

## **ARTICLE 3.2. CHILDREN WITH SPECIAL HEALTH CARE NEEDS**

### **Rule 1. Definitions**

#### **410 IAC 3.2-1-1 Applicability**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 1. The definitions in this rule apply throughout this article. (*Indiana State Department of Health; 410 IAC 3.2-1-1; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2168; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

#### **410 IAC 3.2-1-2 “Care coordination” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 2. “Care coordination” means providing assistance necessary to help ensure the effective and efficient organization of and access to services and resources that are appropriate and necessary to meet the needs of a child with special health care needs and the child's family. (*Indiana State Department of Health; 410 IAC 3.2-1-2; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2168; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

#### **410 IAC 3.2-1-3 “Care coordinator” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 3. “Care coordinator” means a professional staff person assigned to assist a child and family with care coordination services. (*Indiana State Department of Health; 410 IAC 3.2-1-3; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2168; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

#### **410 IAC 3.2-1-4 “Child” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 4. “Child” means an individual who is less than twenty-one (21) years of age. (*Indiana State Department of Health; 410 IAC 3.2-1-4; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2168; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

#### **410 IAC 3.2-1-5 “Child and family service plan” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 5. “Child and family service plan” means a written child and family plan that is developed by a family and a care coordinator. The written plan shall reference the medical needs of the child, shall include appropriate strategies recommended by the care coordinator, and shall set forth family goals and objectives. The plan shall be updated periodically in accordance with state department of health policy. (*Indiana State Department of Health; 410 IAC 3.2-1-5; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2168; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

#### **410 IAC 3.2-1-6 “Commissioner” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 6. “Commissioner” means the commissioner of the Indiana state department of health. (*Indiana State Department of Health; 410 IAC 3.2-1-6; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2168; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 3.2-1-7 “County department” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 7. “County department” means the county department of public welfare, family and social services agency, or any subsequent successor agency. (*Indiana State Department of Health; 410 IAC 3.2-1-7; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2168; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 3.2-1-8 “Credentials” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 8. “Credentials” means written documentation, including, but not limited to, the CSHCN program application, financial information, medical information, and social information relating to a child and family. (*Indiana State Department of Health; 410 IAC 3.2-1-8; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2169; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 3.2-1-9 “CSHCN program” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 9. “CSHCN program” means the program for children with special health care needs, Indiana state department of health. (*Indiana State Department of Health; 410 IAC 3.2-1-9; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2169; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 3.2-1-10 “Dental care” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 10. “Dental care” means:

- (1) routine dental care;
- (2) extractions;
- (3) fillings;
- (4) x-rays;
- (5) space maintainers;
- (6) cross-bite treatments;
- (7) sealants;
- (8) orthodontia; and
- (9) gingivectomies;

necessary to treat a child's identified eligible medical condition. (*Indiana State Department of Health; 410 IAC 3.2-1-10; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2169; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 3.2-1-11 “Director” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 11. “Director” means the director of the program for children with special health care needs. (*Indiana State Department of Health; 410 IAC 3.2-1-11; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2169; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 3.2-1-12 “Durable equipment and supplies” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 12. “Durable equipment and supplies” means assistive appliances, including, but not limited to, the following:

- (1) Braces.
- (2) Prosthetic limbs.
- (3) Hearing aids.
- (4) Wheelchairs and related adaptive devices.
- (5) Special supplies that are medically necessary to accomplish rehabilitation goals.

Durable equipment and supplies do not include fixed architectural modifications of a dwelling or property related thereto or mechanical lifts needed to provide the child access to a dwelling or automobile. (*Indiana State Department of Health; 410 IAC 3.2-1-12; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2169; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 3.2-1-13 “Emergency” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 13. “Emergency” means an unexpected or sudden event or occurrence that requires immediate attention, intervention, and medical care to prevent serious harm or loss of life. (*Indiana State Department of Health; 410 IAC 3.2-1-13; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2169; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 3.2-1-14 “Emergency services” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 14. “Emergency services” means that the emergency department treatment or ambulance transportation is for a medical emergency that is directly related to or necessary to stabilize a child for care of an identified eligible medical condition. Lack of such treatment would cause harm or be life threatening if emergency care was not received. Emergency treatment for nonemergent medical care or conditions that do not require urgent care are not eligible for payment through the CSHCN program. (*Indiana State Department of Health; 410 IAC 3.2-1-14; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2169; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 3.2-1-15 “Enrollment” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 15. “Enrollment” means that a child's application has been processed, the director has identified and assigned a care coordinator and a health care provider to provide care for the child, and the director may approve eligible services for payment. (*Indiana State Department of Health; 410 IAC 3.2-1-15; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2169; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 3.2-1-16 “Family” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 16. “Family” means a group of two (2) or more persons living together as one (1) economic unit. Two (2) separate households or economic units may reside under one (1) roof; however, each household must be economically independent of one another and must have its own source of income that is adequate to support itself without support from the other family. (*Indiana State Department of Health; 410 IAC 3.2-1-16; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2169; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

