



CSS Overview

Children's Special Services

March 28, 2024

What is CHANT?

- Community Health Access and Navigation in Tennessee
- CHANT is an innovative process by which TDH will more effectively and efficiently utilize funds currently allocated for the Children's Special Services (CSS) Help Us Grow Successfully (HUGS) and Outreach programs and activities.
- The purpose of CHANT is to identify and address risk factors at the individual, family and the community-population level.

CHANT Targeted Populations

- CHANT has four-defined targeted populations
 - Pregnant and Post Partum adolescents and women
 - All children ≤ 5 years
 - TennCare Kids eligible (Birth -20 years)
 - Children and Youth with Special Health Care Needs (birth – 21)
- Children and youth with special health care needs are those children who have or are at risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that is required by children generally.

Delegated Authority - CSS

- Purpose – To provide medical and ancillary services to participants in the Children’s Special Services Program
- Annual guidelines for payment of services
- Maximum Liability - \$ 2.5 million
- Maximum annual allowable for goods and services – per category
- Vendor Requirements
- Letter of Agreement

Delegated Authority

- Interpreters
- Vision Aids
- Durable Medical Equipment
- Special Food and Formula
- Inpatient Hospital Service
- Outpatient Hospital Services
- Co-pays, deductibles and Co-Insurance
 - Co Pays will not exceed \$2,000 annually
 - PCP \$30
 - Specialist \$50
 - Emergency room if patient not admitted \$85
 - Hospital Stay \$200

Delegated Authority

- Co-Insurance will not exceed \$2,000 annually
- Deductible will not exceed \$2,000 annually
- Prescription Drugs (Not to exceed \$4,000 per month)
 - Up to maximum of \$30.00 for 30-day supply or
 - \$90.00 for ninety-day supply

All maximum rate reimbursements for goods/services are based on the participant's 12-month certification period.

CSS Service Provision

- CSS provides medical payment assistance for medical treatments and services, prescriptions, durable medical equipment, etc., and care coordination services related to a child's special health care needs.
- Children who are uninsured, have TennCare, or private insurance may apply for assistance. Assistance is limited to treatment of chronic medical conditions covered by the program.
- The program does have financial eligibility guidelines that are based on family size and 225% of the Health and Human Services Federal Poverty Guidelines set for each year.

Eligibility for CSS

- A child with a physical disability is one under twenty – one (21) years of age who is deemed to have a physical disability by any reason, whether congenital or acquired, as a result of accident, or disease, that requires medical, surgical or dental treatment and rehabilitation, and who is or may be totally or partially incapacitated for the receipt of a normal education or for self-support.
- This does not include children whose sole diagnosis is blindness or deafness; nor does this include children who are diagnosed as psychotic.

Eligibility for CSS

- This does not prohibit Children's Special Services from accepting for treatment children with acute conditions such as, but not limited to fractures, burns and osteomyelitis.
- Children who require psychiatric treatment and psychological services for mental, emotional and behavioral disorders, developmental disabilities and learning disabilities are not eligible to receive reimbursement for those services through the CSS program.

Eligibility for CSS

- Families/children and youth must meet eligibility criteria in order to receive services through this program.
 - Financial Eligibility (225% of the Federal Poverty Level)
 - Family Size and Income
 - Adjusted Gross Income (Family)
 - Zero Income
 - Diagnostic Eligibility
 - Definition of a Child with a Physical Disability
 - 90-Day Temporary Diagnostic Eligibility Certification
 - List of Eligible Diagnoses
 - Residency Status

Diagnostic Eligibility

- Diagnostic eligibility will be in accordance with the definition of a child with a physical disability as defined in Tennessee Code Annotated §68-12-101-112. The CSS Eligible Medical Diagnosis List is updated annually.
- If a child is suspected to have an approved diagnosis, an application must be completed.
- If a diagnostic evaluation is needed to determine an eligible diagnosis a 90-day temporary certification period, called Temporary Diagnostic Eligibility may be approved.

