

10-144

DEPARTMENT OF HUMAN SERVICES

BUREAU OF HEALTH

DIVISION OF MATERNAL AND CHILD HEALTH

Chapter 272:

COORDINATED CARE SERVICES FOR CHILDREN WITH SPECIAL  
HEALTH NEEDS

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## **CHAPTER I: THE MAINE C.C.S./C.S.H.N. PROGRAM**

### **A. Statutory and Administrative Authority**

Coordinated Care Services for Children with Special Health Needs Program (C.C.S./C.S.H.N.) was originally authorized under the Division of Maternal and Child Health as Crippled Children's Services Program in August 1935 with the passage of the Social Security Act, Title V, (P.L. 74-271). This authorization has continued with the amendments to the act in 1960, 1981, 1986 and in 1989 through the Omnibus Reconciliation Act (OBRA), which assured the continuance of a national focus to assist states in advancing the health of mothers and children through the Maternal and Child Health Services Block Grant. In Maine the C.C.S./C.S.H.N. Program is authorized under 22 M.R.S.A. §42 (1) and §2000ff, and the Code of Maine Rules 10-144 CMR, Chapter 272.

Federal administrative authority under the Maternal and Child Health Programs rests with the Secretary of Health and Human Services. State administrative authority rests with the Department of Human Services and its authority to accept and administer funds available from State or Federal sources for the provision of services set forth in these rules and established by 22 M.R.S.A. § .10,12, §1951 and §2001. The regulations themselves are issued pursuant to authority granted to the Department of Human Services by 22 M.R.S.A. § 42 (1) and §2001. Coordinated Care Services For Children With Special Health Needs resides within the Division of Maternal and Child Health, Bureau of Health.

### **B. Mission**

The mission of Coordinated Care Services For Children With Special Health Needs is to improve the health and well-being of children with special health needs; to recognize parents as partners with professionals in the decision-making regarding their child's individual health needs; and to develop community-based systems of care for children that afford them the best possible opportunity to grow and develop into adulthood.

### **C. Purpose of the Program**

The purpose of the C.C.S./C.S.H.N. Program is to enhance the provision of and access to comprehensive, family-centered, culturally competent, quality health service for these children with special health needs, such as those with congenital or acquired chronic disease, condition and/or physical disability; to assist in the access of rehabilitation services for children who are blind and disabled under the age of sixteen receiving Supplemental Social Security Income (SSI) benefits; to play a leadership role in fostering/strengthening communication and treatment linkage between the pediatric specialist or subspecialist and the primary health care physician; to offer long-term management which emphasizes efficiency and effectiveness and, to maximize the utilization of community resources so that care can be provided, to the extent possible, within the child's own community.

**D. Scope of Services**

The Maine C.C.S./C.S.H.N. Program pays for major subspecialty medical care to include diagnostic, medical, surgical, corrective and therapeutic intervention for children with special health needs ages birth to eighteen when other financial resources are not available. The focus is on continuity and extension of secondary and tertiary care for the children into a community delivery system by paying for subspecialty medical treatment and assuring care coordination, individualized services based on the needs of a particular child and family, and the enabling support structure for the family. Medical eligibility is dependent on diagnosis and the verification that the chronic illness or condition interferes with effective functioning. Program funds are directed toward those low to medium income children with chronic illness, conditions and/or physical handicaps, who are financially ineligible for Medicaid, for whom subspecialty medical or therapeutic treatment intervention can prevent the progression of the disease process and improve the child's functioning where possible.

**E. Staffing**

Coordinated Care Services for Children with Special Health Needs Program is staffed by a director/administrator, assistant director, occupational therapist, children with special health needs coordinator, medical social work consultant, family care coordinator, medical claims adjuster, a medical secretary and two clerical support staff. The C.C.S./C.S.H.N. physician consultant determines a child's medical eligibility for the C.C.S./C.S.H.N. Program and provides ongoing consultation. A nutrition consultant is available for consultation on the nutritional needs of children with special health care needs.

**F. Quality Assurance**

Subspecialty treatment services and care coordination are evaluated by the C.C.S./C.S.H.N. Program through a process of ongoing reassessment. The process allows the family to use their knowledge about their child's condition in the decision-making with the primary care physician and the specialist regarding their child's long term subspecialty treatment by the mutual sharing of information and review of medical care plans. The child's progress is documented in the child's record through both physician reports and parent comments.

**G. Limitations of the Program**

Because of budgetary constraints and limited resources, the Maine C.C.S./C.S.H.N. Program is not a resource for those children whose recommendations include monitoring or observation for purposes of keeping track of a stable or potential health problem or developmental delay, unless otherwise specified. Neither does the C.C.S./C.S.H.N. Program provide coverage for dialysis, end

state renal disease, cochlear implants, organ transplants, bone marrow transplants, or any medical therapy that has not been endorsed by the appropriate subspecialty medical board or society.

Although it is recognized that advances are continually being made in the treatment of many disorders and conditions, C.C.S./C.S.H.N. does not have the financial and staff resources to manage and provide for subspecialty treatment of all children who could benefit from services.

## CHAPTER II. DEFINITIONS

Unless otherwise indicated, the following terms shall have the following meanings specific to Coordinated Care Services for Children with Special Health Needs (C.C.S./C.S.H.N.) rules and regulations:

**Applicant:** the child for whom application is made.

**Authorized Provider:** a licensed physician or practitioner who is enrolled as a Maine Medicaid provider.

**Authorized Services:** specific medical and/or developmental therapeutic treatments including medical and/or adaptive equipment and drugs which have been pre-approved for payment by Coordinated Care Services for Children with Special Health Needs staff.

**C.C.S./C.S.H.N.:** Coordinated Care Services For Children With Special Health Needs.

**Case Coordination and Management:** a partnership process of assisting parents in the coordination of care for their child, in implementing the approved subspecialty treatment plan and in obtaining recommended services regardless of whether C.C.S./C.S.H.N. will pay for the health care and related services.

**Child:** an individual under 18 years of age who is dependent on one or more persons for support and who resides with those persons in the same household.

**Children With Special Health Care Needs:** children who have a congenital or acquired chronic disease, condition and/or physical disability unless otherwise specified that interferes with effective functioning and requires subspecialty intervention.

**Chronic Health Problem:** a disease or condition that limits physical activity and requires subspecialty medical treatment.

**Collateral Contacts:** direct face-to-face contacts on behalf of an eligible child by a prior authorized provider to obtain information from or discuss the child's plan of care with others involved in the child's treatment and or implementation of the plan of care.

**Date of Application:** the date on which the Coordinated Care Services program receives the signed application for assistance.

**Date of Eligibility:** date on which both medical and financial eligibility have been determined or:

Diagnostic Eligibility: date of primary care referral for a consultation or evaluation to determine a chronic illness or physically handicapping condition if application for

assistance has been received or if application is received within thirty days of the physician referral.

Newborn Eligibility: date of birth or up to thirty days of age retroactive to the date of birth if the application, physician referral and medical center verification are received during the neonatal period. (Chapter VII, Section G, p. 47)

**Developmental Delay**: patterns of performance in speech/language, fine and/or gross motor areas that are less than expected/normed for the chronological age of the child, as set forth in these rules and described in Chapter VI.

**Diagnostic Services**: those prior approved subspecialty physician evaluations or consultations that are needed to confirm a chronic illness or physically handicapping condition as determined by the specialist in that area or those therapeutic services that are needed to confirm a developmental delay and determine the specific components of a comprehensive plan of care.

**Family**: a group of individuals, who are not residents of an institution but who are living together in one household, as one economic unit. An economic unit is defined as a group that jointly pools its resources. The only exception to this definition is a child in the legal custody of the State of Maine; this child shall be considered a one-member family.

**Function**: pertaining to the child's ability to perform as expected at his/her chronological age.

**Genetic counseling**: a process by which families learn about the inheritance patterns regarding their families and the chances of recurrence of their child's condition or disorder.

**Gross annual income**: the sum of all income before taxes of family members living in a household, and received during the 12 month period prior to the date of application. Income includes the following:

1. Monetary compensation for services, including wages, salaries, commissions, or fees: (Wages [salaries] means gross income before deductions for income taxes), employees' social security taxes or insurance premiums, etc;
2. Net income from self-employment: Net is gross income from all sources less business deductions allowable by the Internal Revenue Service (IRS), but excluding depreciation;

Gross annual income of self-employed Individuals: For the purposes of the C.C.S./C.S.H.N. Program, gross annual income of self-employed individuals means the previous tax year's annual gross income less business deductions allowable by the IRS (Schedule B, C, or F) excluding depreciation. (Depreciation is considered in determining financial eligibility for C.C.S./C.S.H.N.). For families with both self-employed and non-self-employed individuals, the non-self-employed individual must provide additional verification (other than the IRS 1040) of his or her employment status. For those individuals reporting

rental income, gross annual income includes rental income (Schedule E) plus depreciation added to the total income on the IRS 1040.

3. Social Security;
4. Dividends or interest on savings or bonds, income from estates or trusts, cash settlements, or net rental income excluding depreciation;
5. Public assistance or welfare payments;
6. Unemployment or worker's compensation;
7. Government civilian employee or military retirement or pensions or veterans' payments;
8. Private pensions or annuities;
9. Actual alimony or child support payments received;
10. Regular contributions from persons not living in the household;
11. Net royalties; and
12. Other cash income including, but not limited to, cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources which are readily available to the family.

The following items are not included in gross annual income: sale of property, house or car; tax funds, gifts, scholarships or training stipends.

**Infant:** a child under the age of twelve months.

**Medical Nutrition Therapy:** the process of assessing physiological needs and current dietary habits, and providing guidance and/or counseling services by a registered dietitian.

**Monitoring:** those activities or services recommended to keep track of a potential or stable health problem or developmental delay.

**Multiply handicapped:** those children with chronic illness or physically handicapping disabilities who have two or more chronic health problems that require medical care by more than one pediatric specialist or subspecialist.

**Neonatal:** newborn; the period of time covering the first thirty (30) days of life.

**Newborn Screening Program:** screens newborns and provides information and service referral on hypothyroidism, phenylketonuria (PKU), homocystinuria, maple syrup urine disease (MSUD), galactosemia and sickle cell anemia, which if untreated can cause mental retardation or death.

