



**Children and Youth  
with Special Health  
Care Needs**

# Section 6000

## Authorization and Payment

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## 6100 Introduction

*This section continues to use a number of acronyms that are listed in the Appendices.*

This section describes the system of monitoring, authorizing and paying for services from CYSHCN Diagnostic and Treatment (DX/TX) funds. Understanding this process helps local CYSHCN agencies including local health jurisdictions (LHJs) budget diagnostic and treatment allocations, promotes positive provider partnerships, and provides a way to pay for medical services which are not covered by Health Care Authority (HCA), or other funding sources responsible and available for the child's care. However, in order to access DX/TX funds, financial eligibility must be established. This means that the child is on Medicaid (without premiums) or financial eligibility is able to be calculated according to the current income standards. Resources for determining financial eligibility are in Section 6113.

Key elements of eligibility and process are described in the WA Administrative Codes (WAC) in Section 2000 (WAC 246-710-010 to 246-710-090), Program Eligibility Policies in Section 4000, and the policies here in Section 6000. **Note:** as of September 2017, WAC 246-710-010 to 246-710-090 is being revised.

The scope of services paid from DX/TX funds fluctuates depending on what state service systems and benefits are currently available. WA Medicaid, also known as Apple Health, covers medically necessary services for eligible children. DX/TX funds are intended for those medically-related services, beyond the scope of routine care common to most children, which are not the responsibility of, nor covered by Medicaid nor other funding sources. DX/TX funds are **not** intended for those items that are part of usual daily living expenses and are the responsibility of parents and caregivers. Examples include but are not limited to food, clothing, shelter, transportation, and entertainment. DX/TX funds are intended to provide services or treatments to benefit the eligible child. In some cases, they may be used to provide services to family members when those services will directly impact the care of the eligible child.

Decisions about the use of DX/TX funds are made on a case-by-case basis, according to CYSHCN policies, which are protected by law. Use of these funds are subject to Title V requirements under section 503 and 504 of the Social Security Act, WAC 246-710 (see note above), and DOH policies. DX/TX funds are not considered an entitlement and take into consideration a number of variables. The variables are as follows:

- Use of DX/TX funds can be different from one LHJ or other local CYSHCN agency to the next.
- Allocation of DX/TX funds may vary on a case-by-case basis.
- The decision may be not to use DX/TX funds.

Please note that DOH staff are available to assist in identifying alternative sources of funding.

### 6110 Decision Tools for Use of CYSHCN Diagnostic and Treatment Funds

The process and requirements for accessing DX/TX funds for payment of medically necessary equipment, treatment, and services is described below and includes the following:

1. Does the child have special health care needs?
2. Does the family meet financial eligibility requirements? (To determine financial eligibility, see Section 6113.)
3. Is the service medically necessary? (See definition and Tool for Determining Medical Necessity on page 5.)
4. Is the service or treatment evidence-based and standard of care?
5. Are there other available funding sources?

**6111 Decision Process for Use of DX/TX Funds**

Decision Process	True?	
<b>1. The Child</b> a) The child has special health care needs. b) The client is 17 years of age or younger. c) The client and family are WA residents. d) The client’s family is financially eligible for DX/TX services.	Yes	No
<b>2. The Child’s Medical Service</b> a) The service is beyond the scope of routine care common to most children. b) The service is medically necessary and appropriate for the child. c) The service is evidence-based, an accepted form of treatment for the condition, and recognized by the medical community. d) The service is not covered by any other public or private funding source available to child. (For questions about service coverage, see Section 6112.) e) The service is not the responsibility or component of any other public or private funding source available to child.	Yes	No
<b>3. The Diagnostic and Treatment Fund Balance</b> a) This payment will be within the limits of the unspent balance available to all local CYSHCN health agencies.	Yes	No
<b>4. The Provider of Service</b> a) The provider is qualified to accept payment. (See Section 4700 for Service Provider Policies.) b) The provider agrees to accept CYSHCN payment process and fees.	Yes	No
If <b>ALL</b> statements (1-4) above are true, DX/TX funds may be used to cover the service. Use of DX/TX funds are governed by federal and state regulations. DX/TX funds are not entitlement funds and take into consideration a number of variables. Therefore, individual local CYSHCN agency or DOH may decide not to use the funds based upon other considerations.		

**6112 Determination of Medical Necessity**

Determination of Medical Necessity based on the Health Care Authority – Medicaid Program  
 WAC 182-500-0070

**“Medically necessary is a term for describing requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service.” For the purpose of this section, “course of treatment may include mere observation or, where appropriate, no treatment at all.”**

Requested services must meet the above definition of medical necessity. The following checklist tool may be useful in determining if the requested service meets the above definitions:

Figure 1: Tool for Determining Medical Necessity

## Tool for Determining Medical Necessity

Please Check if Applicable:

- Children with Special Health Care Needs (CSHCN)
- Meets financial eligibility
- Service not covered by health insurance or other resource

If all 3 are checked, move to determination of medical necessity.

Service Requested:

**Definition of Medical Necessity**  
*Requested service is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions that endanger life, cause suffering or pain, or result in an illness or infirmity or threaten to cause or aggravate a handicap or cause physical deformity or malfunction. There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service.*

Will

**1**

Please Select	
<input type="checkbox"/>	Prevent
<input type="checkbox"/>	Diagnose
<input type="checkbox"/>	Correct
<input type="checkbox"/>	Cure
<input type="checkbox"/>	Alleviate

**2**

Please Select	
<input type="checkbox"/>	Worsening
<input type="checkbox"/>	Suffering/Pain
<input type="checkbox"/>	Illness
<input type="checkbox"/>	Infirmity
<input type="checkbox"/>	Aggravation
<input type="checkbox"/>	Physical Deformity
<input type="checkbox"/>	Malfunction

The Medical Condition the service is being requested for:

Of or due to:

At least 1 Item checked in boxes 1 and 2, and all 4 items checked in box 3, see supplemental fee schedule for rates and further instructions for use of DX/TX funds. If unsure, contact the CSHCN Program.

**3**

and there is....

Please Select All That Apply	
<input type="checkbox"/>	No other equally effective treatment
<input type="checkbox"/>	No other less costly treatment
<input type="checkbox"/>	No other suitable treatment for family
<input type="checkbox"/>	Evidence to support the use of this service

If

Provide explanation as needed for items checked in box 3. Include statement related to source of evidence.

### ***6113 Determination of Financial Eligibility for Medicaid***

Children are eligible to access the DX/TX funds when the child's or their families' income is < 210% of the federal poverty level (FPL) and they are Medicaid eligible (see Section 6114 for the most current FPL table). Medicaid eligibility is determined based on Modified Adjusted Gross Income (MAGI). Children are eligible for the following programs:

Households with income <210% FPL; Medicaid with no monthly premium

Households with income 210-312% FPL; Medicaid with a monthly premium

Income eligibility can be determined using the following:

1. Client states they are on Medicaid (this can be verified through ProviderOne) or,
2. If the family is paying a monthly Medicaid premium, then they exceed 210% FPL and are not eligible to access DX/TX funds or,
3. Income can be entered into the WA Health Benefit Exchange Web Portal and percentage of federal poverty level and Medicaid eligibility will be determined (see link below).  
<https://www.wahbexchange.org/new-customers/financial-help/individuals-families-cost-calculator/>

Additionally, Washington income limits for Apple Health can be found at:

<https://www.hca.wa.gov/assets/free-or-low-cost/22-315.pdf>

We are encouraging individuals who need medical coverage to complete the application at [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org) and receive an eligibility determination in real time.

2019

PERCENT OF FEDERAL POVERTY LEVEL\*

Family Size	F P L Income	A	B		C		D		E		F		G	
		100%	101	- 133%	134	- 193%	194	- 210%	211	- 220%	221	- 260%	261	- 312%
1	Annual	12,490	12,491	16,612	16,613	24,106	24,107	26,229	26,230	27,478	27,479	32,474	32,475	38,969
	Monthly	1,041	1,042	1,384	1,385	2,009	2,010	2,186	2,187	2,290	2,291	2,706	2,707	3,247
2	Annual	16,910	16,911	22,490	22,491	32,636	32,637	35,511	35,512	37,202	37,203	43,966	43,967	52,759
	Monthly	1,409	1,410	1,874	1,875	2,720	2,721	2,959	2,960	3,100	3,101	3,664	3,665	4,397
3	Annual	21,330	21,331	28,369	28,370	41,167	41,168	44,793	44,794	46,926	46,927	55,458	55,459	66,550
	Monthly	1,778	1,779	2,364	2,365	3,431	3,432	3,733	3,734	3,911	3,912	4,622	4,623	5,546
4	Annual	25,750	25,751	34,248	34,249	49,698	49,699	54,075	54,076	56,650	56,651	66,950	66,951	80,340
	Monthly	2,146	2,147	2,854	2,855	4,141	4,142	4,506	4,507	4,721	4,722	5,579	5,580	6,695
5	Annual	30,170	30,171	40,126	40,127	58,228	58,229	63,357	63,358	66,374	66,375	78,442	78,443	94,130
	Monthly	2,514	2,515	3,344	3,345	4,852	4,853	5,280	5,281	5,531	5,532	6,537	6,538	7,844
6	Annual	34,590	34,591	46,005	46,006	66,759	66,760	72,639	72,640	76,098	76,099	89,934	89,935	107,921
	Monthly	2,883	2,884	3,834	3,835	5,563	5,564	6,053	6,054	6,342	6,343	7,495	7,496	8,993
7	Annual	39,010	39,011	51,883	51,884	75,289	75,290	81,921	81,922	85,822	85,823	101,426	101,427	121,711
	Monthly	3,251	3,252	4,324	4,325	6,274	6,275	6,827	6,828	7,152	7,153	8,452	8,453	10,143
8	Annual	43,430	43,431	57,762	57,763	83,820	83,821	91,203	91,204	95,546	95,547	112,918	112,919	135,502
	Monthly	3,619	3,620	4,813	4,814	6,985	6,986	7,600	7,601	7,962	7,963	9,410	9,411	11,292

For each person above a family size of 8 persons, add \$4,420.

