Beginning January 1, 2011 the CSHCS Program will offer Care Coordination services to participants and their families. CSHCS participants with chronic illnesses or disability often have complex medical, educational, social and vocational needs that require a wide range of services. The number of providers and agencies involved can be overwhelming to the participant/family. CSHCS Care Coordination staff will be available to assist participants/families in their efforts to understand the medical home concept and to ensure that the participant/family receives appropriate, comprehensive family-centered care.

Care Coordinators will be contacting all new participants/families to discuss the needs and priorities of the participant/family and attempt to link families with appropriate community resources, providers/agencies to assist them. Referrals outside medical needs might include referrals to food pantries, housing, school related services, as well as information on support groups and connections to other family support organizations within Indiana.

Linda West, R.N. will manage and oversee the unit. She brings many years of nursing experience to this position. She has been with the State Department of Health for over 25 years and with the CSHCS Program for many years. Judi Johnson, State Consultant, Training Coordinator has over 10 years experience with the CSHCS Program and has provided care coordination in the past.

You may contact the Care Coordination unit by calling (317) 233-1351 if local or 1-800-475-1355 and asking for Linda West or Judi Johnson. There will also be a new option to select for Care Coordination on the directory after January 3, 2011.

We look forward to working with you to provide the best support possible for our participants and their families.
Bits & Pieces

Some participants in CSHCS may have one or more additional conditions diagnosed after their original approval and effective date with the program. The new condition/s may or may not be eligible for CSHCS coverage. Information about the new condition should be sent to the CSHCS Eligibility Unit for consideration.

The participant's physician may send written medical information, or if the participant has a copy of the medical information, she/he may send it with a request that the new diagnosis be added. The information will be reviewed and when a decision is made, a letter will be sent to the participant. If the condition is found to be eligible, the letter will contain the name of the new eligible condition and its effective date. The effective date may be different than the original effective date of other conditions for which the participant is enrolled.

If the new condition is not eligible, the letter will contain the name of the condition and the reason it will not be added.

Oral Health

Depending on the individual circumstances, the treatment of oral disorders may or may not be a covered through CSHCS (or Medicaid). Even if a child is not eligible for dental care through CSHCS (or Medicaid), his/her parent or guardian will often ask their health care providers about oral health and the prevention and treatment of oral disorders. I would like to take this opportunity to provide you with some sources of information concerning oral health in general, and oral health care in Indiana.

The vast majority of individuals in Indiana obtain their oral health care through dentists in private practice. Fortunately, there are many dentists in Indiana that provide low-cost care to needy children either in their private practice, or through clinics with which they are affiliated.

One of the easiest ways for parents or guardians of children to find a dentist or clinic near them that provides low-cost care is to call the HELPLINE at the Indiana State Department of Health (ISDH). The number for the Indiana HELPLINE is 1-800-433-0746.

For those of you who want more information about oral health I have provided a few online resources. Listed are two articles specifically addressing oral health for children and adolescents with special health care needs:

Oral Health for Children and Adolescents with Special Health Care Needs: Challenges and Opportunities,
(http://www.mchoralhealth.org/PDFs/SHCNfactsheet.pdf),

Strategies for Improving the Oral Health System of Care for Children and Adolescents with Special Health Care Needs,

The following list contains the names of organizations that provide general information about oral health and oral disorders that you may find informative:

National Institute of Dental and Craniofacial Research,
(http://www.nidcr.nih.gov/OralHealth),

National Center on Birth Defects and Developmental Disabilities,
(http://www.cdc.gov/ncbddd/index.html),

National Maternal and Child Oral Health Resource Center,
(http://www.mchoralhealth.org).

I hope this information proves useful, and if you have any specific topics on oral health or oral disorders you would like addressed in future CSHCS Newsletters, please let me know.