Diagnostic Eligibility Determination

- CSS participants must have an eligible diagnosis
- Obtain a completed Medical Diagnosis Information Request Form PH4212 or a copy of current medical records (within last 12 months) only if additional records are required to make an eligibility determination.
- Medical records must be obtained from their primary care provider (PCP), medical specialist and/or other medical professionals.

Financial Eligibility Determination

- Acceptable forms of verifications include:
 - SSI check, award letter or bank statement with deposit
 - TANF (Families First) award letter
 - Child support, alimony, or maintenance check
 - Pay stubs
 - Income Tax Return – self-employed
 - Copy of pensions/benefits check or award letter
 - Copy of inheritance document
 - Letter of verification from Employer
 - Lottery Award Notification

Residency Status Determination

- CSS requires that all participants be residents of Tennessee. Acceptable forms of verification include:
 - Utility Bills
 - Driver's license
 - School enrollment
 - Lease agreement
 - Mortgage/Deed
 - A written notarized statement, verifying where the family lives. This notarized statement must include name, signature and phone number of person providing verification.

Notification of Pending, Approval or Denial Status

- Regional/Metro Medical Services Lead is responsible for approving/denying a child's eligibility to the program and must sign all applications.
 - A designee may approve the application in lieu of the Regional/Metro Medical Services Lead in situations of extended absence (must be a R.N.).
- The Regional/Metro Medical Services Lead is responsible for the notification of the family regarding eligibility status, i.e., pending, approval or denial for the CSS program.

Scope of Services

- The CSS program **may** provide payment assistance for children who meet all eligibility requirements.
- All medical services/treatment should be obtained through the child's insurance carrier and assigned provider when possible.
- The CSS program may cover services for individuals without insurance or a service that was denied by the insurance plan (appeals of denials)
- Prior authorization must be obtained from the Regional/Metro Medical Services Lead for all requested services.

Scope of Services

- Services/Treatment over \$2000 must be approved by CSS Central Office
- CSS is the payor of last resort and all other sources must be exhausted prior to payment being considered.
- CSS will not reimburse for services provided by a non-authorized vendor.
- All service/treatment request must be approved either by the Metro/Regional Medical Services Lead or the CSS Central Office designated staff.

Covered Services

- Emergency room visits will be covered only if they are related to the CSS approved diagnosis.
- Dental/Orthodontic Intervention –
 - Limited to medical, surgical, and rehabilitative treatment for conditions related to an approved craniofacial diagnostic condition and to designated cardiac conditions.
- A well child screening visit may be covered annually when no other payor source exists.

Medical Services

- Diagnostic screening testing
- Evaluation
- Hospitalization
- Rehabilitation Services
- Medications
- Speech and Language
- Hearing Aids/Supplies
- Special Formula/Food
- Medical and Surgical Treatment
- Care Coordination
- Physical and Occupational Therapy
- Braces and Artificial Limbs
- Durable Medical Equipment
- Wheelchairs and Walkers
- Prescription Drugs
- Office visits-Primary Care/Specialty Visits

Formula, Nutritional Supplement and Special Food

- Formulas, nutritional supplements and special foods must be FDA approved and prescribed for CSS eligible diagnosis.
- The WIC Program (children birth to age five years) should be utilized prior to using CSS funds.
- Must be approved by the Regional/Metro Medical Services Lead.
- \$400.00 per month (any remaining monthly balance not utilized may not be carried forward to the next ordering month)

Non-Covered Services

- Psychiatric Treatment
- Alcohol and Drug Treatment, abuse or dependency
- Drug treatments will not be covered unless the drug is FDA approved and prescribed for the eligible diagnosis.
- Over the counter drugs and supplements shall not be covered unless FDA approved, prescribed by a health care provider for a CSS eligible diagnosis and approved by the CSS Central Office Director/Designee on a case by case basis.

Out of State Treatment

- Services may be provided in out-of-state facilities, with prior written approval from the CSS Program Director, when the following conditions are met:
- Evidence is provided by the referring physician that services requested are not available within Tennessee
- Reimbursement for services shall be based on a negotiated rate paid by the CSS program in that state or that state's Medicaid rate, whichever is less.

Questions



Concerns



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