\* Federal register from U.S. Department of Health and Human Services; Federal Poverty Level (FPL).

<https://aspe.hhs.gov/poverty-guidelines>

**Washington State Health Care Authority (HCA) Eligibility Levels:**

193% FPL is eligibility level for pregnant women's program (unborn is counted in household size).

210% FPL is eligibility level for free access to the children's medical program (Washington Apple Health for Kids) program.

260% FPL is eligibility level for pre-pregnancy family planning services to help participants take charge of their lives and prevent unintended pregnancies.

The **State Children's Health Insurance Program (CHIP)** is a federal non-entitlement program for children under 19 years of age with a family income between 210% and 312% of the FPL. CHIP is administered through HCA, and is known in Washington as Apple Health for Kids with premiums.

<https://www.medicaid.gov/medicaid/by-state/stateprofile.html?state=washington>

## 6115 *Accessing and Troubleshooting Coverage for Medical Services*

DX/TX funds are intended for medically necessary services and treatments not covered by an individual's health care plan. The following list of questions will help in determining if a service is covered by an individual's health care plan.

### Identifying and Accessing Coverage for Medical Services:

- What health care plan does the family have?
- What service is being requested?
- Is the requested service covered?
  - If not covered by the plan, is it covered directly by Medicaid (i.e., interpreter services, transportation, glasses, hearing aids, etc.)?
- Does the service meet medical necessity criteria?
- What are the required conditions for this service to be covered?
- Does the client meet these conditions?
- Does the service require prior authorization (PA)? Was PA obtained? Was the process to obtain PA followed correctly?
- If the service was considered "non-covered", was there an exception to rule filed with the insurance company or Medicaid (WAC 182-501-0160) for a non-covered service?
- Does the client have a primary and a secondary insurance? WithinReach is available to assist with an application for Medicaid as a secondary insurance.

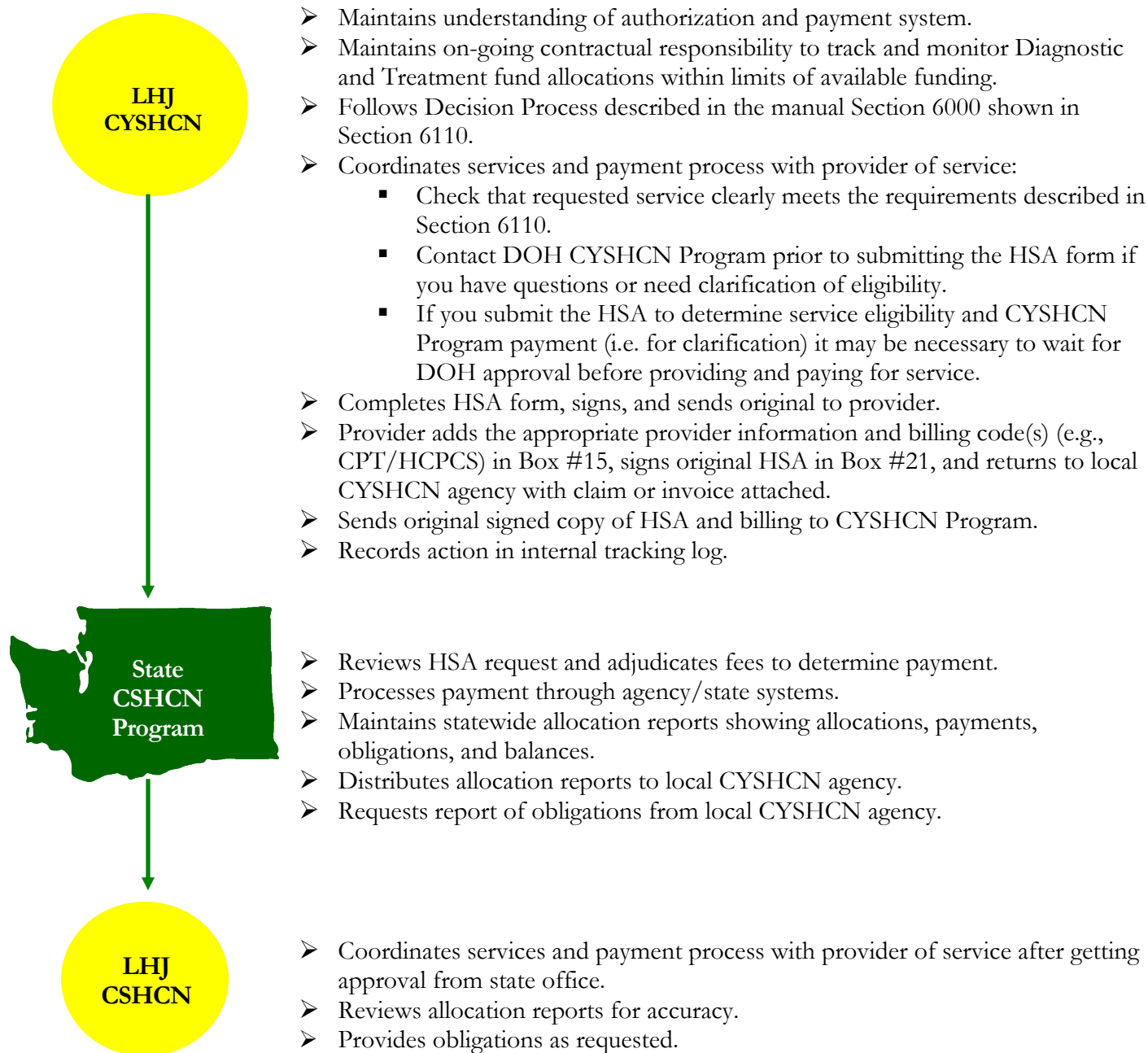
It may be necessary to do some troubleshooting when a service is denied. The following questions may help determine the reason for denial and/or find alternate means of accessing coverage. This information will also be needed when completing an HSA form (see Section 6500).

### Troubleshooting denial of service coverage:

- Was the service appropriately billed for by the vendor/provider but denied?
- If the service was denied, what is the reason for denial?
  - Billing error
  - Medical necessity questioned
  - Covered service questions
  - Question related to eligible condition
  - Other
- What does it say on provider HCA billing or billing statement?
- What does it say on denial letter?
- Can you work with the plan to support medical justification?
- Can services be coordinated with other payment sources?
- What is the appeal process?
- Has an appeal been filed?
- Will another service or product work just as well?



6116 *CYSHCN Diagnosis and Treatment Fund Procedure Flow Chart*



**Please Note: Both the LHJ CYSHCN and State CYSHCN Programs have a responsibility to assure that funds are used according to guidelines. It may be necessary to provide additional documentation. This may be in the form of supportive documents from a provider, a prescription, or description provided in section 16 of the HSA form. These documents should include 1) the service/therapy requested, 2) the condition being treated, and 3) additional information that links service to condition.**

## 6200 Fee Schedules

Payments made by CYSHCN come from the CYSHCN Supplemental Fee Schedule and Medicaid program specific fee schedules from HCA. These fee schedules establish standards so there is consistency in payments and process across the state.

### 6210 Policies

1. In most cases, fees paid by CYSHCN will be in accordance with Medicaid rates using national billing codes. CYSHCN rates shown in the fee schedule below will be used when:
  - The Medicaid rate is too complex and/or will not accurately reflect the service provided (for example: bundled or team services);
  - A service does not have a rate;
  - The service is not listed on a HCA fee schedule;
  - The HCA fee is "by report", as billed by the provider; or
  - There is a negotiated rate where a provider agrees to a lower rate or two or more parties agree to share cost (see Section 6320).
2. Medical providers or vendors will accept the fees provided by these schedules or by negotiation as full payment for services rendered.
3. Clients cannot be billed for the service provided.

### 6220 Procedures

<i>Responsibility</i>	<i>Action</i>
Local CYSHCN Agency	<u>Maintains</u> ongoing understanding of authorization and payment process and responsibilities to support provider relations, payment of services, and budgeting of DX/TX funds.
DOH – CYSHCN Program	<u>Monitors</u> ongoing process of reviewing services and identifying appropriate fees.

### 6230 Fee Schedules

#### ***6231 Health Care Authority (HCA) Fee Schedules***

The HCA uses a reimbursement methodology based on federal rates and state calculations to determine fees for health care. Procedure codes are defined using the physician's "Current Procedural Terminology (CPT)" codes of the American Medical Association or Healthcare Common Procedure Coding System (HCPCS) (CMS).

The HCA document, "Physician-Related Services", contains provider billing instructions, policy guidelines and procedure codes for services such as office visits, surgeries, radiology, laboratory and anesthesia. HCA billing instructions and fee schedules by procedure code are located in separate documents. Each Medicaid-covered program has a fee schedule showing covered and non-covered codes as well as a provider guide which outline policies. See [HCA Fee Schedules and Program Guides](#) for covered codes and for policies.

See Appendix for HCA web sites.

### ***6232 CYSHCN Supplemental Fee Schedule***

The supplemental fee schedule is a list of procedures, services and fees for the CYSHCN Program. Procedures and services must meet the requirements described in Section 6100 and in the comments section. This is not an all-inclusive listing of procedure codes and services. In most cases, CYSHCN Program pays using national billing codes and Medicaid rates. CYSHCN rates will be used if there is no Medicaid rate or under circumstances listed in section 6210. These rates are included in the Supplemental Fee Schedule. Local health agencies may use a negotiated payment process to leverage community funds (see Section 6320).