24 IR 4234)

**410 IAC 3.2-1-17 “Health care provider” defined**

Authority: IC 16-35-2-7

Affected: IC 16-21-2; IC 16-35-2

Sec. 17. “Health care provider” means a person who is licensed, registered, or certified in Indiana as a health care professional, including, but not limited to, the following:

- (1) A physician.
- (2) A dentist.
- (3) A registered nurse.
- (4) An optometrist.
- (5) A physical therapist.
- (6) An audiologist.
- (7) A speech-language pathologist.
- (8) A dietitian.
- (9) An occupational therapist.
- (10) A respiratory therapist.
- (11) A hospital licensed under IC 16-10-1 *[IC 16-10 was repealed by P.L.2-1993, SECTION 209, effective July 1, 1993. See IC 16-21-2.]*
- (12) A home health agency licensed under IC 16-10-2.5 *[IC 16-10 was repealed by P.L.2-1993, SECTION 209, effective July 1, 1993. See IC 16-21-2.]*

*(Indiana State Department of Health; 410 IAC 3.2-1-17; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2170; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 3.2-1-18 “Household” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 18. “Household” means all the persons who occupy a housing unit (house or apartment), whether they are related to each other or not, and who are living together as an economic unit. *(Indiana State Department of Health; 410 IAC 3.2-1-18; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2170; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 3.2-1-19 “Inpatient services” defined**

Authority: IC 16-35-2-7

Affected: IC 16-21-2; IC 16-35-2

Sec. 19. “Inpatient services” means medically necessary treatment related to a child's identified eligible medical condition that is received during an inpatient stay at a public or private facility licensed in accordance with IC 16-10-1 *[IC 16-10 was repealed by P.L.2-1993, SECTION 209, effective July 1, 1993. See IC 16-21-2.]* Eligible inpatient services include, but are not limited to, the following:

- (1) Semiprivate room and specialty care unit room charges.
- (2) X-rays.
- (3) Laboratory tests.
- (4) Use of the operating and recovery rooms.
- (5) Drugs and medications.
- (6) Oxygen therapy.
- (7) Blood products.

Eligible inpatient services do not include personal comfort items, services and supplies not directly related to the care of the child such as guest meals and accommodations, telephone charges, and take home supplies. *(Indiana State Department of Health; 410*

*IAC 3.2-1-19; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2170; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 3.2-1-20 “Laboratory services” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 20. “Laboratory services” means laboratory procedures that are medically necessary to complete a diagnostic evaluation. Laboratory services shall be performed on an outpatient basis unless inpatient services for this purpose are approved by the director. *(Indiana State Department of Health; 410 IAC 3.2-1-20; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2170; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 3.2-1-21 “Medical specialist” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2; IC 25-22.5

Sec. 21. “Medical specialist” means an individual with an unlimited license to practice medicine under IC 25-22.5 and who is certified by a specialty board that is approved by the American Board of Medical Specialties. *(Indiana State Department of Health; 410 IAC 3.2-1-21; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2170; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 3.2-1-22 “Nonemergent care” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 22. “Nonemergent care” means nonlife threatening situations that require care and follow-up but that require no immediate actions. Nonemergent care is consistent with routine primary care and includes the following:

- (1) Immunizations.
- (2) Routine follow-up of prior injuries or illness.
- (3) Suture removal.
- (4) Rashes.
- (5) Uncomplicated diarrhea.

*(Indiana State Department of Health; 410 IAC 3.2-1-22; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2170; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 3.2-1-23 “Person” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 23. “Person” means a corporation, an association, a partnership, or one (1) or more individuals. *(Indiana State Department of Health; 410 IAC 3.2-1-23; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2170; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 3.2-1-24 “Poverty income guidelines” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 24. “Poverty income guidelines” means the poverty income guidelines published annually in the Federal Register, by the Secretary of Health and Human Services, pursuant to 42 U.S.C. 9902(2) and 42 U.S.C. 9847, that provide an update of the poverty income guidelines to account for last year's increase in prices as measured by the Consumer Price Index. *(Indiana State Department of Health; 410 IAC 3.2-1-24; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2170; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 3.2-1-25 “Prescription drugs and medications” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 25. “Prescription drugs and medications” means insulin, insulin syringes, and other generically equivalent drugs and medications requiring a prescription under Indiana or federal law that are medically necessary for treatment or control of a medical condition affecting a child and that are not administered during inpatient care. (*Indiana State Department of Health; 410 IAC 3.2-1-25; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2171; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 3.2-1-26 “Primary care physician” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2; IC 25-22.5