**Pediatric specialist:** a pediatrician who through additional training in a specific subspecialty and emphasis in their clinical practice demonstrate expertise in the subspecialty field and are deemed qualified to provide such care by the Public Health Physician Consultant to the C.C.S./C.S.H.N. Program.

**Plan of Care:** a medical or therapeutic treatment evaluation and report that clearly define the recommendations for subspecialty intervention.

**Pre-schooler:** a child who has not yet reached the age eligibility for entry into elementary school.

**Primary care:** the physician from whom or medical facility where the child receives basic routine medical services/treatment.

**Prior authorization:** approval and arrangement for payment of treatment services before the treatment service is provided.

**Program:** Coordinated Care Service for Children with Special Health Needs (C.C.S./C.S.H.N.).

**Provider:** a licensed health professional who is an enrolled Maine Medicaid provider, unless otherwise specified in these rules, and authorized by C.C.S./C.S.H.N. under the prior approval process of the program.

**Recipient:** a child who has met all the eligibility requirements for the program or is currently receiving services through the program.

**Referral:** a contact with C.C.S./C.S.H.N. to obtain eligible services for a child.

**Referral source:** any individual who contacts the C.C.S./C.S.H.N. Program on behalf of a potentially eligible child.

**Specialized health professional:** a practitioner or therapist who has additional certification by or eligibility for one of the disciplines of the American boards of licensure and is registered and licensed by the appropriate Boards.

**Subspecialist:** a duly licensed medical practitioner, registered with a State Board of Medicine, who has certification or eligibility by one of the disciplines of the American Board of Specialists;

**Pediatric subspecialist:** a licensed pediatrician who has certification or eligibility in one of the disciplines of the American Board of Pediatrics.

**Subspecialty medical care:** those pre-authorized secondary and tertiary medical services determined by the child's unique eligible condition that improve, correct or are excepted to cure a child's chronic illness or physically handicapping condition and are outlined in the pediatric specialist's or subspecialist's plan of care.

**SSI:** Supplemental Security Income benefits for children with disabilities.

**Third party payer:** any private or public insurer which is under legal obligation to pay for medical services for an eligible child.

**Treatment services:** those services that

- 1) are related to the child's eligible chronic illness or physical disability;
- 2) have been prior approved only when other payment sources are not available; and
- 3) are delivered by the pre-authorized provider, (authorizations delegated to other providers are not valid).

**Unit:** a thirty minute interval of authorized service.

### CHAPTER III. ELIGIBILITY REQUIREMENTS

To be certified as eligible for the Coordinated Care Services for Children with Special Health Needs Program, applicants must meet all of the following requirements.

- A. Reside in Maine.
- B. Be under the age of 18 unless otherwise specified.
- C. Diagnostic Eligibility: approval for a consultation or evaluation to establish a diagnosis or rule out a suspected disease or condition upon primary care referral and receipt of application to the C.C.S./C.S.H.N. Program.
- D. Medical Eligibility: verification by the physician consultant of the following criterion as outlined in Chapter VI, "Conditions and Components of Care":
  - 1. restricts physical functioning or causes developmental delays in accordance with C.C.S./C.S.H.N. policy;
  - 2. requires a level of health care beyond routine and basic care;
  - 3. requires pediatric subspecialty treatment and/or developmental therapeutic services for an extended period of time;
  - 4. can be maintained or improved by such treatment and services; and
  - 5. meets the specific criteria as outlined in Chapter VI, "Conditions and Components of Care".
- E. Income Eligibility: determination that applicant's family self-declaration of gross annual income is equal to or less than the C.C.S./C.S.H.N. financial guidelines and that applicants comply with the following:
  - 1. complete C.C.S./C.S.H.N. application and financial self-declaration form;
  - 2. report annual gross income for the twelve month period prior to date of application is equal to or less than recommended financial guidelines which are based on 225% of national U.S. Department of Agriculture (U.S.D.A.) poverty guidelines;
  - 3. provide verification of income when self-employed; and

## 4. Exceptions:

a. Current income will be used to determine financial eligibility when evidence exists supporting a change in income that is a more accurate reflection of the family's true financial status.

b. Family size may be increased by one when upon verification:

i. the family has a child with multiple special health needs according to C.C.S./C.S.H.N. policy (Chapter II, p. 9); or

ii. the family has more than one child with a chronic illness or physically handicapping condition in their home who is medically eligible for subspecialty treatment through the C.C.S./C.S.H.N. Program.

c. Those children at application and financial review who are receiving SSI or who have Medicaid eligibility coverage known as the Deeming (formerly Katie Beckett) option.

d. Income waiver:

Children in families whose household income falls above 225% but at or below 250% of chronic illness or physically handicapping condition that requires the national U.S.D.A. poverty guidelines and who have an eligible high cost subspecialty medical services that can be expected to exceed \$5,000.00 during the upcoming six (6) months.

F. Need assistance with medical management and care coordination.

G. Date of Eligibility:

- . medically and financially eligible or the date of receipt of application, whichever is later;
  - . the date of a physician direct referral to the C.C.S./C.S.H.N. Program if the application and written medical and other criteria of eligibility are received and/or can be verified with thirty days;
3. the date of referral from the Newborn Screening Program if the application and supporting medical documentation are received within thirty days; or
4. the date of referral from a C.C.S./C.S.H.N. Program supported subspecialty clinic, if the application and written medical and other criteria are received within thirty days from the date of referral.

H. Length of Eligibility:

A child is eligible for subspecialty medical services and/or care coordination on the Coordinated Care Services For Children With Special Health Needs Program for a period of one year as long as he or she and the family meet the financial and medical eligibility criteria outlined above.

Each child's eligibility for the C.C.S./C.S.H.N. Program is reviewed and updated to determine continued financial and medical eligibility, at least once a year and each succeeding year from the initial date of application to the C.C.S./C.S.H.N. Program, on a case by case basis. For all children, determination of medical eligibility is an on-going process.

I. Termination of Eligibility:

If, at any time, it becomes apparent that the child no longer meets either the medical and/or financial eligibility requirements of the C.C.S./C.S.H.N. Program, the family and authorized provider(s) will be notified in writing that the child is no longer eligible, state the reason why, and offer the opportunity for review/appeal through the administrative hearing process outlined in Chapter VIII.

**CHAPTER IV. C.C.S./C.S.H.N. PROGRAM TERMINATION**

Program coverage may terminate for any of the reasons listed below:

- A. Child is no longer resident of Maine;
- B. Child reaches the age limitation or termination date established for eligibility for service, Chapter VI, Section X, p. 40-44;
- C. Child has achieved maximum alleviation/rehabilitation of the problem or no longer requires sub-specialty treatment;
- D. Family's income no longer falls within the C.C.S./C.S.H.N. income eligibility guidelines;
- E. Family fails to provide the required annual financial update by the submission deadline;
- F. Family voluntarily requests termination of service(s) through the program;
- G. If after a 3 month effort, C.C.S./C.S.H.N. program staff have been unable to locate the child/family;
- H. There exists no documentation or recommendation of a current need for service;
- I. C.C.S./C.S.H.N. program rule change eliminates child's current eligibility or current scope of services provided. Anyone made ineligible by future rule changes is notified in writing of the proposed rule change and is given the opportunity to comment on the rule change through the Maine Administrative Procedures Act process;
- J. Child's medical condition no longer meets C.C.S./C.S.H.N. Program specific policy as outlined in Chapter VI, Conditions and Components of Care and/or Chapter III, Item C;
- K. Child no longer qualifies for therapy services as outlined in Chapter VI, Section X, p. 41-44; or
  - ) all long term therapy goals are met
  - ) progress report indicates child is maintaining same level of function or less for the past six months
  - c) progress is not possible due to the need for further medical/surgical intervention (however, authorization may be reinstated after the occurrence of these procedures)
  - d) C.S.H.N. is in receipt of notification from the therapist that therapy has terminated
  - e) child reaches age of kindergarten/school entry

- L. Child loses SSI and does not otherwise qualify for services through C.C.S./C.S.H.N.;
- M. Death of the child; or
- N. Lack of funds (Chapter V, Section G, Priority for Program Expenditures).

## CHAPTER V. C.C.S./C.S.H.N. PROGRAM POLICIES

### A. AUTHORIZATION OF SERVICES AND PROVIDERS

1. Payment for all services must be prior authorized and provided within the State of Maine, with the following exceptions:
  - ) for those children living on the New Hampshire border, out-of state service may be prior authorized if the appropriate out-of-state subspecialty providers are closer to the child's home than comparable services within the State of Maine;
  - ) if after consultation with the appropriate in-state pediatric subspecialist, the C.C.S./C.S.H.N. Program's physician consultant determines that the needed treatment is not available within the state, services may be authorized at an appropriate center outside the state; or
  - ) if the C.C.S./C.S.H.N. Program's physician consultant determines that the previously established patient/provider relationship that has been in place for longer than two (2) years is reasonable to support out-of-state treatment.
  
2. The C.C.S./C.S.H.N. Program's physician consultant will confirm that the child requires subspecialty interventions; that all services are recommended by the pre-authorized subspecialist and are included in the subspecialty plan of care.
  
3. All services paid for through Coordinated Care Services for Children with Special Health Needs must be authorized in writing prior to their delivery. It is the provider's obligation and responsibility to provide written documentation of a child's treatment needs and to verify a child's eligibility for coverage prior to providing service(s). For prior authorization and/or confirmation of eligibility, providers should contact:
 

**Coordinated Care Services for Children with Special Health Needs**  
**Division of Maternal and Child Health**  
**Department of Human Services**  
**State House Station #11**  
**Augusta, Maine 04333-0011**  
**Tel: 207-287-5139**  
**1-800-698-3624**
  
4. All Maine providers of a child's services must:
  - ) meet Maine licensing and certification requirements;
  - ) be certified or be eligible for certification by the appropriate national organization; and
  - ) be enrolled/approved Maine Medicaid providers.

Exception: If the service to be authorized is not a Medicaid covered service, providers do not need to meet Medicaid enrollment requirements.