<i>Description</i>	<i>Source of Code (HCPCS/ CPT or DOH-code)</i>	<i>CYSHCN Fee</i>	<i>Comments</i>
<p>Clinics and teams sponsored by CYSHCN:</p> <ul style="list-style-type: none"> <li>▪ Physician</li> <li>▪ Non-physician</li> </ul>	<p>HCA</p> <p>HCA</p>	<p>\$100/hr maximum per MD for team meeting time</p> <p>\$80/hr maximum per non-physician for team meeting time</p>	<p>Interdisciplinary Evaluations and Services. See Section 6330 for clinic policies.</p> <p>Need to negotiate the request in advance.</p> <p>Limited to one team evaluation per day per client.</p> <p>Up to a maximum allowable amount of \$1,200 per team per child per year.</p>
<p>Health Care Authority (HCA) – Medicaid Program</p> <ul style="list-style-type: none"> <li>▪ Medical service</li> <li>▪ Durable medical equipment (e.g., rental of breast pumps, adaptive therapy equipment)</li> <li>▪ Disposable supplies</li> </ul>	<p>HCA</p> <p>HCA</p> <p>HCA</p>	<p>65% of billed charges</p> <p>85% of billed charges</p> <p>100% or Medicaid rate if available.</p>	<p>Most of these services/supplies are covered by Medicaid and can be obtained through a limitation extension.</p> <p>Providers need to request items through Medicaid using CPT or HCPCS codes rather than brand name products; e.g., Arch or foot supports (L3000, L3050 etc.) versus “chipmunks” or compression garments (A4466) versus SPIOs, and provide the medical necessity for the requested items.</p>
<p>Health Education Trainings and Materials</p>	<p>DOH-4000</p>	<p>Up to 100%</p>	<p>In general, to be used for education and training of the eligible child. In some cases, may be used for family members when the activity will directly impact the eligible child.</p> <p>Documentation of denials from other sources are not a requirement to access. Need to submit justification on the HSA form.</p> <p>Local CYSHCN Agencies cannot be paid for this activity if it is already a consolidated contract responsibility.</p>

<i>Description</i>	Source of Code (HCPCS/ CPT or DOH-code)	<i>CYSHCN Fee</i>	<i>Comments</i>
Health Education – Life Skills training (e.g., camps, conferences)	DOH-5000	Up to 100%	<p>Specific to children and youth with special health care needs. Child needs to participate.</p> <p>Need to negotiate the request in advance; might include negotiation in scholarship amounts.</p> <p>Up to a maximum allowable amount of \$1,000 per child per year.</p> <p>Documentation of denials from other sources are not a requirement to access. Need to submit justification on the HSA form.</p> <p>Parents/guardians may agree to pay a portion of the camp funds.</p>
Hospital, inpatient and outpatient	HCA	HCA	Determined on a case by case basis.
Interpreter: spoken language or hearing	HCA	65% of customary charge or HCA brokerage rate	<p>For a CYSHCN covered health care service.</p> <p>Negotiate fee in advance.</p> <p>Be alert to agencies or providers who should fund interpretation as part of their service to comply with state and federal regulations.</p>
Maxillofacial Review Board	HCA	See "clinics and teams" above.	See "clinics and teams" above.
Nutrition Products: <ul style="list-style-type: none"> <li>▪ Special Formulas &amp; Supplements</li> <li>▪ Inborn errors of metabolism</li> </ul>	HCA N/A	100% billed charge N/A	<p>Nutrition supplements are described in Section 6241.</p> <p>Supplied by DOH Newborn Screening Program. See Section 6242.</p>
Orthodontic and dental	HCA	HCA	<p>Clients with complex maxillofacial or craniofacial conditions should be referred to the Maxillofacial Team.</p> <p>Other orthodontia procedures should be negotiated in advance.</p>

<i>Description</i>	<i>Source of Code (HCPCS/ CPT or DOH-code)</i>	<i>CYSHCN Fee</i>	<i>Comments</i>
Out-of-state provider [ <a href="#">WAC 246-710-050</a> ]	HCA	HCA	Fees are determined and payments made the same as for licensed in-state providers with documented need/referral by a local primary health care provider.  Negotiate in advance.  Some services, such as camps, may only be available beyond the geography outlined in WAC 246-710-050. These need to be approved in advance of services.
Pharmaceutical prescriptions and over-the-counter drugs	HCA or DOH-2000	85% of retail charge	Specific to children and youth with special health care needs, beyond routine care.
Respite services	DOH-1000	Respite fee plus administration fee	Only available through Lifespan Respite Voucher System and Qualified Respite Providers  Individual families in need of respite services  Specific to children and youth with special health care needs and supports medical necessity  Child is not eligible for other systems of respite services including DSHS-DDA, -DBHR, and -CA.  Up to a maximum allowable amount of \$1,000 per child per year which includes administration fees (approximately \$800 goes to pay for the direct respite services).
Social work	HCA	65% of billed charge.	Roles might include case management; generally the social worker is a member of the interdisciplinary team. This is not for otherwise billable mental health therapy.

<i>Description</i>	<i>Source of Code (HCPCS/ CPT or DOH-code)</i>	<i>CYSHCN Fee</i>	<i>Comments</i>
Therapies: <ul style="list-style-type: none"> <li>▪ Physical, occupational, speech</li> <li>▪ Other therapies recognized by the medical community and provided by a qualified health care providers (i.e. vision, behavioral, acupuncture, massage, etc.)</li> </ul>	HCA	HCA Medicaid rate or \$20 flat fee per service maximum or \$80/hr maximum	For children, HCA currently pays for all medically necessary therapy.  Annual allowable maximum of \$1,000 per therapy service per child per calendar year.  Requires a referral by the primary care provider.
Therapeutic activities, other <ul style="list-style-type: none"> <li>▪ Recognized by the medical community and provided by qualified providers, e.g., specialty recreation therapy; specialty exercise classes.</li> </ul>	HCA	HCA	Determined on a case-by-case basis using the Tool for Determining Medical Necessity. See Section 6110.  Annual allowable maximum of \$1,000 per therapy service per child per calendar year.  Requires a referral by the primary care provider.
Travel, provider	DOH-3000	Current state rate	Payable only when in conjunction with a CYSHCN-sponsored clinic or team, and travel is in excess of 50 miles one way to service site.

Services and eligibility requirements are regulated by federal Title V MCHBG funding requirements, WAC, liability and CYSHCN policy.

Authorization for services paid for with CYSHCN funds will be accomplished in accordance with the following:

- 1) Child is active, or has been submitted to the LHJ to be CHIF'd, in the CHIF database. Financial eligibility for a client has been determined.
- 2) A request for services to be paid for with CYSHCN funds has been reviewed for consistency with program directions. Services must be recognized as an acceptable form of treatment by a significant portion of the professional community.
- 3) No services will be authorized for out-of-state providers if an equivalent service is available within the state of WA. However, use of resources in bordering states will be authorized when appropriate.

Services that are **not** covered by CYSHCN include, but are not limited to, the following examples, per federal Title V MCHBG funding requirements, liability, and/or CYSHCN policy:

- Client travel and/or lodging for client and/or family in connection with any medical health care service (potential duplication of Medicaid).
- Equipment, used medical (per Medicaid rule)
- Equipment, medical, installed to a building, structure or vehicle (per federal rules).
- Insurance or Warranty payments (per Medicaid rule)

**6241 CYSHCN Special Formulas**

Infants and children and youth with special health care needs who meet financial eligibility may receive formulas through several government programs. For children with phenylketonuria (PKU) and other inborn errors of metabolism, the Newborn Screening Program provides metabolic formula and bills the appropriate agency (see Section 6242). Infants and children and youth with special health care needs who are financially eligible may access formula through one of three government programs in the following order of responsibility:

1. WA State Women, Infants, and Children's Nutrition Program (WIC) (**food, formula**)
2. WA State Health Care Authority (HCA) (**medically necessary formula**) (See billing guide <https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules>)
3. WA Department of Health, Children and Youth with Special Health Care Needs (CYSHCN) Program (medically necessary formula or supplements, as last resort)

WIC provides food and formula to eligible families according to WIC policies and procedures. WIC does not provide medical formula/food. These include low-protein specialty foods and vitamins. The Medicaid Enteral Program will provide medically necessary formula according the HCA policies when:

1. Client is not eligible for the WIC Program.
2. Client is eligible for the WIC Program but requires a product not available through WIC or in excess of WIC allowable amounts.

DX/TX funds may be accessed as a last resort.

**6242 Policies**

1. All special formulas (including small amounts to determine tolerance of a product) must be prescribed by a physician.
2. Clients must have an evaluation by a certified registered dietitian (RD) within 30 days of initiation of an enteral nutrition product and have periodic reassessments (see billing guidelines – link above)
3. Additional formula prescribed to address a medical need beyond the maximum level allowed by WIC may be provided by CYSHCN according to the above order of responsibility.
4. Clients who reside in institutions are not eligible for special formulas through CYSHCN.

**6243 Procedures**

<i>Responsibility</i>	<i>Action</i>
Vendor/Provider	<u>Obtain</u> a nutrition plan based on a RD assessment and a prescription signed by provider indicating product and amount requested. . There must be an initial assessment and periodic reassessments along with a documented plan for transitioning to traditional foods (by an RD) (See billing guide – link above.)
Vendor/Provider and Local CYSHCN Agency	<u>Adheres</u> to policies of WIC and HCA for purchase of formula for clients with eligibility in those programs, including pre-authorization, required request forms, and other possible funding sources.



