TITLE 410 INDIANA STATE DEPARTMENT OF HEALTH

Proposed Rule
LSA Document #09-1

DIGEST

Adds 410 IAC 3.2-1-1.5 to add a new definition. Amends 410 IAC 3.2-1-33 to update a definition. Amends 410 IAC 3.2-6-2 and 410 IAC 3.2-7-3 concerning medical eligibility and limited health services included in the health care service package. Amends 410 IAC 3.2-9-1 concerning travel reimbursement. Effective 30 days after filing with the Publisher.

410 IAC 3.2-1-1.5
410 IAC 3.2-1-33
410 IAC 3.2-6-2
410 IAC 3.2-7-3
410 IAC 3.2-9-1

SECTION 1. 410 IAC 3.2-1-1.5 IS ADDED TO READ AS FOLLOWS:

410 IAC 3.2-1-1.5 "Autism" defined
Authority: IC 16-35-2-7; IC 16-35-2-10
Affected: IC 16-35-2

Sec. 1.5 "Autism" means a medical condition classified under Diagnostic Statistical Manual of Mental Disorders, Fourth Edition, Washington, American Psychiatric Association, 1994, pages 70 and 71, code 299.00. Related conditions such as Rett's Disorder, Childhood Disintegrative Disorder, Asperger's Disorder, or other Pervasive Developmental Disorders are not included in this definition. *(Indiana State Department of Health; 410 IAC 3.2-1-1.5)*

SECTION 2. 410 IAC 3.2-1-33 IS AMENDED TO READ AS FOLLOWS:

410 IAC 3.2-1-33 "Therapy" defined
Authority: IC 16-35-2-7
Affected: IC 16-35-2

Sec. 33. "Therapy" means physical therapy, occupational therapy, speech and hearing therapy, nursing and other professional health care services provided by an approved provider and necessary to treat a child's eligible medical condition. **This includes Applied Behavioral Analysis for the treatment of autism.**
(Indiana State Department of Health; 410 IAC 3.2-1-33; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2171; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

SECTION 3. 410 IAC 3.2-6-2 IS AMENDED TO READ AS FOLLOWS:

410 IAC 3.2-6-2 Medical Eligibility
Authority: IC 16-35-2-7
Affected: IC 16-35-2

Sec. 2. (a) To be medically eligible for the CSHCN program, a child shall meet the following requirements:

(1) Be under twenty-one (21) years of age.

(2) Have a physical condition that has lasted or is expected to last at least two (2) years if not treated and the physical condition necessitates more health care services than is usually required for a child of that age.

(3) The physical condition also produces or will produce disability, disfigurement, limitation of function, need for a special diet, or dependence on an assistive device; or nonintervention will, within one (1) year, lead to a chronic disabling physical condition.

(4) Have at least one (1) of the eligible medical conditions defined in subsection (b).

(b) For a child not enrolled in the program as of December 31, 1992, the medical conditions eligible for the CSHCN program are the following:

(1) Apnea defined by one (1) or more of the following criteria:

(A) Infants at high risk for recurring apnea defined by one (1) or more of the following criteria:

(i) Infants with one (1) or more severe apparent life threatening events (ALTE) requiring resuscitation or vigorous stimulation.

(ii) Preterm infants with symptomatic apnea.

(iii) Infants who have had two (2) or more siblings that have been Sudden Infant Death Syndrome (SIDS) victims.

(iv) Infants at high risk of apnea from medical conditions such as central hypoventilation syndrome, myotonic dystrophy, or Arnold Chiari malformation.

(B) Infants at possible increased risk for recurring apnea defined by one (1) or more of the following criteria:

(i) Infants with tracheostomies.

(ii) Infants with craniofacial anomalies such as Pierre Robin.

(iii) Infants with bronchopulmonary dysplasia.

(iv) Infants with myelodysplasia.

(C) Infants shall be reassessed for the need for continued monitoring at least every six (6) months.

(2) Arthritis resulting in disability.

(3) Asthma defined by one (1) or more of the following criteria:

(A) Requiring daily therapy with two (2) or more prescription medications, including, but not limited to, the following:

(i) Inhaled bronchodilators.

(ii) Inhaled cromolyn.

(iii) Inhaled corticosteroid.

(iv) Theophylline.

(v) Oral steroids (daily or every other day).

(vi) Inhaled ipratropium bromide or atropine.

(B) Despite taking appropriate daily medication, more than two (2) hospitalizations for asthma, each lasting at least four (4) days, have occurred within the last twelve (12) months.

(C) Hospitalization for asthma has been required for more than fifteen (15) days in a single twelve (12) month period.

(4) Cerebral palsy or other static encephalopathy resulting in loss of motor function or dysarthria.

(5) Chronic anemia requiring two (2) or more blood transfusions or resulting in two (2) or more crises requiring hospitalization.

(6) Cleft lip or palate, or both.

(7) Congenital or acquired developmental deformities.

(8) Congenital heart disease or arrhythmias requiring electrophysiologic studies, catheterization, or surgery on the heart or major vessels.

(9) Chromosomal disorders resulting in loss of motor function or expressive language function.

(10) Chronic pulmonary disease defined by one (1) or more of the following criteria:

(A) Oxygen dependent as defined by requiring supplemental oxygen to maintain a resting PO2 greater than seventy (70)millimeters of mercury or an oxygen saturation greater than ninety-two percent (92%).

(B) Requiring oxygen (same criteria as in clause (A)) during feeding or during sleep.

(C) Requiring continuous positive alveolar pressure (CPAP).