Sec. 26. “Primary care physician” means an individual with an unlimited license to practice medicine under IC 25-22.5, providing health care services included in the basic package as defined at 410 IAC 3.2-7-2(b). (*Indiana State Department of Health; 410 IAC 3.2-1-26; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2171; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 3.2-1-27 “Primary care visits” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 27. “Primary care visits” means a child's outpatient visit with an approved health care provider that is conducted in accordance with recommendations of the American Academy of Pediatrics and includes the following:

- (1) An initial assessment of health problems.
- (2) A health history.
- (3) Measurements.
- (4) Sensory screening.
- (5) Developmental and behavioral assessment.
- (6) Physical examination.
- (7) Medically necessary procedures, including immunizations.
- (8) Appropriate discussion.
- (9) Referral.

(*Indiana State Department of Health; 410 IAC 3.2-1-27; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2171; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 3.2-1-28 “Processing an application” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 28. “Processing an application” means filling out the application form for the CSHCN program, all activity required for determining whether a child is eligible or ineligible for health care services available through the CSHCN program, and notifying the applicant of the decision. (*Indiana State Department of Health; 410 IAC 3.2-1-28; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2171; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 3.2-1-29 “Secondary care visits” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 29. “Secondary care visits” means a child's outpatient visit with an approved provider that includes, but is not limited to, an assessment of health problems and treatment of diagnosed uncomplicated health conditions and eligible medical conditions.

*(Indiana State Department of Health; 410 IAC 3.2-1-29; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2171; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 3.2-1-30 “State department of health” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 30. “State department of health” means the Indiana state department of health. *(Indiana State Department of Health; 410 IAC 3.2-1-30; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2171; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 3.2-1-31 “Surgery” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 31. “Surgery” means necessary professional services for surgical procedures, anesthesia services, use of the operating and recovery room, and supplies medically necessary to treat or correct a child's identified eligible medical condition. *(Indiana State Department of Health; 410 IAC 3.2-1-31; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2171; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 3.2-1-32 “Temporarily” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 32. “Temporarily” means, for purposes of determining financial eligibility, a child or family is temporarily living within another household or family if the child lives within the family or household for six (6) months or less. *(Indiana State Department of Health; 410 IAC 3.2-1-32; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2171; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**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. *(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)*

**410 IAC 3.2-1-34 “X-rays” defined**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 34. “X-rays” means x-ray procedures that are medically necessary to complete a diagnostic evaluation. X-rays shall be performed on an outpatient basis unless the director approved inpatient services for a specific purpose. *(Indiana State Department of Health; 410 IAC 3.2-1-34; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2172; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**Rule 2. Application**

**410 IAC 3.2-2-1 Eligibility to apply**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 1. (a) The following persons may apply for a child to receive health care services through the CSHCN program:

- (1) A child's parent (regardless of age).
- (2) A child's legal guardian.
- (3) An emancipated child who is under twenty-one (21) years of age, who is married or single, and who is not dependent on the child's parents for support.
- (4) A county department, if a child is a ward of the county.
- (5) A licensed child placing agency, if a child has been placed in their legal guardianship.
- (b) To apply for services, a parent, legal guardian, or emancipated child shall complete a written application.

(c) The state department of health shall not accept or process applications for children who are living in state operated penal and correctional institutions, state mental hospitals, the Indiana Soldiers' and Sailors' Children's Home, or other facilities where provisions for health care are made for children.

(d) The ability of a person to apply for the CSHCN program is not affected by lack of citizenship unless the child, the child's parents, or the child's legal guardian is in the United States on visas or under circumstances that limit their eligibility to receive public funds. The ability of a person to apply is not affected by the length of time of the person's residency in Indiana. A person must remain a resident in Indiana to continue receiving health care or care coordination services through the CSHCN program. (*Indiana State Department of Health; 410 IAC 3.2-2-1; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2172; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

#### **410 IAC 3.2-2-2 Intake location**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 2. (a) A person may apply for the CSHCN program at a county department located in the county where the child who may receive services through the CSHCN program resides or at any other location approved by the director.