<i>Responsibility</i>	<i>Action</i>
Local CYSHCN Agency	<p><u>Reviews</u> requests for special formulas in accordance with CYSHCN policies and procedures.</p> <p><u>Coordinates</u> economical purchase of products by comparing prices from available providers.</p> <p><u>Completes</u> HSA form (see Section 6500) using HCPCS code, including the product name and quantity.</p> <p>Ensures that the child is active in the CHIF database.</p>
CYSHCN Nutrition Consultant	<p><u>Responds</u> to inquiries regarding nutrition services including information about HCA and WIC.</p> <p><u>Maintains</u> ongoing process of reviewing special formula and nutrition supplement expenditures.</p> <p><u>Assists</u> local agencies in identifying a registered dietitian.</p>
DOH – CYSHCN Program	<p><u>Adjudicates</u> fees and processes payments in accordance with CYSHCN policies, procedures, and first payer/last payer instructions above.</p>

***6244 Procedures for Tracking CYSHCN Special Formula Use***

The form “CYSHCN Nutrition Tracking for Special Formulas,” on the next page, is to help organize the information required for payment through CYSHCN. The tracking form should be completed by the RD involved with the client or the local CYSHCN coordinator and attached to the HSA form.

***CYSHCN Nutrition Tracking for Special Formulas***

Date of Request: \_\_\_\_\_ County: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

ProviderOne ID: \_\_\_\_\_ CHIF ID: \_\_\_\_\_

Recent Weight: \_\_\_\_\_ Date Measured: \_\_\_\_\_

Recent Height: \_\_\_\_\_ Date Measured: \_\_\_\_\_

Medical Problem/Diagnosis and Nutritional Risk:

\_\_\_\_\_  
\_\_\_\_\_

Product Requested: \_\_\_\_\_

New Request                      Intended for:     Oral Feeding  
 Request to Continue                       Tube Feeding

Rationale/Treatment Goal: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Quantity Needed: \_\_\_\_\_ per day \_\_\_\_\_ per month

Duration: \_\_\_\_\_

Medicaid:	<input type="checkbox"/> Enrolled	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Coverage Denied
WIC:	<input type="checkbox"/> Enrolled	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Coverage Denied
Insurance:	<input type="checkbox"/> Enrolled	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Coverage Denied

CYSHCN Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dietitian RD/CD \_\_\_\_\_ Phone Number: \_\_\_\_\_

Attach this to a HSA form and send by mail or FAX to CYSHCN:

Children and Youth with Special Health Care Needs Program  
DOH/Prevention and Community Health  
PO Box 47880  
Olympia WA 98504-7880  
FAX 360-586-7868

### 6245 *Metabolic Products*

Children with PKU and other rare inborn errors of metabolism who reside in WA receive contracted clinical care and evaluation services through the DOH, Newborn Screening Program. Metabolic formulas are purchased by the Newborn Screening Program, supplied to the client from a central distribution site, and the appropriate agency/insurance is billed. Low protein specialty foods are not covered by Medicaid or most insurance companies. The DX/TX fund reimburses the Newborn Screening Program for low protein food supplied to financially eligible children and youth with special health care needs receiving care through this program.

CYSHCN is last dollar to HCA, while HCA is last dollar to WIC for products covered by WIC. All other resources, such as private insurance, must be used before CYSHCN makes payment, in accordance with CYSHCN policies and procedures.

### 6246 *Policies*

1. All metabolic formulas must be prescribed by the Medical Director of the PKU and Biochemical Genetics Clinic at the University of WA, Biomedical Genetics Clinic at Seattle Children's, Mary Bridge Biomedical Genetics Clinic in Tacoma, or the Metabolic Clinic at the Oregon Health Sciences University, or other qualified physician.
2. All clients must be followed by registered dietitians with the PKU and Biochemical Genetics Clinic at the University of WA, the Biomedical Genetics Clinic at Seattle Children's, Mary Bridge Biomedical Genetics Clinic in Tacoma, or the Metabolic Clinic at the Oregon Health Sciences University, according to established clinic protocols.

### 6247 *Procedures*

<i>Responsibility</i>	<i>Action</i>
Local CYSHCN Agency	<u>Refers</u> clients with PKU and other inborn errors of metabolism to the Newborn Screening Program at:  1610 NE 150th Street Shoreline WA 98155-9701  Phone: (206) 418-5400; see Appendix for web site.
Newborn Screening Program	<u>Determines</u> CYSHCN financial eligibility for those clients being considered for receipt of metabolic formula.  <u>Sends</u> completed application to local CYSHCN agency where the client resides to be CHIF'd. (Also <b>determines</b> eligibility for subsidized low-protein food products.)  <u>Provides</u> metabolic formula to CYSHCN financially eligible clients from a central distribution site and bills appropriate resource.  <u>Submits</u> a monthly expenditure report to CYSHCN listing formula and low protein foods supplied to CYSHCN clients and maintains records of those transactions.
DOH – CYSHCN Program	<u>Reviews</u> the Newborn Screening Program monthly expenditure report and approves payment for low protein foods. DOH Nutrition Consultant works with NBS Program and Biochemical Genetics Clinics to assure clients are receiving the contracted clinical care and assist in coverage issues.

<i>Responsibility</i>	<i>Action</i>
Local CYSHCN Agency	<u>Receives</u> client information and referrals from Newborn Screening Program. <u>Completes</u> client intake for CHIF Automated System (Section 5000). <u>Coordinates</u> any additional services with the client and family.

## 6300 Payments

This section explains how payments to medical providers are determined after the fee is identified by the fee schedules in Section 6200. The fee may be reduced by factors such as insurance payments, provider charges, or negotiated agreements. The CYSHCN Program adjudicates the fee and determines the payment. As previously noted, policies in this area work in combination with all other CYSHCN policies and WAC.

### 6310 Standard Payments

#### 6311 Policies

1. Medical and service providers will accept the fees determined by these schedules or by negotiation as full payment for services rendered.
2. DX/TX funds may not be used for payments to clients, which is in accordance with federal Maternal and Child Health Block Grant requirements.
3. All other resources, such as insurance or HCA, applicable for the service and available to the client, must be used before CYSHCN makes payment to medical providers.
4. Based on HCA policies, the following policies also apply to CYSHCN:
  - When the provider's charge is less than the CYSHCN established fee, payment is made at the lower rate.
  - When the Medicaid payment is less than the CYSHCN established fee, the claim is considered paid in full. The only exception to this are specialty camps (see Section 6232).

#### 6312 Procedures

<i>Responsibility</i>	<i>Action</i>
Local CYSHCN Agency	<u>Considers</u> payment for service in accordance with CYSHCN policies, including client's HCA medical coverage (fee-for-service or Medicaid managed care). If decision is made to pay for the service, <u>completes and processes</u> HSA form in Section 6500.
Vendor or Provider	<u>Provides</u> service, equipment, therapies, treatment or supplies. <u>Submits</u> billing and explanation of benefits from insurance or HCA during the HSA billing process.
Local CYSHCN Agency	<u>Continues</u> HSA process. Sends HSA form and appropriate information to CYSHCN.
DOH – CYSHCN Program	<u>Adjudicates</u> fees and processes payment in accordance with CYSHCN policies and procedures.

## 6320 Negotiated Payments

There may be times when a local CYSHCN agency wants to negotiate a reduced or shared payment with a provider (e.g., specialty camps). This option may be considered when there is a clear willingness for a provider to accept a reduced payment or when two or more parties are willing to share the expense (see Section 6230).

In accordance with CYSHCN policies and WAC, this option would not be used when HCA or other third party resources are responsible for the services.

### 6321 Policies

A local CYSHCN agency may negotiate payment for a service with the provider for less than the established CYSHCN fee.

### 6322 Procedures

<i>Responsibility</i>	<i>Action</i>
Local CYSHCN Agency	<u>Negotiates</u> payment with provider before service is given, at an amount which is less than the provider's usual charge. <u>Verifies</u> any question regarding established CYSHCN fee and amount negotiated with CYSHCN. <u>Describes</u> negotiated agreement on HSA form so local CYSHCN agency, provider, and CYSHCN all understand what will be paid.
Vendor/Provider	<u>Agrees</u> to negotiated payment by signing HSA form.
DOH – CYSHCN Program	<u>Responds</u> to local CYSHCN agency negotiated payment questions.

### 6323 Negotiated Payment Examples

1. Diabetes Camp (currently not covered by HCA). CYSHCN fee is 100% of cost to maximum of \$1000 per child per year. Payment could be negotiated to be any amount or percentage lower than full cost of camp. For example: Community group provides a scholarship that covers 50% of the camp cost (\$800). CYSHCN funds are accessed to cover the remaining \$400. (See Section 6231)
2. Parenting Skills training class that is not covered by HCA for parents of a child with Autism. CYSHCN fee for Health Education is up to 100% of cost (see Section 6231). Payment could be negotiated for CYSHCN to cover cost of books and materials with a local non-profit agency that is paying for registration, food and travel costs. CYSHCN cannot pay for client/family food and travel.

## 6330 Clinic and Team Payments

CYSHCN clinics or team evaluations are coordinated and organized by the local CYSHCN programs and bring together a group of interdisciplinary health professionals to conduct screenings and/or an evaluation, develop a plan, and review the progress for clients.

When a local CYSHCN agency is actually coordinating and paying for a team evaluation, clinic, or maxillofacial review board using DX/TX funds, payment to the provider is one amount for the meeting or an amount per hour for the team meeting time and only is allowed for children who are financially eligible; i.e., on Medicaid

without premiums. A list of all children seen and their ProviderOne or unique CHIF identification number is a requirement. Any one-on-one evaluations, done in conjunction with the team meeting, are not part of the team payment and are billed directly to the client's medical funding source. Team services for children who are not on Medicaid are not eligible or otherwise not financially eligible for funding from the DX/TX funds.

CYSHCN payment is not made if team members attend as part of their employment. CYSHCN payment is not made if the service is the responsibility or component of another payment source such as HCA or in any way substitutes or supplements reimbursement from other payment sources. There are circumstances when team members donate their time as a community service or when this type of service is funded by local CYSHCN agency contracted activities.

As previously noted, policies in this section work in combination with other CYSHCN policies and WAC.

### **6331 Policy**

1. CYSHCN clinic and team payments are made in accordance with the CYSHCN Supplemental Fee Schedule.
2. A list of client names and ProviderOne or unique CHIF identification numbers is required.
3. CYSHCN payment is not made to team members who attend and/or participate as a part of their employment.
4. CYSHCN payment is not made if the service is the responsibility or component of another payment source such as HCA or private insurance.