Article written by
Dr. James R. Miller, DDS, MSD, Ph.D
State Oral Health Director
IN CISS Project: (Indiana Community Integrated Systems of Services Project)

The Medical Home Learning Collaborative includes nine physicians and their staff including both pediatrics and family medicine. 12 more practices will be added this Fall. Judy Ganser, MD, Title V Medical Director and Kim Minniear, Operations Director of the Children's Special Health Care Services Division support the MHLC Resource Team which includes Nancy Swigonski, MD, IU School of Medicine, Sarah Stelzner, MD, AAP Co-President, Meredith Edwards, IN Academy of Family Physicians, Mary Jo Paladino, Project Facilitator and Angela Paxton, Parent Consultant.

The Collaborative meets bi-weekly on half hour conference calls to share successes, challenges and updates regarding quality improvement projects and other issues involving Medical Home. The MHLC Resource Team also presents specific topics relating to Medical Home implementation. Topics include improving access for patients through brochures, better telephone triage or office procedures, care coordination, and improving the partnership between the provider and the family. The MHLC Resource Team also makes site visits to the practices to provide consulting, support and community resources.

Each provider’s office has a Medical Home Quality Improvement Team. Teams consist of at least one physician and 2-3 clinic staff that may include other providers, nurses, care coordinators, office managers, medical assistants, and social workers. Another important member to the MH team is the family or parent partner. If the family is unable to attend the QI meetings, their perspective can be shared in other ways. They may give input on current office procedures or make suggestions for new quality improvement projects. This can occur over the telephone or in an email. A suggestion box or comment card may be available in the waiting room of the office. There are many ways to utilize patients or family members and gain the family perspective.

The MHLC Resource Team continues to see progress and successes at all of the offices in the Collaborative. A big part of these successes are due to the collaborative nature of the team. When the different offices come together at a conference call or meeting, they learn from one another. Another reason for their success is the inclusion of a family or patient partner. Requesting, accepting and implementing the family perspective is the beginning of a true partnership between the provider and the patient, which results in a true medical home.

For more information contact the MHLC Resource Team-Mary Jo Paladino, mpaladino@isdh.in.gov or Angela Paxton, apaxton@isdh.in.gov

Article written by Angela Paxton, Parent Consultant

September 2010

Friendly Reminders

Please notify the CSHCS Program if any of the following events should happen:

- Changes in household income (lose job, new job)
- Emergency treatment or hospital admission for eligible medical condition.
- Participant marries/divorces
- Parent/guardian has a name change as a result of marriage or divorce
- Participant’s emancipation (moves out on his/her own, supports self).

There is a change in the number of household members.

These changes should be reported within five (5) business days.

Note: Please review the CSHCS Participant Manual for additional information and for other helpful items.
Spotlight on Disease: Juvenile Rheumatoid Arthritis (JRA)

It can begin with a spiking fever, an unexplainable rash, or a swollen knuckle, a diagnosis of arthritis can be unexpected and confusing, for you and for your child.

There are approximately 6,400 children in Indiana diagnosed with JRA, and over 300,000 in the United States.

The causes of JRA in kids are unknown. Doctors do know that it is an autoimmune disease in which the body’s own white blood cells attack healthy tissues.

There are three types of arthritis. Oligoarticular JRA affects one to four joints. The knee and wrist are the most commonly affected. Polyarticular arthritis affects more girls than boys, and attacks the small joints of the hands as well as the weight-bearing joints: knees, hips, ankles, feet, and neck.

Systemic JRA affects the whole body. The child may experience high fever, appear pale, or develop a rash.

To diagnose any type of JRA, doctors may order a battery of tests, which could include a complete blood count, blood cultures, a bone marrow examination or a bone scan. There may be other tests that the primary doctor or the rheumatologist might order.

Treatment for JRA may include medications, physical therapy and exercise. The CSHCS program, with proper authorization, can help pay for these treatments and for any assisted devices that the doctor may prescribe. Those devices could include walkers and/or braces.

Physical therapy and exercise is a very important key in the treatment of JRA. Regular movement can help to relieve pain and inflammation, slow down or prevent the destruction of joints or restore the use and function of joints. It can also help promote optimal growth, and the social and emotional development in your child.

Information gathered from an article at www.kidshealth.org. Visit it for more information and other helpful insight on Arthritis.