(b) The director shall publish in the Indiana Register the address of approved locations other than the county departments where a child may apply for the CSHCN program. (*Indiana State Department of Health; 410 IAC 3.2-2-2; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2172; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

#### **410 IAC 3.2-2-3 County to county transfers**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 3. (a) When a child or the child's family moves from one (1) county to another county, the child or the child's family shall immediately notify the child's CSHCN program care coordinator.

(b) Whenever a county department is aware that a child or a child's family has moved to another county, the county department shall notify the child's CSHCN program care coordinator in writing of the child's new address. (*Indiana State Department of Health; 410 IAC 3.2-2-3; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2172; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

#### **410 IAC 3.2-2-4 Application process and enrollment in the Medicaid program**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 4. (a) The state department of health shall not complete the processing of an application and enrollment for the CSHCN program until the applicant shows evidence that the child is enrolled in the Medicaid program or that the child has applied for the Medicaid program.

(b) All children currently enrolled in the CSHCN program shall also meet the conditions specified in subsection (a).

(c) Refusal to comply with the provisions in subsection (a) shall be sufficient cause for the state department of health to deny or cancel enrollment and participation in the CSHCN program.

(d) If a child is denied enrollment in the Medicaid program, the state department of health shall complete the processing of the child's application for the CSHCN program. If the state department of health determines that a child is financially and medically

eligible for the CSHCN program, the effective date for payment of services provided by the CSHCN program shall be the date that the applicant submitted a written application form, for processing, for health care services through the CSHCN program.

(e) Children who are enrolled in the Medicaid program may apply for enrollment in the CSHCN program for the following purposes only:

- (1) Care coordination services.
- (2) Access to the CSHCN program's regional diagnostic and treatment centers.
- (3) Access to other approved providers.

(f) Costs of all eligible services, including travel reimbursement, for children dually enrolled in the Medicaid program and the CSHCN program shall be charged to the Medicaid program. The CSHCN program shall not pay for services that are paid for by the Medicaid program.

(g) Dual enrollment in no way expands the range of services that the CSHCN program provides or pays for.

(h) Dual enrollment does not create a right for children enrolled in the CSHCN program to receive or to be provided by the CSHCN program the range of services available, provided, or paid for by the Medicaid program.

(i) Any person who contracts with the state department of health to provide services shall be limited to the compensation provided for under the terms of the contract. (*Indiana State Department of Health; 410 IAC 3.2-2-4; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2172; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

#### **410 IAC 3.2-2-5 State department of health responsibilities in the application process**

Authority: IC 16-35-2-7

Affected: IC 4-21.5; IC 16-35-2

Sec. 5. (a) The processing of an application shall only be completed by the state department of health.

(b) The state department of health shall review the information and recommendations submitted by the county department.

(c) The state department of health may request additional information or clarification from the county department, and the county department shall provide such information upon request.

(d) The state department of health shall make the determination of financial and medical eligibility to participate in the CSHCN program after reviewing information submitted by the county department, provide the applicant with written notice of the decision taken on the application, and advise the applicant in writing of the right to reapply or appeal the decision in accordance with the Administrative Orders and Procedures Act (IC 4-21.5 et seq.).

(e) Except as provided in 410 IAC 3.2-4-1, the director shall set an effective date for payment of health care services as the date that a child or child's family submitted a written application form, for processing, for health care services through the CSHCN program. The director may set the effective date for payment of health care services retroactive up to a maximum of seven (7) working days according to the need for health care services. (*Indiana State Department of Health; 410 IAC 3.2-2-5; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2173; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

#### **410 IAC 3.2-2-6 County department responsibilities in application process**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 6. (a) The county department shall accept and act on all applications, signed by an applicant, except as provided in section 4 of this rule and 410 IAC 3.2-4-1.

(b) The county department shall be responsible for assisting in the completion of the application form and for all other activity necessary to determine whether the child is financially eligible or ineligible for services under the CSHCN program. The county department shall submit to the state department of health its recommendations concerning the financial eligibility or ineligibility of the child.

(c) To assist in the completion of the application process, the county department shall do the following:

- (1) Accept applications for the CSHCN program in accordance with section 1 of this rule.
- (2) Explain the information that the applicant needs to supply the county department.
- (3) Assist the child and family in completing the CSHCN and Medicaid applications.
- (4) Explain the available CSHCN program health care and care coordination services.