### **6332 Procedures**

<i>Responsibility</i>	<i>Action</i>
Local CYSHCN Agency	<p><u>Coordinates</u> clinic or team review activity.</p> <p><u>Determines</u> provider payment per CYSHCN Supplemental Fee Schedule, Section 6230, Clinics.</p> <p><u>Prepares</u> HSA form in accordance with Section 6500. Leaves client information blank. Indicates payment amount in "Description" (i.e., how much per hour).</p> <p><u>Enters</u> required data fields, for all clients served in clinics or teams, into CHIF Automated System (see Section 5200).</p> <p><u>Attaches</u> a list of client names and ProviderOne or unique CHIF identification numbers to submit with the HSA form.</p>
Provider	<u>Agrees</u> to payment by signing HSA Form and provides the service.
DOH – CYSHCN Program	<u>Responds</u> to local agency clinic and team payment questions.

### **6333 Team Payment Example for Community-Based Feeding Team**

DX/TX funds may be used to pay for components of feeding team services to support and develop systems of care under the following circumstances:

1. The community-based feeding team has a working relationship with the local CYSHCN Program.
2. The child being served is enrolled and meets CYSHCN financial eligibility.
3. Medicaid or other third party payers responsible for the service are used to pay for the direct service components of the feeding team services.

4. The team member seeking reimbursement works in private practice, part-time, or beyond his/her normal work hours and is not being paid by any other source to participate in the feeding team conference.
5. No other early intervention or grant funds are available to support the feeding team.
6. CYSHCN funds are not used to pay for team member travel or per diem.

**6334 Process**

1. Local CYSHCN Coordinator will determine if any other financial resources are available to support the feeding team member, such as Medicaid, health insurance, early intervention service funds, or grant funds.
2. A non-physician hourly rate (\$80/hr/maximum) will be negotiated with the feeding team member in advance.
3. An HSA form, listing the feeding team member as the "Vendor/Provider," must be completed and submitted using the appropriate CPT or HCPCS code with a date and description of the service provided to the child and the number of hours billed (see Section 6530).

**6335 Scenario**

A child is referred to a community-based feeding team that includes a CYSHCN Coordinator as the team nurse, a registered dietitian/nutritionist in private practice, a speech therapist from an early intervention center, The team meets to first review a videotape of the child being fed by his parents at home and plan the interdisciplinary evaluation, then again to review results of the evaluations and develop an integrated intervention plan.

The separate "hands-on" evaluation components are individually charged to the correct payment sources. The nurse and speech therapist can participate in the team conferencing as part of their salaried jobs. The private practice registered dietitian/nutritionist has no one to bill for her team conferencing time. DX/TX funds are used to support the nutritionist's conferencing time at a pre-negotiated non-physician rate per hour.

**6340 Payment Reimbursement to CYSHCN**

When third-party payments are received by local CYSHCN agencies for payments made from diagnostic and treatment funded services, refunds are sent directly to DOH to comply with state reimbursement policies. In most cases, these refunds do not get credited back to CYSHCN because policies and WAC are in place to prevent such reimbursement situations, and the fiscal budget period for the service is usually past. (See Section 6350 for Legal Requests and Subrogation Claims.)

**6341 Policies**

1. Repayment to the DOH is required when a provider receives an overpayment for services previously paid from DX/TX funds.
2. Repayment to the DOH is required when a provider or client's family receives insurance benefits, court-awarded damages, or like funds for services previously paid by DX/TX funds.

**6342 Procedures**

<i>Responsibility</i>	<i>Action</i>
Family	<u>Assigns</u> or gives insurance payments to the provider.

<i>Responsibility</i>	<i>Action</i>
Vendor or Provider	<p><u>Refunds</u> CYSHCN payment (through local CYSHCN agency) by making check payable to the <u>Department of Health</u>.</p> <ul style="list-style-type: none"> <li>Per state policy, reimbursement checks made payable to the local CYSHCN agency, or any entity other than DOH, cannot be processed and will be returned for re-issue.</li> <li>The state payment received by the vendor/provider can also be returned.</li> </ul>
Local CYSHCN Agency	<p><u>Sends</u> reimbursement check and copy of HSA form that paid the service to:  Children and Youth with Special Health Care Needs Program  DOH/Prevention and Community Health  PO Box 47880  Olympia WA 98504-7880</p>
DOH – CYSHCN Program	<p><u>Records</u> receipt of reimbursement in diagnostic and treatment payments and allocation ledger. Prepares check-log with appropriate coding related to local CYSHCN agency. Sends reimbursement to:   DOH Revenue Section  MS 47901</p>
DOH Revenue Section	<p><u>Credits</u> reimbursement.</p>
DOH – CYSHCN Program	<p>Responds to payment reimbursement questions.</p>

## 6350 Legal Requests and Subrogation Claims

The local CYSHCN agency or CYSHCN may receive inquiries from legal authorities about client payment information. These requests must be handled in an official way to assure compliance with legal and contractual responsibilities.

### 6351 Policies

- All requests for payment information must be forwarded to CYSHCN.
- CYSHCN will provide client payment information to legal authorities when requested in writing and accompanied with a current release of information statement signed by the client's legal parent/guardian.
- Repayment to DOH from the vendor/provider, family or other source is required should insurance benefits, trusts, court awarded damages or like funds become available, and where payments have been made to the family or provider for services paid for by CYSHCN (WAC 246-710-090).

### 6352 Procedures

<i>Responsibility</i>	<i>Action</i>
Legal authority	<p><u>Provides</u> written request to local CYSHCN agency or CYSHCN for client payment information, including a current release of information statement signed by the</p>



<i>Responsibility</i>	<i>Action</i>
	client's legal parent or guardian.
Local CYSHCN Agency	<u>Forwards</u> request and release of information to CYSHCN. <u>Reviews</u> client records to collaborate with CYSHCN and confirm payments made from DX/TX funds.
DOH – CYSHCN Program	<u>Notifies</u> DOH Assistant Attorney General of requests. <u>Researches</u> requested client payment history and confirms with local CYSHCN agency. <u>Provides</u> requested payment information to legal authority. <u>Maintains</u> file on legal requests. Provides copies of correspondence to local CYSHCN agency.
Legal authority	<u>Determines</u> refund and makes payment to DOH.

## 6400 State Administration of CYSHCN Diagnostic and Treatment Funds

Funds for DX/TX services are allocated to local CYSHCN agencies at the beginning of the federal fiscal year (FFY) (October 1 through September 30). CYSHCN supervises the central adjudication system for locally authorized services paid from these funds. Administration of the DX/TX funds is an agency contracted responsibility. The allocated funds are maintained separately and not included in local CYSHCN agency contract funding. The policies in this section work in combination with other CYSHCN policies and WAC.

### 6410 Obligating Funds and Tracking Payments

DOH manages a pool of funding for the state and it is disbursed upon requests from the local CYSHCN agencies. The state tracks DX/TX fund use and shares this information with all the local CYSHCN agencies. An estimate of obligations is the amount of DX/TX funds needed to pay a provider for a service and is determined each time a HSA form is issued.

There are many ways local agencies can estimate obligations. Some suggestions are:

1. Determine fee from provider estimate.
2. Estimate the average payment for common services.
3. Negotiate payment for camps in advance of participation.
4. Refer to CYSHCN Supplemental Fee Schedule in Section 6232.
5. Call CYSHCN for assistance.

CYSHCN manages and tracks diagnostic and treatment allocated funds by maintaining and distributing quarterly Diagnostic and Treatment State Summary report, which show statewide balances

#### **6411 Policies**

1. CYSHCN agency is responsible for monitoring DX/TX fund status and for taking actions necessary to manage within the limits of available funding.

2. Local CYSHCN agencies must keep records accounting for HSA forms issued, by sequential county-assigned form number, and the funds obligated. Local agencies develop their own internal system to track requests. At a minimum the log must include:
  - County-assigned sequential number, Box 11 on HSA
  - Amount obligated for each HSA
  - Conclusion (amount paid and if payment is cancelled)
3. Local CYSHCN agencies must report the total outstanding obligations to CYSHCN periodically, as requested by CYSHCN.

**6412 Procedures**

<i>Responsibility</i>	<i>Action</i>
Local CYSHCN Agency	<p><u>Maintains</u> an internal system to track DX/TX fund obligations in accordance with CYSHCN policies and contract responsibilities.</p> <p><u>Submits</u> Estimates of Obligations to CYSHCN when requested and when required at the end of the FFY.</p>
DOH – CYSHCN Program	<p><u>Maintains</u> a tracking system that records DX/TX fund actions to monitor local CYSHCN agency and statewide fund status</p> <p><u>Distributes</u> state summary report to local agencies quarterly (see Section 6414).</p> <p><u>Provides</u> technical assistance and consultation.</p>
Local CYSHCN Agency	<p><u>Compares</u> agency records to CYSHCN state summary report and consults with CYSHCN to reconcile if there are differences.</p>

OCTOBER 2018 - SEPTEMBER 2019 FEDERAL FISCAL YEAR SUMMARY  
 CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS  
 STATE SUMMARY OF DIAGNOSTIC AND TREATMENT ALLOCATIONS