All out-of-state providers must:

- ) meet licensure requirements in the state in which services are to be provided;
  - ) be certified or eligible for certification by the appropriate national board;
  - ) be enrolled/approved Maine Medicaid providers.
5. Providers are prior authorized by the C.C.S./C.S.H.N. Program on the basis of the following:
- ) compliance with State licensing and certification requirements;
  - ) subspecialty certification and pediatric qualifications;
  - ) proximity to the child's area of residence; and
  - ) preference of child and family when there are multiple subspecialty pediatric providers within a community.
6. Primary care physicians may be pre-authorized by the C.C.S./C.S.H.N. Program for that portion of subspecialty treatment that the prior authorized subspecialist delegates to primary care when all of the following conditions are met:
- ) the original diagnosis has been established or confirmed by the appropriate subspecialist or pediatric specialist;
  - ) the C.C.S./C.S.H.N. Program is in receipt of written documentation and verification that the services are included in the prior authorized subspecialist's plan of care;
  - ) the condition is directly related to or is an exacerbation of the chronic illness; and
  - ) such services are provided under the consultation and direction of the prior authorized subspecialist or pediatric specialist.
7. Children under the age of three with a suspected developmental problem will be referred to a Developmental Evaluation Clinic upon application to the C.C.S./C.S.H.N. Program unless a similar comprehensive evaluation has already taken place.

## **B. PROCEDURES FOR PAYMENT OF SERVICES**

1. Payment to prior authorized providers will be made in accordance with the rates established for the Medicaid program within one year of the provision of the prior authorized services. In those instances in which the services authorized are not included in the Medicaid fee schedules, the amount to be paid must be agreed upon by the C.C.S./C.S.H.N. Program prior to authorization.
2. Providers must complete and submit the appropriate state billing form to Medicaid in accordance with the Maine Medicaid billing instructions, within one year of the provision of the prior

authorized services. Providers must collect payment from other available insurance prior to billing C.C.S./C.S.H.N. Program and must accept payments made by Coordinated Care Services For Children With Special Health Needs as payment in full.

3. All occupational, physical, and speech/language therapy services must be physician approved and included in the subspecialist's plan of care. Therapy services are prior authorized in units of thirty minute intervals; for services rendered in less than 30 minute intervals, authorized providers will prorate and bill accordingly.

### **C. CONFIDENTIALITY RIGHTS UNDER THE LAW:**

All information as to personal facts and circumstances obtained by C.C.S./C.S.H.N. Program staff with the family's consent constitutes privileged communication, is confidential, and is not to be divulged without the family's consent. Information may, however, be disclosed in summary, statistical, and other forms which does not identify the individuals.

### **D. SECOND OPINION**

Upon verbal/written request from the family/guardian of a child eligible for services on Coordinated Care Services For Children With Special Health Needs Program or that child's primary or subspecialty provider, C.C.S./C.S.H.N. Program staff will pre-authorize an evaluation with another specialist or therapist to resolve/clarify differences of opinion regarding medical treatment issues and/or issues of interpretation of developmental functioning. C.C.S./C.S.H.N. Program staff may also arrange for the review of the child's records by another subspecialist or therapist from the same discipline when treatment philosophies may differ.

### **E. NON-COVERED SERVICES**

The Coordinated Care Services for Children with Special Health Needs (C.C.S./C.S.H.N.) Program is not a resource for those children whose diagnostic recommendations include monitoring or observation for purposes of keeping track of a potential or stable health problem or developmental delay, unless otherwise specified.

Because of budgetary constraints and limited resources, the C.C.S./C.S.H.N. Program does not provide coverage for:

- . routine primary and/or acute care;
- . medical therapy that has not been endorsed by the appropriate subspecialty medical society;
- . long term dialysis and related costs;
- . end stage renal disease and related costs;
- . any medical treatment not related to the child's eligible condition or any primary preventive care, immunizations or acute care;

- . any service or treatment not prior authorized as outlined in Section A, Authorization of Services and Providers, of this chapter;
- . out-of-state treatment as outlined in Section A, Authorization of Services and Providers, of this chapter;
- . organ transplants and related costs;
- . bone marrow transplants and related costs;
- . amplification devices for neurosensory hearing loss;
- . cochlear implants and related costs;
- . augmentative communication equipment;
- . vestibular stimulation equipment such as swings and hammocks;
- . orthopedic shoes after first pair of shoes following surgery or casting;
- . neonatal intensive care;
- . immunizations;
- . medical treatment and/or medications for allergies; or
- . authorizations delegated to other providers.

#### **F. PARENT/PROVIDER FORUM**

For those families or providers who verbally or in writing raise concerns or questions regarding denials for payment of discrete bills or services for a C.C.S./C.S.H.N. Program eligible child and do not wish to file a formal appeal, the C.C.S./C.S.H.N. Program Director or his or her designee will review the issue and the child's medical record. The family or provider will be notified in writing of the findings of this review.

If the family or provider is dissatisfied with the decision, the family or provider may request a meeting with the Director of the Division of Maternal and Child Health or his/her designee. This meeting will usually be held at the Department of Human Services, Bureau of Health office in Augusta. However, the family or provider may request a review of the child's written record and payment denial in lieu of a face to face meeting. The decision of the Division Director or his/her designee is final and ends the internal reconsideration process. The family will receive written notification of this decision. The family or provider may appeal any such final decision pursuant to Maine Rule of Civil Procedure Rule 80C and 5 M.R.S.A. 11001 et seq.

#### **G. PRIORITY FOR PROGRAM EXPENDITURES:**

In the event C.C.S./C.S.H.N. Program administrators anticipate a funding problem, priority for continued service will be directed towards care coordination, subspecialty clinic support and those eligible children in need of surgical or corrective care whose health status would be compromised because of a delay in plan of care implementation.

## CHAPTER VI. CONDITIONS AND COMPONENTS OF CARE

Coordinated Care Services for Children with Special Health Needs offers coordination of care and medical management services to families of medically eligible children regardless of family income or financial status. C.C.S./C.S.H.N. staff join in partnership with families in arranging and accessing the most appropriate health care, specialized treatment and related services whether or not the Program will pay for the subspecialty care. The family must apply to C.C.S./C.S.H.N. and request such assistance.

For income eligible children, Coordinated Care Services for Children with Special Health Needs will, upon request or referral by the primary care provider, prior authorize and pay for subspecialty treatment, surgery and related services for congenital or acquired disorders that require long-term subspecialty physician treatment and have a good prognosis for cure or improved functioning and when other payment resources are not available.

Subspecialty treatment services specified in this Chapter are:

### I. NEUROSENSORY SYSTEM:

Prior authorized services through the C.C.S./C.S.H.N. Program are available for congenital or acquired neurosensory conditions as follows:

#### A. Chronic Ear Disease

For those children who are referred by their primary care providers for subspecialty evaluation and/or surgical intervention, the C.C.S./C.S.H.N. Program will pre-authorize payment for:

- . a diagnostic evaluation by an otolaryngologist (ENT Specialist). This evaluation may include a diagnostic hearing test by a Maine licensed audiologist;
- . surgical components of the plan of care to include but not limited to tube placement, and otoplasty following receipt of the report of the evaluation;
- . office visits with the otolaryngologist for up to two months following surgery;
- . quarterly office visits for tube maintenance, thereafter, with the otolaryngologist as long as tubes are in place;
- . medication as recommended by the otolaryngologist for acute infections related to blocked tubes if documentation is provided; and/or
- . repair of tympanic membrane perforations and follow-up.

### B. Hydrocephalus

For those children who are referred by a neonatal unit or their primary care providers for pediatric neurological and neurosurgical services, the C.C.S./C.S.H.N. Program will pre-authorize payment for:

- . diagnostic evaluations by a pediatric neurologist and/or neurosurgeon. This evaluation may include laboratory tests;
- . surgical components of the plan of care including shunt placements and revisions upon receipt of the report of the evaluation;
- . office visits with the appropriate subspecialist to include neurosurgical follow-up and related tests as needed; and/or
- . occupational, physical and/or speech language therapy for preschoolers as defined for frequency and length of therapy under Chapter VI, Section X, p. 41-44.

### C. Congenital Peripheral Nerve Injury

Upon referral of neonates with peripheral nerve injury, the C.C.S./C.S.H.N. Program will pre-authorize payment for:

- . diagnostic evaluation by a pediatric orthopedist and/or neurologist. This evaluation may include x-rays, other imaging studies and nerve conduction studies as recommended by the treating subspecialist;
- . office visits with the subspecialist for children up to two (2) years of age upon receipt of the report of the evaluation;
- . occupational and/or physical therapy evaluation and treatment with a Maine licensed therapist in accordance with Chapter VI, Section X, p. 41-44, if recommended by the treating subspecialist;
- . therapy consultations one (1) time per month; and/or
- . splints as prescribed by the appropriate subspecialist.

### D. Myelodysplasia (Spina Bifida)

In the event of a pre-natal diagnosis, the family will be referred to the Coordinator of an in-state Myelodysplasia Clinic which is supported by Coordinated Care Services for Children with Special Health Needs Program.

Upon the child's arrival at a hospital for definitive care where a Myelodysplasia Clinic is located, a member of the clinic team will provide a hospital based visit with the family regardless of the family's financial resources. The intent of this hospital visit is to provide information to the family, facilitate application to the C.C.S./C.S.H.N. Program and referral to an in-state Myelodysplasia Clinic for evaluation and development of a comprehensive plan of care.