(D) Requiring three (3) or more medicines or treatments, including, but not limited to, the following:

(i) Inhaled bronchodilator.

(ii) Inhaled antiinflammatory drugs, such as Intal or corticosteroids.

(iii) Daily theophylline.

(iv) Daily diuretics.

(v) Antihypertensive medication.

(vi) Digoxin.

(vii) High calorie feedings or nutritional supplements.

(viii) Gastrostomy or naso-oro gastric/duodenal/jejunal feedings.

(ix) Tracheostomy.

(x) Home cardiorespiratory monitor.

(xi) Mechanical ventilation, full-time or part-time.

(xii) Other technologic support, such as feeding pump or suction equipment.

(xiii) Home oxygen therapy for longer than two (2) months.

(11) Cystic fibrosis.

(12) Endocrine deficiencies requiring the following replacement therapy longer than five (5) years, including the following:

(A) Hypothyroidism.

(B) Adrenocortical insufficiency.

(C) Insulin dependent diabetes mellitus.

(D) Panhypopituitarism.

Growth hormone therapy for isolated short stature without other medical indications is not an eligible medical condition.

(13) Bilateral hearing loss greater than forty (40) decibels.

(14) Hemophilia requiring factor replacement at least two (2) times a year.

(15) Hydrocephalus requiring or likely to require a shunt during childhood.

(16) Inflammatory bowel disease requiring multiple hospitalizations within the past two (2) years, resection of the bowel, or hyperalimentation for longer than one (1) month.

(17) Inborn errors of metabolism that have a potential for a significantly improved outcome if treated with a special diet or prescription medication.

(18) Neuromuscular dysfunction.

(19) Myelodysplasia or other spinal cord dysfunction.

(20) Oncologic disorders.

(21) Progressive or chronic renal disease with hypertension or renal insufficiency.

(22) Epilepsy requiring daily prescription medication.

(23) Autism.

(Indiana State Department of Health; 410 IAC 3.2-6-2; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2177; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

SECTION 4. 410 IAC 3.2-7-3 IS AMENDED TO READ AS FOLLOWS:

410 IAC 3.2-7-3 Limited health care services included in the health care service package

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 3. (a) The availability and provision of health care services included in the limited service component is contingent upon the availability of program funding.

(b) Available funds may be utilized to purchase insurance or pay for one (1) or more of the following health care services authorized as appropriate to the eligible medical condition or conditions of an enrolled child:

(1) Inpatient services.

(2) Emergency services.

(3) Durable equipment and supplies.

(4) X-rays and laboratory services.

(5) Surgery.

(6) Dental services.

(7) Therapy.

(A) Payment of Applied Behavioral Analysis as a therapy service for treatment of autism is limited to a maximum of $10,000 per year, per participant.

(c) The CSHCN program shall only provide or pay for health care services or insurance set forth in subsection (a) or (b) if the director has approved the health care services as necessary or appropriate for the conditions, as listed under subsection (d), (e), or (f).

(d) Level I eligible medical conditions are defined in 410 IAC 3.2-6-2 and shall include the following:

(1) Apnea.
(2) Arthritis.
(3) Asthma.
~~(4) Bilateral hearing loss.~~ **(4) Autism.**
~~(5) Epilepsy~~. **(5) Bilateral hearing loss.**
~~(6) Hydrocephalus~~. **(6) Epilepsy.**
~~(7) Neuromuscular dysfunction~~. **(7) Hydrocephalus.**
(8) Neuromuscular dysfunction.

(e) Level II eligible medical conditions are defined in 410 IAC 3.2-6-2 and shall include the following:

(1) Cerebral palsy.
(2) Chromosomal disorders.
(3) Cleft lip or palate, or both.
(4) Congenital or acquired developmental deformities.
(5) Endocrine deficiencies.
(6) Inborn errors of metabolism.
(7) Hemophilia.
(8) Inflammatory bowel disease.

(f) Level III eligible medical conditions are defined in 410 IAC 3.2-6-2 and shall include the following:

(1) Chronic anemia.
(2) Chronic pulmonary disease.
(3) Congenital heart disease or arrhythmias.
(4) Cystic fibrosis.
(5) Myelodysplasia or spinal cord dysfunction.
(6) Oncologic diseases.
(7) Progressive or chronic renal disease.

(g) The director shall have the authority to determine medical eligibility and the services or insurance to be provided under the program. *(Indiana State Department of Health; 410 IAC 3.2-7-3; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2180; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)*

SECTION 5. 410 IAC 3.2-9-1 IS AMENDED TO READ AS FOLLOWS:

410 IAC 3.2-9-1 Travel reimbursement
Authority: IC 16-35-2-7
Affected: IC 16-35-2

Sec. 1. (a) The availability and provision of travel reimbursement is contingent upon the availability of CSHCN program funding.

(b) The director may reimburse a child or family travel expenses incurred in transporting a child to approved health care providers.

~~(c) The director shall provide travel reimbursement in accordance with state travel policies and procedures established by the department of administration and approved by the state budget agency.~~

~~(d)~~ (c) The director shall not reimburse a child or family ~~for total distances traveled that are less than fifty (50) miles per round trip~~ **for the first forty-nine (49) miles of travel. Once a child or family travels fifty (50) miles or more, the director shall reimburse the child or family at a rate of fifty percent (50%) of the state travel reimbursement rate established by the department of administration and approved by the state budget agency.** *(Indiana State Department of Health; 410 IAC 3.2-9-1; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2180; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)*