1	2	3	4	5	6	7
			FFY ALLOCATED	TOTAL EXPENDED	AVAILABLE BALANCE	PERCENT EXPENDED
REGION	CO#	AGENCY	\$15,000	TO DATE	TO DATE	TO DATE
E	01	ADAMS		-		0%
E	02	ASOTIN		-		0%
C	03	BENTON-FRANKLIN		-		0%
C	04	CHELAN-DOUGLAS		-		0%
NW	05	CLALLAM		-		0%
SW	06	CLARK		-		0%
E	07	COLUMBIA		-		0%
SW	08	COWLITZ		-		0%
E	12	GARFIELD		-		0%
C	13	GRANT		-		0%
SW	14	GRAYS HARBOR		-		0%
NW	15	ISLAND		-		0%
NW	16	JEFFERSON		-		0%
NW	18	KITSAP		-		0%
C	19	KITTITAS		-		0%
SW	20	KLICKITAT		-		0%
SW	21	LEWIS		-		0%
E	22	LINCOLN		-		0%
SW	23	MASON		-		0%
E	33	NE TRI		-		0%
C	24	OKANOGAN		-		0%
SW	25	PACIFIC		-		0%
NW	28	SAN JUAN		-		0%
NW	17	SEA-KING		-		0%
NW	29	SKAGIT		-		0%
SW	30	SKAMANIA		-		0%
NW	31	SNOHOMISH		-		0%
E	32	SPOKANE		600		4%
SW	27	TAC-PIERCE		-		0%
SW	34	THURSTON		-		0%
SW	35	WAHKIAKUM		-		0%
C	36	WALLA WALLA		-		0%
NW	37	WHATCOM		-		0%
E	38	WHITMAN		-		0%
C	39	YVMH		-		0%
		SUBTOTAL (spec proj MI)	14,075	600	13,475	4%
		Metabolics*	5,000	1,393	3,607	9%
		Lifespan Respite WA**	10,000	-	10,000	0%
		TOTAL	29,075	1,993	27,082	13%
		* Newborn Screening Program Medical Foods and Formulas				
		** Lifespan Respite Washington - funds are allocated to the PAVE contract				

**Column explanations:**

- Column 1 = **REGION** is the CSHCN region to which the county is assigned. (4 regions: Northwest, Southwest, Central, East)
- Column 2 = **CO#** is the assigned county number. All HSA requests should be numbered using this county number along with a unique sequential number (field #10 on HSA).
- Column 3 = **AGENCY** is the local health jurisdiction or agency with CSHCN contract responsibility to manage the diagnostic and treatment allocation.
- Column 4 = **FFY ALLOCATION** total for diagnostic and treatment amounts allocated at the beginning of the federal fiscal year, October 1, 2016.
- Column 5 = **TOTAL EXPENDED TO DATE** is the total amount of all Health Service Authorization payments-to-date per processing by the CSHCN Program. See agency-specific detail by month in the companion document titled "2018-19 Treatment Allocation Report".
- Column 6 = **AVAILABLE BALANCE TO DATE** is the amount remaining in current allocation (Column 5) after expenditures (Column 6).
- Column 7 = **PERCENT EXPENDED TO DATE** is periodically included as a tool agencies can use to measure the total biennium expenditures to date against the initial allocation.

The 2018-19 Federal Fiscal Year effective dates are October 1, 2018 through September 30, 2019 (dates of the service).  
 CYSCHN policies and additional information about Diagnostic and Treatment Allocations are located in the CYSCHN Manual, Section 6000. Questions


March 1, 2019  
 Months remaining in the Federal fiscal year = 7

6414 Sample Local CYSHCN Agency Detail Report

CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS						MONTHLY SUMMARY		
2018-19 TREATMENT ALLOCATION REPORT								
COUNTY: SPOKANE								
MONTH: FEBRUARY 2019								
HEALTH SERVICES AUTHORIZATION PAYMENT LEDGER								
DATE POSTED	HSA NUMBER	DATE FROM	DATE TO	TOTAL PAID	REMARKS		TOTAL PAID	OTHER ACTIVITY
2/14/2019	100019	11/13/2018	1/15/2019	600.00	32-127	2018 OCT	-	-
						2018 NOV	-	-
						2018 DEC	-	-
						2019 JAN	-	-
						2019 FEB	600.00	-
						2019 MAR		
						2019 APR		
						2019 MAY		
						2019 JUNE		
						2019 JULY		
						2019 AUG		
						2019 SEPT		
						(CLOSING:)		
						2019 OCT		
						2019 NOV		
						2019 DEC		
TOTAL PAID IN THIS MONTH				600	Questions? Call Christy Polking (360-236-3571)	TOTAL	600.00	-

## 6430 End-of-Federal Fiscal Year Fund Management

The budget is approved for one federal fiscal year (FFY) beginning October 1 and ending September 30. State and federal funding policies govern the Department of Health (DOH), Children and Youth with Special Health Care Needs (CYSHCN) Program. The policies and procedures in this section are intended to facilitate effective management and promote maximum utilization of DX/TX allocated funds at the end of the FFY. Reporting of Obligations will be requested by CYSHCN during this time.

### 6431 Policies

1. Services provided in a current FFY must be paid from funds allocated for that time period.
2. CYSHCN funds will not be carried over to pay for services provided after the end of the FFY.
3. Time lines established by CYSHCN will govern procedures for processing authorizations at the end-of-FFY. Agencies have 60 calendar days to process authorizations at the close of the FFY.

### 6432 Procedures

<i>Responsibility</i>	<i>Action</i>
DOH – CYSHCN Program	<u>Distributes</u> end-of-FFY instructions and timelines. Maintains and distributes quarterly state summary reports to agencies until payments for services provided during the previous FFY have been made.
Local CYSHCN Agency	<u>Ensures</u> that current FFY allocations are authorized for use only for services provided during that time period. This means, at the end of one FFY, and the beginning of another, the date of service is what determines which FFY allocation pays for the service. Adheres to end-of-FFY instructions and timelines received from CYSHCN.

## 6500 Health Services Authorization

A Health Services Authorization (HSA) form must be completed to access DX/TX funds to pay for service, treatment, or equipment. If the request meets established eligibility criteria outlined in Section 6000, the HSA form will be processed for payment.

The HSA form is a one-page electronic form that can be filled out on the computer and then print and sign and submit to the DOH. A sample HSA form can be found in Section 6540.

### 6510 Policies

1. All services paid with DX/TX funds must be authorized on a HSA form.
2. Local CYSHCN agencies must designate authority to individual(s) to approve payment for services and sign HSA form.
3. Payment can only be made from the original signed HSA form with an original signature of the provider or provider's designee.

<i>Responsibility</i>	<i>Action</i>
Local CYSHCN Agency	<p><u>Approves</u> service in accordance with CYSHCN policies and WAC.</p> <p><u>Coordinates</u> service and payment process with provider.</p> <p><u>Completes</u> the HSA form, according to instructions in Section 6530.</p> <p><u>Assigns</u> a local CYSHCN agency-assigned sequential form number. This number includes the county code. For example, Pierce would start with 27-001; the next would be 27-002.</p> <p><u>Signs</u> HSA form.</p> <p><u>Sends</u> signed copy to provider. Retains file copy.</p> <p><u>Records</u> estimate of obligations to maintain and track DX/TX balance and agency-assigned sequential form number. See Section 6510 for obligations and tracking payments.</p> <p><u>Verifies</u> that client data is updated and entered into the CHIF Automated System. Additionally, updates into CHIF need to include use of DX/TX in the child's Insurance Field record. See Section 5200 for CHIF.</p>
Vendor or Provider	<p><u>Provides</u> item or service.</p> <p>Completes Box #7 Vendor/Provider's Federal Tax ID No. and if applicable, completes Box #8 Vendor/Provider's NPI, Box #9 Vendor/Provider's Taxonomy, and Box #15 to include CPT/HCPCS code(s).</p> <p><u>Signs</u> HSA form and returns copy with original signature to local CYSHCN agency, including billing form and/or invoice as requested and explanation of benefits (EOB) from insurance or HCA correspondence (e.g., letter of denial) as appropriate.</p> <p><u>Retains</u> copy for file.</p>
Local CYSHCN Agency	<p><u>Sends</u> original signed HSA form by mail or FAX to CYSHCN with provider billing, insurance or HCA/Medicaid denial or explanation of benefits as appropriate. (Original signatures are required on the hard copy HSA. Electronic signatures <b>cannot</b> be processed for payment.)</p> <p>Children and Youth with Special Health Care Needs Program DOH/Prevention and Community Health PO Box 47880 Olympia WA 98504-7880 FAX 360-586-7868</p>
DOH – CYSHCN Program	<p><u>Adjudicates</u> fees and determines payments in accordance with CYSHCN policies and WAC.</p> <p><u>Assigns</u> an "Authorization No." as official form and invoice number used in DOH disbursement system.</p> <p><u>Processes</u> HSA form for payment through DOH and State of WA disbursement</p>

<i>Responsibility</i>	<i>Action</i>
	<p>system.</p> <p><u>Retains</u> copy of HSA form for permanent payment file.</p> <p><u>Returns</u> copy of HSA form, billings and any attachments to local CYSHCN agency.</p> <p><u>Maintains</u> computer system that records DX/TX payments. Distributes quarterly DX/TX State Summary report to local CYSHCN agencies. Monthly detailed reports are distributed upon request by county.</p>

### 6530 Instructions for Preparing the HSA Form

The table below provides instructions for completing the HSA form (DOH 910-002). This form was revised in 2014. The numbered items in the instruction table correspond to the numbers on the form. Procedures in Section 6520 explain how the HSA form is processed.

One asterisk (\*) = Required data for payment or for the CHIF Automated System.