For income eligible children, the C.C.S./C.S.H.N. Program will pre-authorize payment for the medical components of care recommended by the Myelodysplasia Clinic team or specific subspecialty treatment by the prior authorized subspecialist as follows:

- . office visits with the appropriate subspecialist;
- . surgery and related hospitalization costs;
- . laboratory tests, x-rays, and other imaging studies;
- . medications as prescribed by the treating subspecialist;
- . urodynamic studies;
- . skilled nursing visits where indicated for education and training in bowel programs, catheterization and follow-up;
- . catheters, ostomy bags and supplies;
- . incontinence pants and liners after three years of age;
- . casting and bracing if prescribed by the pediatric orthopedist;
- . neurosurgical care to include emergency care for shunt malfunctions;
- . medical nutrition therapy with a registered dietitian;
- . occupational, physical and/or speech language therapy for preschoolers as defined for frequency and length or therapy under Chapter VI, Section X, p. 41-44; and
- . durable medical equipment as prescribed by the appropriate subspecialist;

#### E. Ophthalmologic Disorders

Prior authorized services through the C.C.S./C.S.H.N. Program are available for eye disorders that would progress to significant visual impairment or binocular dysfunction if left untreated, and/or have a corrected visual acuity of 20/40 or worse in the better eye. Examples of conditions may include but are not limited to congenital eye problems, diseases of the cornea and lid; refractive problems, optic nerve and retinal diseases, cataracts, glaucoma, strabismus, amblyopia and uveitis:

For those children who are referred by their primary care providers or optometrist for subspecialty evaluation or treatment, the C.C.S./C.S.H.N. Program will pre-authorize payment for:

- . a diagnostic evaluation with an ophthalmologist;
- . surgical components of the plan of care following receipt of the report of the evaluation to include surgery, laser treatment, and hospitalization.
  - cataract surgery: intra-ocular lenses, contact lenses or glasses immediately following cataract surgery with replacements as medically necessary upon written request of and where prescribed by the treating ophthalmologist;\*
- . office visits with the ophthalmologist to include related tests, treatment with glasses,\* patching and medications where specifically recommended by the treating ophthalmologist and upon receipt of the report of the evaluation/plan of care.

**\*NOTE:** glasses must be pre-approved and ordered through Coordinated Care Services For Children With Special Health Needs. The C.C.S./C.S.H.N. Program will then authorize payment through a local optometrist or optician who contracts with the State approved supplier.

**NON-COVERED OPHTHALMOLOGIC SERVICES:** routine primary eye care; annual eye examinations; vision training or therapy.

#### F. Seizure Disorders

For those children who are referred by their primary care provider or by one of the C.C.S./C.S.H.N. Program funded Developmental Evaluation Clinics, the C.C.S./C.S.H.N. Program will pre-authorize payment for:

- . diagnostic evaluation with a pediatric neurologist. This evaluation may include x-rays, imaging studies, laboratory tests including EEG's;
- . office visits with a pediatric neurologist upon receipt of the plan of care;
- . appropriate blood tests and drug levels;
- . medications for the seizure disorder as prescribed by the pediatric neurologist until the subspecialist advises that the seizures are controlled to the extent possible;
- . occupational, physical or speech language therapy evaluation and treatment for preschoolers with a Maine licensed therapist if recommended by the pediatric neurologist as described for length and frequency in Chapter VI, Section X, p. 41-44;

- . annual pediatric neurological evaluation while on medication if requested by the primary care provider, pediatric specialist or neurologist; and/or
- . retroactive coverage for emergency out-patient or in-patient treatment of seizure disorders will be considered after receipt and review of appropriate medical documentation and, if the parents notify C.C.S./C.S.H.N. within one week of the emergency.

## **II MUSCULOSKELETAL SYSTEM:**

Prior authorized services through the C.C.S./C.S.H.N. Program are available for congenital or acquired diseases or conditions of the musculoskeletal system that requires corrective subspecialty medical, or surgical treatment as follows:

### **A. Cleft Lip and Palate:**

In the event of a pre-natal diagnosis, the family will be referred to the Coordinator of the in-state Cleft Lip and Palate Clinics administered by Coordinated Care Services for Children with Special Health Needs Program. Upon the child's arrival to a hospital for definitive care, the Coordinator of the Cleft Lip and Palate Clinic will provide a hospital or home-based visit with the family. The purpose of this visit is to provide information, facilitate application to the C.C.S./C.S.H.N. Program and referral to the Cleft Palate clinics for evaluation and development of a comprehensive plan of care. Cleft Lip and Palate Clinic, and

planning services are available to all children with cleft lip and palate and certain other craniofacial anomalies who are enrolled in the C.C.S./C.S.H.N. Program, without regard to income. There are two types of clinics:

1. Infant Cleft Palate Clinic For Children Ages Birth Up To Two Years Of Age:
  - . provides information to the parents about their child's condition;
  - . provides genetic consultation/counseling;
  - . clinic team consists of: a pediatrician, plastic surgeon, pediatric dentist, speech/language pathologist, medical social work consultant, geneticist, and a clinic coordinator.
2. Cleft Palate Clinic For Children Ages Two Years Up To Eighteen Years Of Age:
  - ) provides a comprehensive evaluation of each child;
  - ) clinic team develops a comprehensive plan of care that stipulates what needs to be done; outlines the time frames and recommended sequence of services;

- ) clinic team consists of: a pediatrician, plastic surgeon, prosthodontist, oral surgeon, otolaryngologist, pediatric dentist, orthodontist, geneticist, audiologist, speech/language pathologist, medical social work consultant, and a clinic coordinator.

For income eligible children, the C.C.S./C.S.H.N. Program will pre-authorize payment for the subspecialty medical and dental components of care recommended by the Cleft Palate Clinic team or specific subspecialty treatment by the prior authorized subspecialist as follows:

- . surgery and related hospitalization costs;
- . office visits with the appropriate subspecialist to include ENT care;
- . laboratory tests, x-rays and other imaging studies,
- . prostheses and replacements;
- . consultation with an approved feeding team which shall include a speech language pathologist, occupational therapist and registered dietitian;
- . orthodontics to include bracing and appliances;
- . routine and restorative dental care;
- . genetic consultation and appropriate genetic studies through a MCH grant funded and approved in-state genetics program and specified in the recommendations of the Cleft Palate Clinic team;
- . audiological evaluations with a Maine licensed audiologist if recommended; and/or
- . speech/language therapy evaluation and treatment for pre-schoolers with a Maine licensed speech/language pathologist as defined for length and frequency in Chapter VI, Section X, p. 41-44. Therapy is also available on a trial basis as part of a planned evaluation in consultation with the pre-authorized plastic surgeon to determine a child's need for further surgery.

#### B. Other Cranio-Facial Anomalies

For those children with congenital or acquired cranio-facial anomalies, such as but not limited to, Aperts, Crouzon's, Treacher-Collins, Pierre-Robin syndrome and craniosynostosis who are referred by their primary care providers or a newborn nursery for subspecialty evaluation and/or treatment, the C.C.S./C.S.H.N. Program will refer to the Cleft Lip and Palate Clinic where appropriate and pre-authorize payment for:

- . a diagnostic evaluation by the appropriate subspecialist;

- . surgical components of the plan of care and related hospitalization costs upon receipt of the report of evaluation;
- . office visits with the appropriate subspecialist to include related tests; and/or
- . prostheses and replacements;
- . consultation with an approved feeding team which shall include a speech language pathologist, occupational therapist and registered dietitian if requested by the cleft lip and palate clinic team or the treating subspecialist; and/or
- . occupational, physical and or speech language therapy for preschoolers as outlined in Chapter VI, Section X, p. 41-44.

C. Juvenile Arthritis:

For those children who are referred by their primary care provider for subspecialty evaluation and/or treatment, the C.C.S./C.S.H.N. Program will pre-authorize payment for:

- . diagnostic evaluation or consultation with a pediatric rheumatologist or a rheumatologist with demonstrated pediatric experience;
- . office visits with the rheumatologist upon receipt of the report of the evaluation;
- . consultation and/or office visits with an orthopedist and/or ophthalmologist as referred by the rheumatologist and included in the plan of care;
- . corrective surgery and related hospitalization costs;
- . laboratory tests, x-rays and other imaging studies;
- . medications as prescribed by the treating subspecialist;
- . ophthalmologic procedures; and/or
- . physical and/or occupational therapy consultations as recommended by the rheumatologist or orthopedist for the purpose of maximizing function, limited to three (3) units per month for a period of up to six (6) months.

#### D. Orthopedic Conditions:

For those children who are referred by their primary care provider for subspecialty orthopedic evaluation and/or treatment of congenital or acquired disorders of the musculoskeletal system and orthopedic aspects of neuromuscular disease the C.C.S./C.S.H.N. Program will pre-authorize payment for:

- . a diagnostic evaluation by a pediatric orthopedist;
- . surgical components of the plan of care and related hospitalization costs upon receipt of the report of the evaluation;
- . office visits with the pediatric orthopedist;
- . laboratory tests, x-rays and other imaging studies;
- . corrective splints and braces for rehabilitative purposes;
- . prostheses and replacements as recommended by the orthopedist;
- . first pair of orthopedic shoes following surgery or serial casting; and/or
- . occupational and physical therapy for preschoolers as outlined in Chapter VI, Section X, p. 41-44.

**NON COVERED ORTHOPEDIC SERVICES:** treatment of genu varum and genu valgum; treatment of tibial torsion for children prior to the age of eight.

### III **CARDIO-RESPIRATORY SYSTEM:**

Prior authorized services through the C.C.S./C.S.H.N. Program are available for congenital or chronic cardiac and/or respiratory diseases that require subspecialty medical or surgical treatment as follows:

#### A. Cardiac Defects:

For those children who are referred by their primary care provider or a newborn nursery for subspecialty evaluation and/or medical or surgical treatment for congenital heart disease, acquired cardiac problems such as, but not limited to, rheumatic fever, Kawasaki disease, cardiomyopathies and arrhythmia, the C.C.S./C.S.H.N. Program will pre-authorize payment for:

- . diagnostic evaluation with a pediatric cardiologist;
- . office visits to the pediatric cardiologist, related tests and procedures as recommended by the pediatric cardiologist upon receipt of the report of the evaluation;
- . surgical components of the plan of care upon receipt of the report of the evaluation and related hospitalization;

- . medications and prophylactic antibiotics as prescribed by the pediatric cardiologist;
- . routine preventive dental care up to \$150/year at State rates of reimbursement; and/or
- . annual re-evaluation services for up to three (3) years for those children who have achieved stabilization.