- (5) Inform families that they are required to inform the county department or state department of health of significant changes in financial circumstances or of a change of address.
  - (6) Explain the eligibility requirements.
  - (7) Explain the appeals process.
  - (8) Verify the child's age by reviewing the child's birth certificate.
  - (9) Verify the child's residency by reviewing at least one (1) of the following:
    - (A) Rent or property payment receipts.
    - (B) Utility records.
    - (C) City directory.
    - (D) Voter's registration.
    - (E) Driver's license.
    - (F) Federal income tax returns.
  - (10) Explain any other information provided or requested by the director.
  - (11) Document the type of services that the applicant is requesting.
  - (12) Document the child's medical problem according to the applicant.
  - (13) Document the name of the physician or other provider, including hospitals or emergency departments, that last examined the child and the date and location of the most recent physical examination.
  - (14) Document health insurance information in accordance with 410 IAC 3.2-5-1.
- (d) Except as provided in section 4 of this rule and 410 IAC 3.2-4-1, the county department shall act on all applications and forward all applications to the state department of health within thirty (30) calendar days of the date of application.
- (e) The county department shall recommend denial of an application for one (1) or more of the following reasons, including, but not limited to:
- (1) Voluntary withdrawal by the applicant.
  - (2) Location of the child or family is unknown.
  - (3) Failure of the child or family to cooperate in the processing of the application.
  - (4) For a child not enrolled as of December 31, 1992, the child or the child's family is financially ineligible for the CSHCN program.
  - (5) Child or the child's family fails or refuses to apply for the Medicaid program in accordance with section 4 of this rule.
  - (f) The county department shall forward to the state department of health, within thirty (30) calendar days of the date of application, the recommendation to deny an application. The county department shall include written documentation to substantiate the recommended decision. (*Indiana State Department of Health; 410 IAC 3.2-2-6; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2173; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

### **Rule 3.     Reevaluation of Eligibility**

#### **410 IAC 3.2-3-1   Reevaluation of eligibility and criteria for closure**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 1. (a) The state department of health shall reevaluate the financial eligibility and medical eligibility of the children enrolled in the CSHCN program no less frequently than every twelve (12) months.

(b) Upon completion of an annual reevaluation, the state department of health shall stop providing or paying for health care services as of a date certain for one (1) or more of the following reasons, including, but not limited to:

- (1) Death of the child.
- (2) Child has reached twenty-one (21) years of age.
- (3) Child is no longer an Indiana resident.
- (4) Location of child or family is unknown.
- (5) Child or the child's family refuses further health care services.
- (6) Child is institutionalized in a public or private facility that provides health care services.
- (7) Child or the child's family fails to cooperate in the process of determining or reevaluating financial or medical eligibility.

(8) For a child not enrolled as of December 31, 1992, the child or the child's family is financially ineligible for the CSHCN program.

(9) For a child not enrolled as of December 31, 1992, the child's physical condition no longer meets the criteria for medical eligibility for the CSHCN program.

(10) Child or the child's family voluntarily withdraws from the CSHCN program.

(11) Failure of the child or family to disclose or utilize health insurance benefits.

(12) Failure of the child or family to disclose any of the following:

(A) Monetary gifts.

(B) Contributions.

(C) Funds raised by popular subscription to assist a child.

(D) Prizes.

(E) Winnings.

(F) Awards.

(G) Inheritances.

(13) The recommendations contained in the child and family service plan have been met.

(c) Any child enrolled in the program as of December 31, 1992, shall be deemed financially and medically eligible and shall not thereafter be removed from the program solely because the child would become medically or financially ineligible under 410 IAC 3.2-6-1(a), 410 IAC 3.2-6-1(b), or 410 IAC 3.2-6-2(b). (*Indiana State Department of Health; 410 IAC 3.2-3-1; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2174; errata filed Jul 27, 1993, 9:00 a.m.: 16 IR 2859; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

#### **Rule 4. Availability of Funds**

##### **410 IAC 3.2-4-1 Availability of CSHCN funds**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 1. (a) The availability and range of all health care services, care coordination services, and travel reimbursement provided to children enrolled in the CSHCN program and their families is contingent upon the availability of funding.

(b) If the commissioner makes a written determination that sufficient funds, in addition to those required to fund services for children already enrolled in the program, are not appropriated or otherwise available to support the costs of health care services for children not already enrolled in the CSHCN program, the state department of health shall document the need for such funds or services by accepting application inquiries in accordance with the provisions specified in this rule.

(c) Applications filed and in the possession of the state department of health prior to the commissioner's written determination, but upon which no determination of eligibility has been made, shall be processed.