<i>Item</i>	<i>Instructions</i>
AUTHORIZATION NO.	<p><b><u>LEAVE THIS AREA BLANK.</u></b></p> <p>The electronic HSA form does not have a form number. A form number will be assigned at the CYSHCN state office when the form is processed for payment.</p>
* 1. PATIENT	<p>Enter client's legal name: Last name, first and middle initial</p>
* 2. PROVIDERONE ID	<p>Enter client's Medicaid ID number (also known as ProviderOne). If no ProviderOne ID, see Box #3.</p>
3. CHIF ID	<p>Enter client's unique identifier if client does not have a ProviderOne ID. Use CYSHCN unique client identification ID number generated by the Child Health Intake Form (CHIF) Automated System. (See Section 5000)</p>
4. ADDRESS	<p>Enter address of family.</p>
* 5. DIAGNOSIS	<p>Enter the child's diagnosis related to requested service followed by the applicable ICD-10 diagnostic code. Primary diagnosis is in Field 1 of the Diagnostic Code Field in the CHIF system. For information about ICD-10, see Section 5000.</p>

<i>Item</i>	<i>Instructions</i>																																							
* 6. VENDOR or PROVIDER **	<p>Enter name and address of vendor or provider providing supplies or service(s). Payments are issued using this information.</p> <p>The provider or vendor name on first line should be the official way the TAX ID number is registered (i.e., if this is a "group" TAX ID number, the first line should be the group or business name, not an individual doctor or billing person).</p> <p>**If new vendor or provider, a <a href="#">Statewide Payee Registration form</a> needs to be completed and submitted to Department of Enterprise Services. ((<a href="http://www.des.wa.gov/services/contracting-purchasing/doing-business-state/receiving-payment-state">http://www.des.wa.gov/services/contracting-purchasing/doing-business-state/receiving-payment-state</a>))</p>																																							
* 7. VENDOR OR PROVIDER'S FEDERAL TAX ID NUMBER	Enter information in accordance with state and federal requirements. Payments are reported to the Internal Revenue Service.																																							
8. VENDOR OR PROVIDER'S NPI	Vendor or Provider enters National Provider Identifier (NPI) number if applicable.																																							
9. VENDOR OR PROVIDER'S TAXONOMY	Vendor or Provider enters their taxonomy code if applicable.																																							
* 10. BIRTH YEAR	Enter birth year of client.																																							
* 11. COUNTY OF RESIDENCE & CODE	<p>Enter one (1) numeric county code, for where the client resides, followed by a county-assigned sequential number to identify each HSA form you prepare in a calendar year.</p> <p><u>For example</u>, the first electronic HSA form, prepared by Adams County, would be 01-001, the next would be 01-002.</p> <table border="0"> <tbody> <tr> <td>01 Adams</td> <td>14 Grays Harbor</td> <td>27 Pierce</td> </tr> <tr> <td>02 Asotin</td> <td>15 Island</td> <td>28 San Juan</td> </tr> <tr> <td>03 Benton</td> <td>16 Jefferson</td> <td>29 Skagit</td> </tr> <tr> <td>04 Chelan</td> <td>17 King</td> <td>30 Skamania</td> </tr> <tr> <td>05 Clallam</td> <td>18 Kitsap</td> <td>31 Snohomish</td> </tr> <tr> <td>06 Clark</td> <td>19 Kittitas</td> <td>32 Spokane</td> </tr> <tr> <td>07 Columbia</td> <td>20 Klickitat</td> <td>33 Stevens</td> </tr> <tr> <td>08 Cowlitz</td> <td>21 Lewis</td> <td>34 Thurston</td> </tr> <tr> <td>09 Douglas</td> <td>22 Lincoln</td> <td>35 Wahkiakum</td> </tr> <tr> <td>10 Ferry</td> <td>23 Mason</td> <td>36 Walla Walla</td> </tr> <tr> <td>11 Franklin</td> <td>24 Okanogan</td> <td>37 Whatcom</td> </tr> <tr> <td>12 Garfield</td> <td>25 Pacific</td> <td>38 Whitman</td> </tr> <tr> <td>13 Grant</td> <td>26 Pend Oreille</td> <td>39 Yakima</td> </tr> </tbody> </table>	01 Adams	14 Grays Harbor	27 Pierce	02 Asotin	15 Island	28 San Juan	03 Benton	16 Jefferson	29 Skagit	04 Chelan	17 King	30 Skamania	05 Clallam	18 Kitsap	31 Snohomish	06 Clark	19 Kittitas	32 Spokane	07 Columbia	20 Klickitat	33 Stevens	08 Cowlitz	21 Lewis	34 Thurston	09 Douglas	22 Lincoln	35 Wahkiakum	10 Ferry	23 Mason	36 Walla Walla	11 Franklin	24 Okanogan	37 Whatcom	12 Garfield	25 Pacific	38 Whitman	13 Grant	26 Pend Oreille	39 Yakima
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* 12. AUTHORIZATION DATE	Enter the month, day, and year the HSA form is being prepared by the county.																																							



<i>Item</i>	<i>Instructions</i>
<p>* 13. AUTHORIZATION EXPIRES</p>	<p>Enter the date a vendor or provider should return HSA form to the local CYSHCN agency for payment. This date should not exceed 1 month from the date of service or 2 months from authorization date (see examples). Date consists of month, day and year and is always the last day of the month.</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• #12 - Today's authorization date = October 1, 2017 <ul style="list-style-type: none"> <li>○ Ex: Date of service scheduled for October 10, 2017</li> </ul> </li> <li>• #13 - Authorization expires (no more than one month later) = November 10, 2017</li> <li>• #12 - Today's authorization date = March 1, 2017 <ul style="list-style-type: none"> <li>○ Ex: Date of service is future receipt of ordered item</li> </ul> </li> <li>• #13 - Authorization expires (no more than two months later) = May 1, 2017</li> </ul> <p>End-of-FFY only: All HSA forms end on September 30, or you can also enter "immediately" in this space. (See Section 6530 for end-of-FFY procedures.)</p> <p>This date sets limits, is used to track payments, and can be changed by the local CYSHCN agency whenever appropriate.</p>
<p>* 14. INSURANCE/ POLICY NO./NAME</p>	<p>Enter health insurance company name regardless of payment or denial, and</p> <p>Attach Explanation of Benefits, billing statement or letter of denial from insurance company or Medicaid.</p> <p>Enter "Not Available" for clients who do not have private insurance.</p> <p>Enter HCA explanations for denial here or in item #16 "Description/Dates(s) of Service(s)" if more room is needed, or indicate if HCA denial document is attached.</p> <p>This information confirms CYSHCN policies and WAC requirements.</p>
<p>* 15. CPT/HCPCS/DOH</p>	<p>Local CYSHCN agency leaves this area blank.</p> <p>Vendor or provider completes the Current Procedural Technology/Healthcare Common Procedure Coding System (CPT/HCPCS) if applicable.</p> <p>CYSHCN state office will enter DOH code.</p>

<i>Item</i>	<i>Instructions</i>
* 16. DESCRIPTION/ DATE(S) OF SERVICE(S)	<p>Enter a description of service or supplies that includes:</p> <ul style="list-style-type: none"> <li>▪ Brief but complete statement of service authorized. For example, if this is a nutrition supplement, list name of product and quantity.</li> <li>▪ Date(s) of service(s) -- If one time service, begin and end date are the same.</li> </ul> <p>Also enter or attach additional information if applicable that may include:</p> <ul style="list-style-type: none"> <li>▪ Explanation of denial from #14 above</li> <li>▪ Billing instructions for vendor or provider, such as due dates for billings, reports, limiting services, negotiated fees, or deadlines for billing at end of the FFY.</li> <li>▪ Special information for CYSHCN, such as for nutrition supplements or additional insurance or HCA information.</li> <li>▪ Documentation of medical necessity. (See Section 6112 and Figure 1 for Determining Medical Necessity.)</li> </ul>
17. AMOUNT AUTHORIZED	<p>Local CYSHCN agency leaves this area blank.</p> <p>The amount authorized will be completed at state office.</p> <p>Do not enter the vendor or provider's charge or the obligated amount on the original or second copy (sent to vendor/provider) because that amount could be a mistake and misinterpreted to be the expected payment.</p>
18. FOR AGENCY USE	<p>Local CYSHCN agency leaves this area blank.</p> <p>It will be completed at state office.</p>
19. VENDOR OR PROVIDER SIGNATURE	<p>Local CYSHCN agency leaves this area blank.</p> <p>Vendor/provider or vendor/provider designee will sign in this space, agreeing to CYSHCN policies, which are summarized on the HSA form.</p>
20. ACCOUNT CODE -FOR AGENCY USE	<p>Local CYSHCN agency leaves this area blank.</p> <p>It will be completed at state office.</p>
21. RETURN TO	<p>Enter address of local CYSHCN agency issuing HSA and paying for this service.</p>
22. PREPARED BY	<p>Enter name of local CYSHCN agency designee who prepared HSA, if different from Box 23.</p> <p>Local CYSHCN agency contact person and phone number may also be helpful information for the vendor.</p>
23. AUTHORIZED BY	<p>Enter name of local CYSHCN agency designee who is authorized to approve services and funding. This person signs or initials HSA.</p>

Procedures in Section 6520 explain processing.

**Children with Special Health Care Needs (CSHCN)  
HEALTH SERVICES AUTHORIZATION**

Asterisk (\*) = Required Data for Payment

**AUTHORIZATION NO.**  
\_\_\_\_\_

1. PATIENT*:	_____	2. PROVIDER ONE (P1) ID* 3. CHIF ID (if P1 not available)	_____
4. ADDRESS:	_____		10. BIRTH YEAR*
5. DIAGNOSIS*:	_____		11. COUNTY OF RESIDENCE & CODE*
6. VENDOR OR PROVIDER*	_____	RETURN AUTHORIZATION BY ↓	12. AUTHORIZATION DATE*
			13. AUTHORIZATION EXPIRES*
			14. INSURANCE/POLICY NO./NAME*

7. VENDOR/PROVIDER FEDERAL TAX ID No.\* 8. VENDOR/PROVIDER NPI 9. VENDOR/PROVIDER TAXONOMY

You are authorized to perform the following services for which CSHCN will be obligated to pay their fee, according to currently established payment policy or fee schedule. For payment questions and additional services not specified nor ordinarily included as a part of the description, contact local agency indicated at bottom.