**NON-COVERED CARDIAC SERVICES:** cardiac transplants and neonatal intensive care.

B. Respiratory Diseases

1. Asthma

For those children who because of severe asthma, have a history of emergency room visits or hospitalization, and/or experience significant functional limitations which interfere with their daily activities and who are referred by their primary care providers for subspecialty evaluation and/or treatment, the C.C.S./C.S.H.N. Program will pre-authorize payment for:

- ) diagnostic evaluation with a pediatric pulmonologist or pediatric allergist. Other pediatricians with demonstrated experience in the treatment of asthma through specialized training and emphasis on this condition in their clinical practice may be approved as a provider for the purposes of this section upon registration with and approval from the Physician supervisor in charge of the medical component of C.C.S./C.S.H.N. services;
- ) subspecialty office visits upon receipt of the evaluation report;
- ) medications for the treatment of asthma as prescribed by the treating subspecialist;
- ) antibiotics for pulmonary infections associated with exacerbation of asthma;
- ) durable medical equipment that is medically necessary to deliver medication to the child's lungs and measure the drug's effectiveness;
- ) asthma management education at a Medicaid-approved site; and/or
- ) retroactive coverage for emergency out-patient or in-patient treatment of asthma will be considered after receipt and review of appropriate medical documentation and, if the parents notify Coordinated Care Services within one week of the emergency.

**NON COVERED ASTHMA SERVICES:** Treatment of rhinitis or allergy medications.

. 2. Other Pulmonary Problems

For those children with but not limited to congenital anomalies of the respiratory tract and broncho pulmonary dysplasia, who are referred by their primary care provider or newborn nursery

for subspecialty evaluation and/or medical or surgical treatment, the C.C.S./C.S.H.N. Program will pre-authorize payment for:

- ) diagnostic evaluation with a pediatric pulmonologist or approved pulmonology clinic;
- ) office visits to the pediatric pulmonologist, related tests and procedures as recommended by the pediatric pulmonologist upon receipt of the report of the evaluation;
- ) surgical components of the plan of care upon receipt of the report of the evaluation and related hospitalization; and
- ) medications and prophylactic antibiotics as prescribed by the pediatric pulmonologist.

#### **IV. METABOLIC/ENDOCRINE SYSTEM:**

Prior authorized services through the C.C.S./C.S.H.N. Program are available for chronic metabolic or endocrine conditions that require subspecialty medical or surgical treatment as follows:

##### **A. Cystic Fibrosis**

Eligibility is restricted to those children who are referred to the C.C.S./C.S.H.N. Program for diagnostic evaluation and treatment through one of the three out-patient hospital based clinic services affiliated with Maine Medical Center, Portland; Eastern Maine Medical Center, Bangor; and Central Maine Medical Center, Lewiston. The team consists of a pediatrician, medical social worker, physical therapist, clinic coordinator, registered dietitian, public health nurse, and respiratory therapist. No assistance is offered for an evaluation by a private practitioner in his/her office. The C.C.S./C.S.H.N. Program will pre-authorize payment for the medical components of the plan of care recommended by the Cystic Fibrosis Clinic team as follows:

- . diagnostic evaluation and related tests at one of the identified Cystic Fibrosis Clinics;
- . Cystic Fibrosis Clinic appointments;
- . laboratory tests and antibiotic or respiratory therapy that includes nebulizers and medications;
- . pancreatic replacement enzymes and vitamins;
- . planned hospitalizations and related costs at the approved Cystic Fibrosis Clinic Center or at a center recommended by the prior authorized treating Cystic Fibrosis team;
- . ear, nose and throat (ENT) care as recommended by the prior authorized treating Cystic Fibrosis Clinic team;

- . a genetic consultation and appropriate genetic studies if indicated through an approved genetic program;
- . diabetes as a complication of cystic fibrosis to include blood testing, insulin and supplies; and/or
- . retroactive coverage for emergency out-patient or in-patient treatment of cystic fibrosis and its complications will be considered after receipt and review of appropriate medical documentation and, if the parents notify Coordinated Care Services within one week of the emergency.

**NON COVERED CYSTIC FIBROSIS SERVICES:** evaluation or treatment by a private practitioner in his/her office

B. Diabetes

For those children who are referred by their primary care providers for subspecialty evaluation and/or treatment, the C.C.S./C.S.H.N. Program will pre-authorize payment for:

- . a diagnostic evaluation/consultation by a pediatric diabetes specialist, endocrinologist or through a pediatric out-patient diabetic clinic. This evaluation may include laboratory tests and related hospitalization costs;
- . office visits with the pediatric diabetic specialist, endocrinologist or diabetic clinic visits upon receipt of the plan of care;
- . blood sugar testing and other appropriate laboratory tests if ordered by the diabetes specialist or clinic and included in the plan of care;
- . insulin and equipment to administer insulin as prescribed by the pediatric diabetes specialist;
- . home testing equipment and supplies to monitor blood levels if prescribed by the pediatric diabetes specialist;
- . medical nutrition therapy with a registered dietitian;
- . diabetes education through an approved Pediatric Diabetes Education Program; and/or
- . ophthalmological evaluation, as recommended by the treating diabetes specialist.

C. Idiopathic Growth Hormone Deficiency

For those children referred by their primary health care providers for an initial evaluation by a pediatric endocrinologist to confirm or rule out this deficiency, the C.C.S./C.S.H.N. Program will pre-authorize

payment for a diagnostic evaluation only with a pediatric endocrinologist, payment may include laboratory tests, for said evaluation.

**NON-COVERED GROWTH HORMONE SERVICES:** growth hormone therapy, even if part of a diagnostic trial.

#### D. Other Metabolic Disorders

For those children with congenital metabolic disorders who have been tested, identified and referred through the Newborn Screening Program, the C.C.S./C.S.H.N. Program will pre-authorize payment for:

- . evaluation with an appropriate pediatric subspecialist for the development of a treatment plan;
- . office visits with a pediatric subspecialist to include laboratory tests;
- . clinic visits to an in-state metabolic clinic;
- . medical nutrition consultation and subsequent therapy by a registered dietitian to include at minimum office visits with the dietitian every four (4) months as recommended by the treating subspecialist and upon receipt of the plan of care;
- . metabolic formula not covered by any other source as prescribed by the treating subspecialist;
- . special medical food for the clinical disorder not covered by any other source to include special modified low protein foods for children with inborn errors of metabolism as prescribed by the metabolic clinic or treating subspecialist and upon receipt of the plan of care;
- . genetic consultation and appropriate genetic studies through an approved in-state MCH genetic program as requested by the treating subspecialist or metabolic clinic team; and/or
- . psychometric testing every three years if requested by the treating subspecialist or the metabolic clinic team.

#### V. **GASTROINTESTINAL SYSTEM:**

Prior authorized services through the C.C.S./C.S.H.N. Program are available for congenital anomalies and gastrointestinal disorders as follows:

##### A. Congenital Anomalies

For those children who are referred by their primary care providers for subspecialty evaluation and/or treatment for such conditions as but not limited to: atresias of G.I.-tract, diaphragmatic hernia, Hirschsprung's disease, malrotation, omphalocele and tracheoesophageal fistula, the C.C.S./C.S.H.N. Program will pre-authorize payment for:

- . a diagnostic evaluation/consultation by a pediatric gastroenterologist and/or pediatric surgeon. This evaluation may include diagnostic studies and related hospitalization costs.
- . surgical components of the plan of care and related hospitalization costs upon receipt of the report of the evaluation;
- . office visits with the gastroenterologist;
- . consultation with an approved feeding team that includes a speech language pathologist, occupational therapist and nutritionist if prescribed by the gastroenterologist;
- . laboratory tests and imaging studies; and/or
- . medications as prescribed by the gastroenterologist;

#### B. Other Gastrointestinal Problems

For those children who are referred by their primary care providers for subspecialty evaluation and/or treatment for such conditions as but not limited to gastroesophageal reflux, motility disorders, regional enteritis and/or ulcerative colitis, the C.C.S./C.S.H.N. Program will pre-authorize payment for:

- . a diagnostic evaluation/consultation by a pediatric gastroenterologist;
  - . surgical components of the plan of care and related hospitalization upon receipt of report of the evaluation;
  - . office visits with the gastroenterologist;
  - . laboratory tests and medications as prescribed by the gastroenterologist; and/or
5. medical nutrition therapy consultation as recommended by the gastroenterologist.

#### **VI. GENITOURINARY SYSTEM:**

Prior authorized services through the C.C.S./C.S.H.N. Program are available for congenital anomalies of the genitourinary tract and other chronic genitourinary conditions to include but not limited to anomalies of vagina, chronic glomerulonephritis, extrophy of bladder and hypospadias as follows:

For those children who are referred by their primary care providers for subspecialty evaluation and/or treatment, the C.C.S./C.S.H.N. Program will pre-authorize payment for:

- . diagnostic evaluation/consultation by a pediatric urologist or nephrologist. This evaluation may include laboratory tests and related hospitalization costs;

- . surgical components of the plan of care and related hospitalization costs upon receipt of the report of the evaluation;
- . office visits with the pediatric urologist or nephrologist and related tests; and/or
- . medications that require a written prescription for urinary tract infections as prescribed by the treating subspecialist.

**NON-COVERED GENITOURINARY SERVICES:** dialysis and renal transplants.

## **VII. HEMATOPOIETIC SYSTEM:**

Prior authorized services through the C.C.S./C.S.H.N. Program are available for chronic disorders of the blood and circulatory system as follows:

### A. Hemophilia and Other Factor Deficiencies

For those children who are referred by their primary care providers for subspecialty evaluation and/or treatment, the C.C.S./C.S.H.N. Program will pre-authorize payment for:

- . diagnostic evaluation by a pediatric hematologist; and referral to the Maine Hemophilia Treatment Center funded by the Maternal and Child Health Block Grant;
- . clinic visits to the Hemophilia Center and/or office visits with the pediatric hematologist to include treatment for the subspecialty components upon receipt of the report of the evaluation and recommended in the plan of care;
- . medications, blood factor and blood products including FDA approved synthetic hormone stimulant drug therapy and infusion supplies for children who have been prior approved for home infusion;
- . adjunctive drug therapy that requires a written prescription and is specific to the bleeding episode;
- . evaluations for orthopedic complications related to hemophilia when recommended by the primary care physician or treating hematologist;
- . physical therapy evaluations, consultations and rehabilitation of joints for up to thirty (30) days as recommended by a treating subspecialist if related to orthopedic complications of hemophilia;

- . routine preventive dental care up to \$150 per year at state rates of reimbursement;
- . Hepatitis B vaccine if not previously immunized; and/or
- . retroactive coverage for emergency out-patient or in-patient care for uncontrolled bleeding including payment of blood factor as needed will be considered after receipt and review of appropriate medical documentation and if the parents notify Coordinated Care Services within one week of the emergency.