(d) If the commissioner subsequently makes a written determination that sufficient funds are appropriated or otherwise available to support the cost of health care services for additional children, the state department of health shall notify, in writing, those persons whose application inquiries are in the possession of the state department of health and who may now be eligible to have their application processed as determined by the availability of funding.

(e) The commissioner shall cause the posting of written notices in conspicuous places in the CSHCN program offices and clinics and in other locations where such notices are likely to be seen by prospective applicants when a determination has been made as described in subsection (b). The written notices shall state the following:

(1) That as of a date certain, the CSHCN program is no longer processing applications because of insufficient funds.

(2) Any other information the state department of health may deem necessary.

(f) The commissioner shall cause the posting of the notice set forth in subsection (e) at least fourteen (14) days prior to terminating the processing of applications for the CSHCN program.

(g) If the commissioner has made a written determination that processing of applications shall not continue, the county department shall, nevertheless, continue to obtain, from prospective applicants, an application inquiry form containing the following information:

(1) Name, address, and telephone number.

(2) Date that the prospective applicant came to the county department to make an application inquiry.

(3) Any other additional information required by the commissioner.

(h) The county department shall inform the prospective applicant that the signing of the application inquiry form and providing of information described in subsection (g) does not mean that the state department of health will process the application inquiry. The prospective applicant shall also be informed the completion and mailing of the application inquiry by the county department to the state department of health does not necessarily ensure eligibility for health care services under the CSHCN program. The county department shall also provide any additional information to the prospective applicant as may be required by the commissioner.

(i) The county department shall send the information provided in accordance with subsection (g) to the state department of health within fourteen (14) days of the filling out of the application inquiry as described in subsection (g).

(j) The commissioner shall cause the posting of written notices in conspicuous places in the CSHCN program offices and regional diagnostic and treatment centers and in other locations where such notices are likely to be seen by prospective applicants when the CSHCN program reinstates processing applications.

(k) The written notices shall state the following:

(1) The CSHCN program is reopening the processing of applications.

(2) Prospective applicants must contact the county department to complete the application.

(3) The effective date for payment of health care services.

(4) The prospective applicant's failure to contact the county department within thirty (30) days of notification shall result in the application not being processed.

(l) The state department of health shall also notify, in writing, the county department concerning the reopening of the CSHCN program. The written notice shall include the following information:

(1) The estimated number of prospective applicants that may be processed within the limitations of available funding.

(2) An individual listing of the prospective applicants residing within the county whose applications may be eligible for processing.

(m) The state department of health shall mail written notification to the county department and prospective applicants within fourteen (14) days of the date that the commissioner determines that the CSHCN program will resume processing applications.

(n) The county department shall keep copies of the written notification to the prospective applicants and shall make a written record of any other efforts made to notify the prospective applicants. These records shall be made a part of the county department's CSHCN program files and shall be open to the director for review.

(o) The state department of health will reopen the CSHCN program to prospective applicants in the order that the application inquiry information described in subsection (g) is received by the state department of health.

(p) For purposes of this rule, a transfer from one (1) county to another of a child already receiving health care services under the CSHCN program shall not be considered to be a new applicant unless the child or family has not notified their CSHCN care coordinator in accordance with 410 IAC 3.2-5-2. (*Indiana State Department of Health; 410 IAC 3.2-4-1; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2174; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

## **Rule 5. Information**

### **410 IAC 3.2-5-1 Health insurance information and utilization**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 1. (a) The county department shall document information on any health insurance that the child's family may have.

(b) Families shall provide health insurance information to the county department. Families shall also release health insurance information to the providers when services are rendered.

(c) Families that are reimbursed directly by an insurance company shall reimburse the provider.

(d) The CSHCN program shall be a payor of last resort. Providers shall bill a family's health care insurance prior to submitting a claim to the CSHCN program for payment of a claim. Providers shall include an insurance rejection or payment statement on the claim when submitting the claim to the CSHCN program for payment. (*Indiana State Department of Health; 410 IAC 3.2-5-1; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2176; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 3.2-5-2 Family responsibility to disclose information**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 2. A person who is applying for CSHCN services or a family of a child enrolled in the CSHCN program shall immediately do the following:

- (1) Inform the child's CSHCN care coordinator of changes in their financial circumstances that may affect the family's financial eligibility.
- (2) Inform the child's CSHCN care coordinator of any plans that the family has to move to a new address within the current county of residence, to another county, or to another state.
- (3) Inform the child's CSHCN care coordinator of changes in the child's medical condition that may affect the child's medical eligibility.
- (4) Inform the child's CSHCN care coordinator of any changes in the child's health insurance benefits.