15. CPT/HCPCS/DOH*	16. DESCRIPTION/DATE(S) OF SERVICE(S)*	17. AMOUNT AUTHORIZED	18. FOR AGENCY USE
	DESCRIPTION:  BEGIN DATE OF SERVICE(S) END DATE OF SERVICE(S)		

Vendor/Provider of Service agrees to accept CSHCN fee as payment in full and that no additional charge will be made to the patient or his/her family for these services.

19. I certify that all services represented by this voucher have been provided without discrimination on the grounds of race, color, or national origin.	<b>Instructions to receive payment:</b> Mail this signed "Voucher Copy," billing, and report of service (if requested) to local agency indicated at bottom. Medicaid and insurance must be billed prior to making claim to CSHCN. Payment will only be made upon receipt of documented proof of denial or amount of reimbursement from other payment sources.
VENDOR/PROVIDER SIGNATURE X _____	

**20. ACCOUNT CODE – FOR AGENCY USE**

PREPARED BY		TELEPHONE NUMBER	DATE	AGENCY APPROVAL	DATE										
DOC DATE	PMT DUE DATE	CURRENT DOC No.	REF. DOC. No.	VENDOR NUMBER	VENDOR MESSAGE	USE TAX	UBI NUMBER								
MASTER INDEX		WORKCLASS	COUNTY	CITY/TOWN											
REF DOC SUF	TRANS CODE	M O D	APPN INDEX	PROGRAM INDEX	SUB OBJ	SUB SUB OBJ	ORG INDEX	ALLOC	BUDGET UNIT	MOS	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER
ACCOUNTING APPROVAL FOR PAYMENT				DATE	WARRANT TOTAL			WARRANT NUMBER							

21. RETURN TO: \_\_\_\_\_

22. PREPARED BY: \_\_\_\_\_

23. AUTHORIZED BY: \_\_\_\_\_





## *6541 Instructions for Using Electronic Form*

Children and Youth with Special Health Care Needs (CYSHCN) Program

### **Health Services Authorization (HSA)**

#### **Local CYSHCN Agency Instructions for Using Electronic Form September 2017**

##### **A. Form Mechanics**

1. You can fill out this form electronically and save it on your computer.
2. You can click in a box to begin typing, or you can tab from box to box. If you cannot put your cursor inside a box (# 20, for example), you are not meant to fill it out.
3. To save your completed form, select File/Save As and give the document a new name. Consider using the new county document number in B-2 below.
4. Please do a test to be sure the mechanics of the electronic form can be accomplished with your computer system.
5. If you have difficulties with the mechanics of this form, contact the CYSHCN state office for assistance.

##### **B. Form Content**

1. The "Authorization No." box is now blank (top right). Do not use this space. The number will be assigned at the CYSHCN state office when the form is processed for payment.
2. Box 11: Insert a number after your county code. This sequential number will be for your internal county log to identify each form you prepare. For example, Pierce would start with 27-001, the next would be 27-002.
3. The HSA form cannot be processed with electronic signatures. For that reason, you will need to complete the form, print it, sign it (Box 23), then process for payment according to CYSHCN Policies and Procedures, including provider signatures.
4. CYSHCN Contact: CYSHCN Program (360-236-3571)  
DOH/Prevention and Community Health  
PO Box 47880  
Olympia WA 98504-7880  
Email: [cshcn.support@doh.wa.gov](mailto:cshcn.support@doh.wa.gov)



## 6600 CYSHCN Health Care Coverage and Services

### 6610 CYSHCN and Medicaid Coverage

CYSHCN and Health Care Authority (HCA) collaborate to improve and expand services to children. This section explains policies for potential clients and procedures developed for approval of specific services. It is important to have an understanding of Medicaid medical service categories, payment systems and ways to problem solve client issues because the majority of children served by CYSHCN have Medicaid coverage.

All of Medicaid's child health services are combined into one streamlined program now called WA Apple Health. The majority of children enrolled in Apple Health will be assigned to one of five Medicaid managed care organizations (MCOs). Children who are not in or are otherwise exempted from enrollment in a Medicaid managed care plan will receive their health services through the Fee-For-Service Medicaid payment system. Some very specific benefits for children and youth with special health care needs may be covered by the Fee-For-Service (FFS) system even while the child is in managed care such as dental care and NDC services.) Overall, children should be able to access the same benefits through the Fee-For-Service system or Medicaid managed care, or a combination of the two.

All children enrolled in Apple Health will be assigned a ProviderOne number as well as those children who are enrolled with DSHS-DDA. ProviderOne is the Medicaid management information system at HCA that manages the information which is sent to the MCOs and contains billing and claims data from FFS and the MCOs. Health care providers, including state and local CYSHCN agencies can use ProviderOne to see whether children are enrolled in Apple Health. Some higher income families will be eligible for a subsidized version of Apple Health where they pay monthly premiums and co-payments. The DX/TX fund **can only** be used for children on Apple Health or whose family income is so low that they do not pay premiums or who can demonstrate that they meet the Medicaid eligibility criteria

If children are not financially eligible for Apple Health, they may qualify for subsidies with other health insurance. With the implementation of the Affordable Care Act, all families can apply for Apple Health and other private insurance through WA Healthplanfinder (<https://www.wahealthplanfinder.org>). In addition, some families may be eligible for Medicaid as a secondary insurance. They should be also encouraged to apply through the Healthplanfinder even if they have private insurance through their employer. Additionally, WithinReach will assist families with eligibility for various programs including DSHS-DDA.

Medicaid information is available in a variety of ways. Local CYSHCN agencies and other medical providers can sign-up to receive on-going client and payment news and information directly from HCA. HCA updates are also provided through the CYSHCN Regional System and Communication Network meetings (Section 3200). HCA representatives participate in these activities and may attend CYSHCN Regional Meetings upon invitation. In addition, anyone can sign up for the Apple Health email list at

[https://public.govdelivery.com/accounts/WAHCA/subscriber/new?category\\_id=WAHCA\\_C13](https://public.govdelivery.com/accounts/WAHCA/subscriber/new?category_id=WAHCA_C13).

## 6620 CYSHCN Clients Without Medicaid

### 6621 Policy

Local CYSHCN agencies must refer clients to Healthplanfinder (<https://www.wahealthplanfinder.org>) or to WithinReach for insurance coverage including Medicaid as either a primary or secondary insurance. See Section 6114 for the current Federal Poverty Level (FPL).

### 6622 Procedures

<i>Responsibility</i>	<i>Action</i>
Local CYSHCN Agency	<p><u>Refers</u> clients and their families to <a href="https://www.wahealthplanfinder.org">https://www.wahealthplanfinder.org</a> to apply for Medicaid or other insurance coverage. Additional insurance navigation is available through WithinReach.</p> <p>Web-based information and on-line application opportunities are also available. See Appendix for HCA web addresses.</p>
Local CYSHCN Agency	<p><u>Follow-up</u> with family regarding outcome of medical coverage application.</p> <ul style="list-style-type: none"><li>• Review application approval for medical program coverage (fee-for-service or managed care plan) and scope of care.</li><li>• Review application denial for possible resolution.</li></ul>

## 6630 TRICARE

TRICARE provides coverage of some health care costs for dependents of active duty and retired military personnel. It is the responsibility of the State Title V Program to ensure access to quality health care services for all children. This responsibility requires maximum utilization of all funding sources. The State Title V Program must ensure that the CYSHCN policy relating to TRICARE does not discriminate against any children, including those who may or may not be dependents of active duty or retired military personnel.

Previous CYSHCN policies and procedures for TRICARE clients were developed to clarify first payer/last payer issues, particularly when a client was financially eligible for CYSHCN and TRICARE, but not Medicaid, in HCA. This situation was resolved in 1994, when HCA increased children's financial eligibility to 210% of the federal poverty level.

The military has a program called the Exceptional Family Member Program (EFMP). This program provides supports and services to military members. Please be sure to help your military families get connected and learn about benefits.

For information about TRICARE and EFMP, go to: <http://www.militaryonesource.mil/-/the-exceptional-family-member-program-for-families-with-special-needs>

The EFMP helps families in two big ways: by making sure special needs are considered during assignments, and by easing access to assistance wherever they reside.



- **Assignment coordination:** While military mission is always the driving force behind a service member's assignment, the Exceptional Family Member Program helps make sure that family members' documented needs are considered during relocations.

This is important because access to appropriate medical and educational services may be limited in overseas and remote locations. With assignment coordination, families can feel more assured that their family member's needs will be considered, so they can focus more clearly on mission-related responsibilities.

- **Family support:** This part of the program helps families identify and access programs and services. Family support providers can put families on the path to empowerment by:
  - ✓ Providing information and referral services for both military and community services
  - ✓ Helping families find and navigate programs in new locations.
  - ✓ Giving "warm hand-offs" to the Exceptional Family Member Program at new locations.
  - ✓ Finding ways to bridge gaps in programs, services and supports
  - ✓ Informing families about available local school and early intervention services
  - ✓ Providing non-clinical case management, including individualized services plans
  - ✓ Offering opportunities for families with special needs to connect
  - ✓ Helping families understand what is offered, how to determine eligibility and how to apply for benefits and entitlements

Policies and procedures in this section work in combination with all other CYSHCN policies and WAC. These policies are repeated in other sections and apply to any CYSHCN client.

**6631 Policies**

1. Local CYSHCN agencies must refer clients to the [Healthplanfinder](#) or [WithinReach](#), when income or medical needs appear to be within HCA eligibility limits.
2. All other resources, such as insurance or HCA, applicable for the service and available to the client, must be used before CYSHCN makes payment to medical providers.

**6632 Procedures**

<i>Responsibility</i>	<i>Action</i>
Local CYSHCN Agency	<u>Provides</u> a statement of non-availability of CYSHCN funding for services when requested by active duty military families to fulfill TRICARE requirements.
Local CYSHCN Agency with military facility in county	<u>Facilitates</u> communication and access to care with military staff serving children and youth with special health care needs.
DOH – CYSHCN Program	<u>Reviews</u> issues of concern.