B. Other Coagulopathies (Bleeding Disorders)

For those children referred by their primary care providers for subspecialty evaluation/consultation and treatment for bleeding disorders such as Idiopathic Thrombocytopenia, the C.C.S./C.S.H.N. Program will pre-authorize payment for:

- . diagnostic evaluation with a pediatric hematologist;
- . surgical components of the plan of care and related hospitalization costs upon receipt of the report of the evaluation;
- . office visits with the pediatric hematologist;
- . laboratory tests;
- . medications as prescribed by the pediatric hematologist; and/or
- . blood and blood products.

C. Sickle Cell Anemia and Other Congenital Anemias

For those children identified by the Newborn Screening Program or referred by their primary care provider for subspecialty consultation and/or treatment the C.C.S./C.S.H.N. Program will pre-authorize payment for:

- . Evaluation through the Maine Hemophilia Treatment Center or a pediatric hematologist to include laboratory work and blood;
- . retroactive coverage for emergency out-patient or in-patient care for sickle cell and other congenital anemias will be considered after receipt and review of appropriate medical documentation and if the parents notify Coordinated Care Services within one week of the emergency; and/or.
- . medications as prescribed by the pediatric hematologist.

**VIII. SKIN SYSTEM:**

Prior authorized services are available through the C.C.S./C.S.H.N. Program for congenital and or chronic conditions of the skin such as destructive hemangioma and lymphangioma and for congenital lesions of the skin that may be cancerous as follows:

For those children who are referred by their primary care providers for subspecialty evaluation and/or treatment, the C.C.S./C.S.H.N. Program will pre-authorize payment for:

- . diagnostic evaluation by a dermatologist;
- . surgical components of the plan of care, laser treatment and related hospitalization costs upon receipt of the report of the evaluation;
- . office visits with the dermatologist; and/or
- . laboratory tests and medications as prescribed by the treating dermatologist;

**IX. CHILDHOOD ONCOLOGY:**

Prior authorized services are available through the C.C.S./C.S.H.N. Program for pediatric malignancies and their complications as follows:

For those children who are referred by their primary care provider, the Maine Children's Cancer Program or other approved pediatric cancer treatment program for subspecialty diagnostic and treatment services, the C.C.S./C.S.H.N. Program will pre-authorize payment for:

- . diagnostic evaluation by a pediatric hematologist or oncologist. This evaluation may include laboratory tests, x-rays and other imaging studies and related hospitalization costs;
- . surgical components of the plan of care to include related hospitalization costs upon receipt of the report of the evaluation;
- . office visits and hematology/oncology inpatient and outpatient services during active cancer treatment or complications of treatment including as outlined in the child's plan of care;
- . chemotherapy and radiation therapy;
- . medication prescribed by the treating subspecialist including prescription pain medication;
- . prostheses and orthoses;
- . rehabilitative services to include physical, occupational and speech/language therapy for up to six (6) months following surgery or if required as a result of the complications of chemotherapy;

- . community-based nursing services as requested in the hematologist's/oncologist's plan of care;
- . medical nutrition therapy with a registered dietitian;
- . routine and restorative dental care up to \$150.00/year at state rates of reimbursement during active cancer treatment; and/or
- . office visits with the pediatric hematologist or oncologist and related tests for up to three (3) years following the completion of the child's treatment.

**NON-COVERED SERVICE:** bone marrow transplants.

## **X. DEVELOPMENTAL SERVICES:**

Early intervention diagnostic, therapeutic and referral services may be available through the C.C.S./C.S.H.N. Program for pediatric developmental conditions to include gross and fine motor delays and speech language delays for children from birth up to age eligibility for school entry if the child is referred or in a C.C.S./C.S.H.N. prior authorized therapy program by (March 15) of the year the child is age eligible for school.

### A. Developmental Evaluation Clinics

Coordinated Care Services For Children With Special Health Needs supports community-based Developmental Evaluation Clinics which provide a comprehensive, inter/multi-disciplinary, medically-based, diagnostic assessment to those children under the age of five with suspected developmental problems, who are referred/verified by their primary care provider. The clinics offer, without regard to income, comprehensive evaluations to:

- . establish developmental baselines;
- . attempt to establish the cause of the identified problems through appropriate tests; and
- . develop a comprehensive individualized plan of care addressing the child's health issues and developmental problems which recommends specific interventions where indicated.

Upon referral, application and determination of income eligibility the C.C.S./C.S.H.N. Program may pre-authorize additional diagnostic studies, laboratory tests and or genetic studies with a Division of Maternal and Child Health grant-funded genetics program only when recommended by a Developmental Evaluation Clinic team and outlined in the evaluation report;

### B. Direct Therapy Intervention Services For Children Ages Birth Up To Age 3

For income eligible children who are ineligible for Medicaid, may lose Medicaid within three (3) months or are not age or otherwise eligible for services through P.L. 101.476, Individuals with Disabilities Education Act and who are referred by their primary care provider, pediatric specialist or subspecialist

and/or a Developmental Evaluation Clinic for direct therapeutic services, the C.C.S./C.S.H.N. Program may pre-authorize payment as follows:

### 1. Fine and/or Gross Motor Delays

- For children ages birth-twelve (12) months with a fine and/or gross motor delay of at least three (3) months but not more than six (6) months;
- For children ages twelve (12)-twenty-four (24) months with a fine and/or gross motor delay of at least six (6) months but not more than twelve (12) months;
- For children ages twenty-four (24) - thirty-six (36) months demonstrate a fine and/or gross motor delay of at least eight (8) months but not more than eighteen (18) months; and/or
- For children with a neuromuscular disorder which interferes with gross and/or fine motor functions:
  - . occupational/physical therapy consult for a diagnostic evaluation with a licensed therapist for up to three (3) thirty-minute units. The evaluation must include a comprehensive analysis of the child's fine and gross motor skills, oral motor skills where appropriate, clearly stated levels of functioning in each area and clearly defined recommendations;
  - . two(2) units or one hour session for the purpose of development of a measurable therapy treatment plan. Treatment/care plans shall be developed based on information obtained in the diagnostic evaluation and shall include the following:
    - . long and short term goals and objectives with measurable criteria;
    - . frequency and length of sessions (in thirty-minute units), time period covered, and estimated length of treatment;
    - . treatment methods and benchmarks for evaluating outcomes;
    - . the therapist's plan for including family participation in meeting the goals and objectives of reinforcing the therapeutic activities;
  - . individualized occupational and/or physical therapy at a maximum of two (2) thirty minute units per session not to exceed three (3) sessions per week for six (6) months, with progress reports and updated treatment plans required every six months and before another prior authorization is issued.

### 2. Speech/Language Delay

- For those children ages twelve (12)-twenty-four (24) with a speech/language delay of at least six (6) months but not more than twelve (12) months
- For those children ages twenty-four (24)-thirty-six (36) months with a speech/language delay of at least eight (8) months but not more than twelve (12) months:
  - . diagnostic evaluation with a licensed speech language pathologist for up to three (3) thirty-minute units. The evaluation must include a comprehensive analysis of the child's

speech/language skills and oral motor dysfunction where indicated, clearly stated levels of functioning in each area and defined recommendations for intervention;

- . two (2) units one hour session with a licensed speech language pathologist for the purpose of development of a therapy plan of care. The care plan shall be developed based on information obtained in the diagnostic evaluation and shall include the following:
  - . long and short term goals and objectives with measurable criteria;
  - . treatment methods and benchmarks for evaluating outcomes;
  - . the therapist's plan for including family participation in meeting the goals and objectives and in reinforcing the therapeutic activities;
  - . frequency and length of sessions (in thirty-minute units), time period covered, and estimated length of treatment;
- . individualized speech language therapy at a maximum of two units/sessions, three (3) sessions per week for up to six (6) months with progress reports required at the end of each six month period and before another prior authorization is issued.

### C. Oral Motor Dysfunction

For those children ages 0 -24 months who have identified oral motor difficulties, such as but not limited to, problems with swallowing, chewing, drooling, excessive drooling, coughing at meals, and /or abnormal oral reflexes. which effect feeding and who require occupational and/or speech therapy intervention and who are referred by their treating subspecialist, a Developmental Evaluation Clinic or another C.C.S./C.S.H.N. supported clinic, the C.C.S./C.S.H.N. Program will prior authorize payment for:

- . diagnostic consultation with an approved feeding team which shall include a speech language pathologist, occupational therapist and registered dietitian.
- . diagnostic evaluation with a licensed speech language pathologist and/or occupational therapist for up to three (3) thirty-minute units. The evaluation must include a comprehensive analysis of the child's oral motor skills, clearly stated levels of functioning in each area and recommendations for intervention;
- . two (2) units or one hour session with a licensed speech language/occupational therapist for the purpose of development of a therapy plan of care which will include involvement of the parents and a registered dietitian if needed in the intervention recommended with specificity as to duration and number of anticipated therapy sessions required;
- . individualized therapy to include consultation with the parents, for a maximum of sixty (60) units or thirty hours with a speech language or occupational therapist over a six month period of time with progress reports required at the end of the six month therapy period. Requests for continuation of therapy will be reviewed on a per child basis and must be at the recommendation of both the treating subspecialist and therapist.

