including other children, and other factors. 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, exceed \$2,000.) In 2009, a family of two parents and two children (one with a disability) can have gross wages up to \$2,821 per month before SSI payments start to be reduced; once the gross wages for the month reach \$4,169, eligibility for payments will cease. A new computation is done each month, so lower earnings can mean payments begin again.

For SSI, a child is considered to have a disability if there is a physical or mental condition that results in "marked and severe functional limitations" and is expected to last at least 12 consecutive months or is expected to result in death. This definition differs from that used for adults, where disability is based on the individual's inability to 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 physician and hospital records to determine eligibility and schedules additional evaluations if needed. While the child applying must be a U.S. citizen or national, this is not required of the family.

Application Process:

Families must initiate the SSI application process. It is recommended they do so by calling 1-800-772-1213 to schedule an appointment at a local Social Security office. (TTY users call (800) 325-0778.) SSI disability reports can be completed online, but applications must be completed with an SSA claims representative, in person or by phone. For the online portion, visit www.socialsecurity.gov/applyfordisability/. For a Social Security Office Locator, visit www.socialsecurity.gov/pubs/10026.html#applying. It can take several months for a determination to be made, but in some cases immediate payments may 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. Families have the right to appeal if disability applications are denied.

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.^{10, 11}

Home Health Services Coverage

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

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

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.

REFERENCES/RESOURCES LIST

- Excerpted with permission from www.infantva.org (3/08); Content reviewed/updated (2/09).
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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	Individuals under age 21
Child Development Services Program	Evaluations and treatment planning for children suspected of having a developmental delay or an emotional or behavioral disorder	Individuals under age 21
Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS)	Case management and other services for individuals with, or at risk for, emotional disturbance, intellectual disability or substance abuse	For all ages
Early Intervention: The Infant & Toddler Connection of Virginia	Assessments, care coordination and services for infants/toddlers with developmental delays/disabilities	0-36 months
Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT)	Medicaid child health program that provides: screenings/assessments; specialized services not routinely covered through VA Medicaid	Individuals under age 21
Medicaid Waivers	Long-term care home-and-community-based waivers provide services for individuals who are elderly and individuals of all ages with disabilities	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
Medicaid Facility-Based Long-Term Care	If/when home care is not an option, facility-based long-term care is a Medicaid-funded option for those who meet eligibility criteria	For all ages; facilities establish the age range they serve and a small number of long-term care providers are certified as pediatric specialized care providers
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 (Similar benefits are available for adults who qualify)
Virginia Assistive Technology System (VATS)	Information, referrals and services for assistive technology	For all ages

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