*(Indiana State Department of Health; 410 IAC 3.2-5-2; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2176; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**Rule 6. Eligibility**

**410 IAC 3.2-6-1 Financial eligibility**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 1. (a) A child not enrolled as of December 31, 1992, is financially eligible for the CSHCN program services set forth in 410 IAC 3.2-7-2 and 410 IAC 3.2-7-3 if the child's family's gross income is equal to or less than one hundred eighty-five percent (185%) of the financial eligibility standard. A child must also be medically eligible according to section 2 of this rule.

(b) If funds are available in addition to those required to provide services to enrolled children eligible under subsection (a), and if the gross income of the family of a child not enrolled as of December 31, 1992, is greater than one hundred eighty-five percent (185%), but less than or equal to two hundred fifty percent (250%) of the financial eligibility standard, such child may be determined to be financially eligible to receive CSHCN program services or insurance. A child must also be medically eligible according to section 2 of this rule.

(c) To determine financial eligibility under the CSHCN program, the county department shall utilize the financial eligibility schedule equal to one hundred eighty-five percent (185%) of the poverty income guideline by family size. The state department of health shall provide the county department with the financial eligibility schedule.

(d) The state department of health shall publish annually in the Indiana Register the poverty income guidelines used to determine the financial eligibility for the CSHCN program.

(e) For purposes of determining financial eligibility, income includes the following:

- (1) Public assistance or welfare payments.
- (2) Monetary compensation for services, including wages, salary, commissions, or fees.
- (3) Net income from farm and nonfarm self-employment.
- (4) Social Security.
- (5) Dividends or interest on savings, stocks or bonds, income from estates or trusts, or net rental income.
- (6) Unemployment compensation.
- (7) Government pensions, civilian or military, or veterans' payments.
- (8) Private pensions or annuities.
- (9) Alimony or child support.
- (10) Regular contributions from persons not living in the household.
- (11) Net royalties.
- (12) Other cash income not previously designated. Other cash income includes, but is not limited to:
  - (A) cash amounts received or withdrawn from any source, including savings, investments, trust accounts, lottery, or other prize winnings;

- (B) settlements or awards resulting from lawsuits;
  - (C) monetary gifts;
  - (D) contributions and funds raised by popular subscription; and
  - (E) other resources that are available to the child's family.
- (f) For purposes of determining financial eligibility, the following shall not be considered income:
- (1) Payments or allowances received pursuant to the Home Energy Assistance Act of 1980.
  - (2) The value of assistance to children or their families under the National School Lunch Act, the Child Nutrition Act of 1966, and the Food Stamp Act of 1977.
  - (3) Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.
  - (4) Any payment to volunteers under Title I (VISTA and others), Title II (RSVP - foster grandparents, and others) of the Domestic Volunteer Service Act of 1973.
  - (5) Payment to volunteers under Section 8 of the Small Business Act (SCORE and ACT).
  - (6) Payments received under the Job Training Partnership Act.
  - (7) Educational grants and student loans.
  - (8) College or university assistantships.
  - (9) Subsidized housing.
  - (10) Food allowance or subsidized housing for military personnel or military housing allowances received by families living off base.
- (g) If an individual or family is temporarily living within another household, only the income of child or family applying for the CSHCN program shall be used for determining financial eligibility.
- (h) The county department shall verify a family's income by reviewing any one (1) or more of the following:
- (1) A card or other written documentation indicating that the applicant is currently enrolled in the Special Supplemental Food Program for Women, Infants, and Children (WIC).
  - (2) Check stubs from the three (3) most recent consecutive pay periods.
  - (3) Most recently filed federal income tax form.
  - (4) Other written documentation approved by the director.
- (i) Farm income may be determined by having the applicant show the applicant's most recently filed Internal Revenue Service tax form.
- (j) Nonfarm self-employment may be determined by having the applicant show the most recently filed Internal Revenue Service tax form.
- (k) Monetary compensation for services, including wages, commissions, or fees may be determined by having the applicant show the most recently filed Internal Revenue Service tax form.
- (l) If an applicant states that they receive no income, the county department shall ask the applicant, and document in writing, how the applicant receives economic support for food, shelter, clothing, health care, and other needs. The county department and the state department of health may use this information to assist with care coordination services and referrals.
- (m) Income received irregularly shall be averaged over a twelve (12) month period.
- (n) If a child marries after the child is enrolled in the CSHCN program, the child's financial eligibility shall be reevaluated.
- (o) If a child is adopted after the child is enrolled in the CSHCN program, and there is a court order for support of the child, the child shall continue to be financially eligible for the CSHCN program. (*Indiana State Department of Health; 410 IAC 3.2-6-1; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2176; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

#### **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 PO<sub>2</sub> 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.