- . medical nutrition therapy to include parent counseling for a maximum of two (2) units per session per week with a registered dietitian for up to sixty days; and
- . additional diagnostic studies and laboratory tests only when recommended by a Developmental Evaluation Clinic team and outlined in the evaluation report;

D. Intervention Services For Children Ages 3 Years Up To Age Eligibility For School Entry

For income eligible children with a gross or fine motor delay of at least ten (10) but not more than (18) months or a speech language delay of at least six (6) months but not more than twelve (12) who are not eligible for services through P.L. 101.476, Individuals with Disabilities Education Act and who are ineligible for Medicaid or may lose Medicaid within three (3) months and are referred or in a C.C.S./C.S.H.N. prior authorized therapy program six (6) months prior to the time they enter elementary school, the C.C.S./C.S.H.N. Program may pre-authorize payment for diagnostic and direct therapeutic services, as follows:

- . diagnostic evaluation with a licensed occupational/physical therapist and/or speech language pathologist for up to three (3) thirty-minute units. The evaluation must include a comprehensive analysis of the child's fine and gross motor skills, oral motor function where indicated and/or speech language skills with clearly stated levels of functioning in each area and definitive recommendations for intervention;
- . two (2) units or one hour session with a licensed occupational, and/or physical therapist and/or speech language pathologist for the purpose of development of a measurable therapy treatment plan. Care plans shall be developed based on information obtained in the diagnostic evaluation and shall include the following:
  - . long and short term goals and objectives with measurable criteria;
  - . treatment methods and benchmarks for evaluating outcomes;
  - . the therapist's plan for including family participation in meeting the goals and objectives and in reinforcing the therapeutic activities;
  - . frequency and length of sessions (in thirty-minute units), time period covered, and estimated length of treatment;
- . individualized occupation, physical and/or speech language therapy at a maximum of two (2) units/sessions, three (3) sessions per week for up to six (6) months with progress reports and updated treatment plans required at the end of each six month period and before another prior authorization is issued; and
- . short term therapy, i.e., six month or less, as an adjunct to comprehensive subspecialty care for underlying medically treatable physical problems if prescribed by the prior authorized provider.

**NON COVERED DEVELOPMENTAL SERVICES:** speech language therapy for children with a congenital hearing loss. These children will be referred to the Department of Education, Office of Deafness.

## **CHAPTER VII. SUPPLEMENTAL SERVICES THROUGH THE C.C.S./C.S.H.N. PROGRAM**

Upon request from the primary care provider and the treating subspecialist or pediatric specialist, Coordinated Care Services For Children With Special Health Needs may pre-authorize supplemental medically related components of subspecialty treatment and/or developmental therapeutic services not previously specified in Chapter VI, Conditions and Components of Care and when other payment resources are not available. Supplemental services must be identified and addressed in the pediatric subspecialist's comprehensive plan of care as a necessary part of the established treatment protocol for the eligible child's disease(s)/condition(s), approved by the C.C.S./C.S.H.N. Program's physician consultant, prior authorized by C.C.S./C.S.H.N. Program staff and, outlined in the child's letter of eligibility and/or at annual re-certification. For children who are both financially and medically eligible, prior authorized supplemental subspecialty services through the C.C.S./C.S.H.N. Program are available as follows:

### **A. Adaptive Equipment:**

For children receiving SSI disability benefits who would otherwise be ineligible for the C.C.S./C.S.H.N. Program and for children up to school age eligibility who have a medically eligible condition the C.C.S./C.S.H.N. Program will pre-authorize payment for:

- . adaptive equipment or adaptation of equipment such as but not limited to, therapy balls and bolsters which are not covered by Medicaid or other payment source, upon written request/or documentation of the child's medical condition and need for adaptive equipment from the treating subspecialty physician and therapist; and/or
- . adaptive equipment with orthopedic and developmental implications (i.e., prone or supine standers and sidelyers) as prescribed by the child's treating orthopedist or physiatrist.

**NON-COVERED EQUIPMENT:** vestibular stimulation equipment and augmentative communication equipment.

### **B: Diagnostic Services:**

Selected subspecialty diagnostic evaluations and/or consultations are available through the C.C.S./C.S.H.N. Program for income eligible children upon request, referral, or documentation of a suspected chronic or acquired chronic illness or physically handicapping condition from the child's primary care provider or treating subspecialist as follows:

- . diagnostic evaluation with the appropriate subspecialist or pediatric specialist to confirm or rule out a congenital disorder, chromosomal abnormality, cardiac disease, neurological disorder or physically handicapping condition; and/or

- referral to a Developmental Evaluation Clinic for children under the age of five with or at risk of developmental delays unless a similar comprehensive evaluation has already taken place.

**C. Dietary Supplements:**

For those children whose treating subspecialist prescribes dietary supplements that require nutrients not obtainable from food, the C.C.S./C.S.H.N. Program will pre-authorize payment for formula or special medical food only when the nutritional composition of the formula/food represents an integral part of the treatment for the child's eligible condition as outlined under the specific conditions in Chapter VI, and the child is seen by a registered dietitian at least every four months.

**D. Durable Medical Equipment:**

For those children requiring durable medical equipment the C.C.S./C.S.H.N. Program will pre-authorize payment for the following equipment if prescribed by the prior authorized subspecialist and included in the child's plan of care:

- braces, splints, wheelchairs and appropriate attachments, special walkers, crutches and artificial limbs in compliance with Medicaid guidelines as outlined in Chapter VI: Section I, Item D 13; p. 26;
- first pair only of corrective orthopedic shoes following serial casting or surgical correction if prescribed by the pediatric orthopedist;
- prosthetic eyes and replacements as outlined in these rules, Chapter VI; Section I, Item E, p. 26; and/or
- prosthetic amplification devices only when pre-authorized in conjunction with reconstructive surgery of the auditory canal and/or ossicular chain and included in the treating subspecialist plan of care.

**E. Genetic Counseling:**

For income eligible children who are referred by their or their treating subspecialist, a Developmental Evaluation Clinic or other MCH supported specialty clinic for a genetic consultation, the C.C.S./C.S.H.N. Program will refer to a Maternal and Child Health grant-funded genetic center for evaluation and/or genetic counseling and will pre-authorize those genetic studies required over and above the basic consultation fee.

**F. Medical Nutrition Therapy:**

For children referred by their subspecialist for a nutritional consultation and or counseling because they may be at nutritional risk as a result of their medically eligible disease or condition, the C.C.S./C.S.H.N. Program will pre-authorize payment for:

- . nutritional evaluation/consultation with a registered dietitian when included in the subspecialist's plan of care;
- . nutritional counseling for up to two units per week (one hour) with a registered dietitian upon receipt of the dietitians plan of care and when the nutritional risk is directly related to the child's medically eligible condition.

**G. Neonatal Services:**

For income eligible neonates birth up to thirty (30) days of age the following supplemental services are available retroactive to the date of birth if the application and medical center referral and verification is received within the first month of birth:

- . initial emergency transport to an in-state Level II or Level III facility as classified by the Maine State Health Department and return to a lower level in-state facility as medically indicated; transport to an out-of state tertiary care center is available only on referral by Eastern Maine Medical Center, Central Maine Medical Center, or Maine Medical Center;
- . pediatric subspecialty diagnostic evaluations and consultations at an in-state Level II or Level III facility; and/or
- . surgeon costs only for emergency surgery.

**NON-COVERED NEONATAL SERVICES:** Routine care of the newborn, or neonatal intensive care.

**H. Occupational and/or Physical Therapy Consultation:**

For those children who upon request and referral from the treating subspecialist, may require occupational and /or physical therapy consultation outside of the services outlined in Chapter VI, Section X, p. 40-44, the C.C.S./C.S.H.N. Program will pre-authorize payment for occupational or physical therapy re-evaluation/consultation to provide the child's caregiver, educator, school therapist or other adult caring for the child technical assistance to implement the plan of care/therapeutic exercises initially recommended by the treating subspecialist. Consultation will be provided up to three (3) units per session or one and one-half (1 1/2 hours) for a frequency of up to one time per month.

**NON-COVERED THERAPY SERVICES:** collateral contacts; travel reimbursement for the child and/or his or her family; travel reimbursement for the prior authorized provider.

## **I. Orthodontia**

For those children only who are medically and financially eligible on the basis of cleft lip and palate or another congenital cranio-facial anomaly with similar treatment complexities, the C.C.S./C.S.H.N. Program will pre-authorize Orthodontic care upon recommendation of the Cleft Palate Clinic team (Chapter VI, Section II, Item A, p. 29) and when the need is due to the eligible condition.

## **J. Pharmaceutical Services**

For those children requiring medications to treat their medically eligible condition and prescribed by the treating subspecialist or pediatric specialist, the C.C.S./C.S.H.N. Program will pre-authorize payment for:

- . medications requiring a written prescription unless otherwise stated; and/or
- . long term medications requiring a written prescription that are included in the subspecialist's plan of care whose refills can be renewed and monitored by the child's primary care physician. Any change in prescription requires the verification of the treating subspecialist.

**NOTE: All pharmaceuticals require prior authorization, whether verbally or in writing.**

**NON-COVERED PHARMACEUTICAL SERVICES:** over-the-counter medications unless otherwise stated, and "less than effective drugs" as defined by the Food and Drug Administration and on file with the Bureau of Medical Services, the State Medicaid program.

## **K. Psycho-social Counseling:**

For medically eligible children and their families who experience problems in their psycho-social functioning due to the child's medically eligible condition and who refer themselves in writing or by phone, and if the family's request is followed by a recommendation for this service by the child's treating subspecialist, the C.C.S./C.S.H.N. Program will pre-authorize payment for:

1. initial psycho-social evaluation for up to two (2) one-hour sessions with a licensed counselor/psychologist. Families may choose their own Medicaid enrolled provider who must be from one of the following categories:
  - a. licensed clinical psychologists;
  - b. licensed psychiatrists;
  - c. licensed masters social workers;
  - d. licensed clinical social workers;
  - e. licensed psychiatric nurses.
2. counseling for up to eight (8) one-hour sessions after the initial evaluation and treatment plan has been received, reviewed and approved by C.C.S./C.S.H.N. Program staff and if the C.C.S./C.S.H.N. Program's physician consultant and licensed social worker confirm that the

child's chronic illness or physically handicapping condition is a major factor in the child's or family's functioning; and/or

3. additional counseling sessions for up to six (6) one-hours sessions] only upon written recommendation of the counselor and submission of report covering the first eight(8) sessions that indicates the progress in the child's or family's adjustment to the child's chronic illness or condition and includes a treatment plan for continuing the counseling. A final report must be submitted to the C.C.S./C.S.H.N. Program at the end of the last session.

#### **L. Respiratory Therapy:**

For children with cystic fibrosis or broncho pulmonary dysplasia the C.C.S./C.S.H.N. Program will pre-authorize respiratory therapy upon recommendation from the clinic team at a location as close to the child's home as possible.

#### **M. Support Services:**

Support services are available through the C.C.S./C.S.H.N. Program for children and their families who are both financially and medically eligible children and for the families of children eligible for Supplemental Social Security (SSI) benefits as follows:

##### 1. Lodging

For those children who are required to travel 150 miles round trip out of their usual area for their subspecialty treatment and must stay overnight for a prior approved laboratory studies, clinic visits or hospitalization, the C.C.S./C.S.H.N. Program may pre-authorize payment for lodging as follows: single room rate for lodging up to seven nights per hospitalization if hospital policy does not allow a parent to stay in the child's room. The rate of reimbursement will not exceed the single room rate allowed state employees.

**NON-COVERED SERVICE:** cost of meals and phone calls.

##### 2. Parent Training/Consultation:

For families whose children under the age of five have primary and subspecialty care verification of either a congenital, neurological or neuromuscular condition known to have associated developmental delays, the C.C.S./C.S.H.N. Program will pre-authorize payment for:

four units (two hours) per month of consultation with their child's occupational, physical therapist and or speech pathologist to assist them in carrying out the therapy treatment in the home environment if recommended by the treating subspecialist and included in the prior authorized therapist's plan of care.

### 3. Transportation:

For those children who are required to travel 150 miles round trip or per week out of their usual area for their subspecialty medical care/treatment and whose travel is not covered by any other source, the C.C.S./C.S.H.N. Program may pre-authorize payment for travel reimbursement to the families as follows:

- a. round trip mileage reimbursement for ground travel to prior authorized medical appointments at the rate of \$0.15 per mile and not to exceed the State rate of reimbursement for State employees;
- b. mileage reimbursement for ground travel not to exceed the State rate of reimbursement for State employees for up to two (2) round trips when the travel is related to a prior authorized in-patient admission;
- c. round trip bus fare when the travel is related to prior authorized subspecialty medical treatment or in-patient hospitalization and if the family has no other means of transportation; or
- d. round trip air travel only when the cost of the air travel is less than ground travel and when the travel is related to a prior authorized in-patient admission.

**NON COVERED TRANSPORTATION SERVICES:** transportation costs when appropriate providers are available in the child's usual area, but families choose providers out of this area for whatever reason.

## **CHAPTER VIII. ADMINISTRATIVE HEARING POLICY**

**A. PURPOSE:** To guarantee each applicant and recipient the right to an administrative hearing to appeal a decision of ineligibility or C.C.S./C.S.H.N. Program termination that adversely affects an individual's ability to benefit from the C.C.S./C.S.H.N. Program. The administrative hearing process is designed to secure and protect the interests of the client and the State Agency and to insure equitable treatment of all involved. The purpose of the hearing is to determine if C.C.S./C.S.H.N. Program staff's decision of ineligibility and termination are in compliance with approved C.C.S./C.S.H.N. Program regulations, the State Agency will follow the procedure set forth in the following administrative hearing procedure.

**B. DEFINITIONS:** Unless otherwise indicated, the following terms shall have the following meanings:

1. Appellant: an applicant or recipient who is determined to be ineligible for the Program and who appeals that determination.
2. Hearings Officer: an impartial person within the Department of Human Services designated to conduct hearings and to render decisions pursuant to the regulations governing the C.C.S./C.S.H.N. Program. The Officer is deemed impartial if the Officer did not participate in rendering the decision under appeal, or if the Officer did not confer with C.C.S./C.S.H.N. Program staff prior to the administrative hearing about the appeal.

### **C. NOTIFICATION OF APPEAL RIGHTS:**

1. Ineligible at time of application: An applicant found ineligible for the C.C.S./C.S.H.N. Program at the time of application or after the receipt of appropriate medical information, shall receive written notice of the C.C.S./C.S.H.N. Program's determination at the time the action is taken. This notice will contain the following information at a minimum:

- a. the determination;
- b. the basis for ineligibility and a citation to the statute or regulation that supports that decision;
- c. the statement that the applicant has a right to appeal that decision; and
- d. an explanation of the procedure to obtain a hearing.

2. Ineligible for further C.C.S./C.S.H.N. Program participation: A recipient found ineligible for further program participation shall receive written notification of the C.C.S./C.S.H.N. Program's

intent to terminate, discontinue, suspend, or reduce services. At a minimum, the written notice to discontinue, terminate, suspend, or reduce services shall contain the following:

- a. the date the intended action shall take effect;
- b. the action the agency intends to take;
- c. the reason(s) for the action;
- d. the reference to the specific statutes, rules or regulations supporting such action;
- e. a statement of the recipient's rights to a hearing;
- f. an explanation of the procedure to request an informal conference or a formal hearing including the date by which the recipient must request a conference or hearing; and
- g. the circumstances under which C.C.S./C.S.H.N. Program services pending will continue an appeal.

**D. INFORMAL CONFERENCE:** If an applicant or recipient (or said applicants' or recipients' parents or guardian where appropriate) is aggrieved by a decision to the C.C.S./C.S.H.N. Program and seeks to appeal that decision, the applicant or recipient must request an informal conference in writing, within fifteen (15) days from the date of the letter. The appellant must submit the request to the C.C.S./C.S.H.N. Program Director and state with specificity the basis for the appeal. The appellant waives all appeal rights on any issue not raised in the initial request for informal conference. The informal conference shall be scheduled as soon as practicable, but in no case later than forty-five (45) days from the C.C.S./C.S.H.N. Program's receipt of the request for informal conference. At the informal conference, the appellant may be represented by legal counsel, relative, friend, or other spokesperson. The appellant or his or her representative may ask any questions or present any new clarifying information in support of the appellant's position concerning the basis of the appeal. Whatever issues are not raised at the informal conference are waived. The C.C.S./C.S.H.N. Program Director shall issue a written decision with findings of the informal conference. If the appellant is dissatisfied with the results of the informal conference, he or she may request an administrative hearing.

**E. PROCEDURE TO REQUEST AN ADMINISTRATIVE HEARING:** An appellant who is aggrieved by the informal conference decision may request an administrative hearing. Appellants must follow the procedures described below to obtain a hearing:

1. The appellant must request an administrative hearing within (30) thirty days from the date the C.C.S./C.S.H.N. Program mails the informal conference decision. The appellant may request a hearing orally, or in writing. The C.C.S./C.S.H.N. Program Director or designee shall reduce an oral request to writing.

2. The appellant must submit the hearing to the Program Director, Coordinated Care Services for Children with Special Health Needs, Bureau of Health, Station 11, Augusta, Maine 04333. For purposes of the hearing, the date of request is the date the written request is received by the C.C.S./C.S.H.N. Program Director, or the oral request is received by the C.C.S./C.S.H.N. Program Director. The C.C.S./C.S.H.N. Program Director may request the appellant to submit a written hearing request, but the date of request shall remain the date on which the oral hearing request was made.
3. Upon receipt of a hearing request, the C.C.S./C.S.H.N. Program Director shall prepare an Administrative Hearing Report Form (as required by Section VII (B) (4) of the Administrative Hearings Manual) and transmit it to the Office of Administrative Hearings.
4. The administrative hearing will be conducted in conformity with 5 M.R.S.A. Section 8001 et seq. (the “Maine Administrative Procedure Act”) and the regulations of the Department’s Office of Administrative Hearings (the “Administrative Hearings Manual”).
5. An impartial hearings officer shall conduct the administrative hearing.
6. The Department of Human Services is bound by the hearings officer’s or Commissioner’s decision. However, the appellant who disagrees with the hearings officer’s or Commissioner’s decision has the right to judicial review pursuant to Rule 80C of the Maine Rules of Civil Procedures.

**F. DENIAL OR DISMISSAL OF A FORMAL ADMINISTRATIVE HEARING REQUEST:** The Department may dispute a right to a hearing as set forth in Section VI (B) (4) of the Administrative Hearings Manual.

**G. CONTINUATION OF BENEFITS:** C.C.S./C.S.H.N. Program recipients who appeal timely the termination, discontinuance, suspension, or reduction of services within fifteen (15) days of the C.C.S./C.S.H.N. Program’s date of notification of ineligibility for further participation by request for an informal conference shall continue to receive C.C.S./C.S.H.N. Program coverage until the date of Hearing Decision by the Hearings Officer. Applicants who are denied service at the initial determination may appeal the denial but shall not receive program service while awaiting the hearing.

**H. THE ADMINISTRATIVE DECISION:** The decision of the administrative hearings officer shall be binding on the C.C.S./C.S.H.N. Program.

If the decision is in favor of the appellant and services were denied or discontinued, coverage shall begin within sixty (60) days. If the decision is not in the appellant’s favor, as soon as administratively feasible, any continued coverage shall be terminated.

STATUTORY AUTHORITY: 22 MRSA 42(1) and 2001.

EFFECTIVE DATE: July 4, 1988

AMENDED:           October 1, 1989  
                  March 22, 1993

EFFECTIVE DATE (ELECTRONIC CONVERSION):    May 5, 1996

### **NONDISCRIMINATION NOTICE**

In accordance with Title VI of the Civil Rights Act of 1964, as amended by the Civil Rights Restoration Act of 1991 (42 U.S.C. § 1981, 2000e et seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), the Age Discrimination Act of 1975, as amended (42 U.S.C. § 6101 et seq.), Title II of the Americans with Disabilities Act of 1990 (42 U.S.C. § 12101 et seq.), and Title IX of the Education Amendments of 1972, The Maine Department of Human Services does not discriminate on the basis of sex, race, color, national origin, disability or age in admission or access to or treatment or employment in its programs and activities.

Ann Twombly, Affirmative Action Coordinator, has been designated to coordinate our efforts to comply with the U.S. Department of Health and Human Services regulations (45 C.F.R. Parts 880, 84, and 91) and the U.S. Department of Education regulations (34 C.F.R. Part 106) implementing these Federal laws. Inquiries concerning the application of these regulations and our grievance procedures for resolution of complaints alleging discrimination may be referred to Ann Twombly at 221 State Street, Augusta, Maine 04333, Telephone number: (207) 287-3488 (Voice) or 1-800-332-1003 (TDD), or the Assistant Secretary of the Office of Civil Rights, Washington, D.C.