*(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)*

## **Rule 7. Delivery Systems**

### **410 IAC 3.2-7-1 Health care service delivery system**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 1. (a) The director shall select and approve physicians and other persons to provide health care services to children enrolled in the CSHCN program.

(b) To enable the child to receive health care services in a setting that is most appropriate for the type of medical condition affecting the child, the director may assign a child enrolled in the CSHCN program to receive the eligible health care services set forth in sections 2 and 3 of this rule from one (1) or more approved primary care physicians, medical specialists, or other health care providers.

(c) The CSHCN program shall only pay for the health care services set forth in section 2 of this rule if such health care services are provided in the state of Indiana.

(d) Health care services set forth in section 3 of this rule may be provided outside the state of Indiana if the director determines that the specific health care service is not readily available to a child within the state of Indiana. *(Indiana State Department of Health; 410 IAC 3.2-7-1; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2179; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 3.2-7-2 Basic services included in the health care service package**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 2. (a) The availability and provision of health care services included in the basic service component is contingent upon the availability of program funding.

(b) The CSHCN program shall pay no greater than the Medicaid rate for any health care services included in the basic service package as defined as follows:

(1) Primary care visits conducted by approved providers in accordance with recommendations from the American Academy of Pediatrics.

(2) Secondary care visits at approved providers for medically necessary diagnostic and treatment services.

(3) Drugs and medications requiring a prescription under Indiana or federal law that are medically necessary for treatment or control of any medical conditions affecting the child. Insulin and insulin syringes shall be provided when prescribed by an approved provider.

(4) Immunizations required by Indiana law and administered in accordance with recommendations from the American Academy of Pediatrics and the Centers for Disease Control.

(c) The CSHCN program shall provide or pay only for generically equivalent drugs and medications unless a generically equivalent drug or medication is not available or is medically contraindicated.

(d) If a prescription is filled under the CSHCN program, the pharmacist shall substitute a generically equivalent drug product if the substitution would result in a lower price unless:

(1) the words "Brand Medically Necessary" are written in the practitioner's own writing on the form; or

(2) the practitioner has indicated that the pharmacist may not substitute a generically equivalent drug product by orally stating that a substitution is not permitted.

(e) If the practitioner orally states that a generically equivalent drug product may not be substituted, the practitioner must subsequently forward to the pharmacist a written prescription with the "Brand Medically Necessary" instruction appropriately indicated in the physician's own handwriting.

(f) The brand name of the prescribed drug product may not be included on the prescription container label unless it is the drug product actually dispensed.

(g) The pharmacist shall record on the prescription the name of the manufacturer or distributor, or both, of the actual drug product dispensed under this section.

(h) The CSHCN program shall not pay for over-the-counter drugs, medications, or supplies. Vitamins, nutritional supplements, and formula shall be provided only when medically necessary for treatment of an eligible medical condition, when these items are not provided through other programs, including, but not limited to, the Special Supplemental Food Program for Women, Infants, and Children (WIC) and when authorized by the director. (*Indiana State Department of Health; 410 IAC 3.2-7-2; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2179; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**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.

(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.
- (5) Epilepsy.
- (6) Hydrocephalus.
- (7) 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*)

## **Rule 8. Coordination Services**

### **410 IAC 3.2-8-1 Care coordination services**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 1. The availability and provision of care coordination services is contingent upon the availability of CSHCN program funding. (*Indiana State Department of Health; 410 IAC 3.2-8-1; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2180; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

## **Rule 9. Travel**

### **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) The director shall not reimburse a child or family for total distances traveled that are less than fifty (50) miles per round trip. *(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)*

#### **Rule 10. Confidentiality**

##### **410 IAC 3.2-10-1 Confidentiality**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 1. The state department of health shall treat the medical information of children applying for and enrolled in the CSHCN program as confidential and follow all appropriate state and federal laws regarding the confidentiality of medical information. *(Indiana State Department of Health; 410 IAC 3.2-10-1; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2181; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

#### **Rule 11. Advisory Council**

##### **410 IAC 3.2-11-1 Advisory council**

Authority: IC 16-35-2-7

Affected: IC 16-35-2

Sec. 1. The director shall periodically report to the advisory council on the administration of the CSHCN program, including, but not limited to, providing information on the fiscal status of the CSHCN program. *(Indiana State Department of Health; 410 IAC 3.2-11-1; filed Apr 12, 1993, 5:00 p.m.: 16 IR 2181; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

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