

# Children with Special Health Needs (CSHN) Connection January 2025



Dear Colleagues and Community Partners,

And just like that it's 2025! We welcome in a New Year, taking time for reflection on the year that has passed and planning for the year to come. As providers we continuously look for opportunities to grow our skills and resources to better serve our communities, so this issue of *CSHN Connections* has some resource reminders and upcoming learning opportunities.

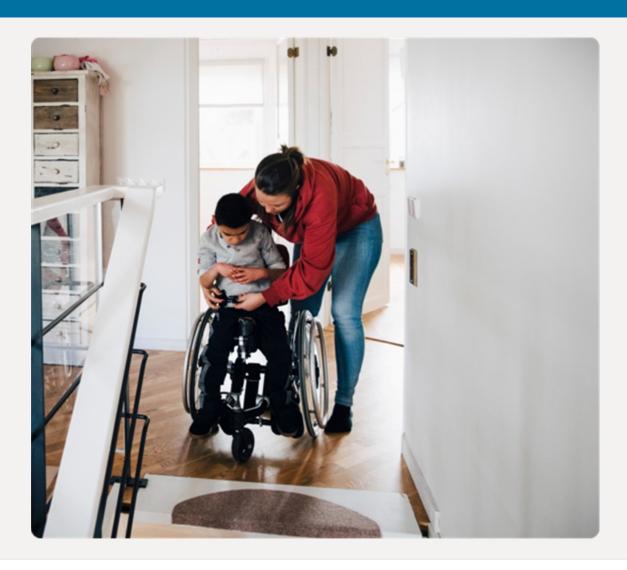
We hope 2025 is a year of growth, health, and connection and we look forward to continued partnership. As the days, weeks, and months pass may we reach our goals individually and collaboratively with equal parts resolve and joy.

**CSHN Connections Team** 

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# CSHN Program Spotlight: Children's Personal Care Services (CPCS)



**Children's Personal Care Services (CPCS)** is financial assistance for eligible children, youth, and young adults in need of extra help doing their age-appropriate activities of daily living: dressing, bathing, grooming, toileting, eating, and/or mobility. To be eligible, a child must: be younger than age 21, have <u>Vermont Medicaid</u>, be diagnosed with a health condition or disability by a licensed medical provider or clinician; and need help with their activities of daily living.

#### Program data

There are 1,044 children, adolescents, and transition age youth enrolled in the Children's Personal Care Services (CPCS) program as of December 2024.

#### What was new in 2024?

- As part of CPCS's efforts to continue building pathways of accessibility for eligible children and families, the CPCS Healthcare Administrative Rules was updated in April 2024 to include Legally Responsible Adult (LRA) payments for parents and caregivers who are facing barriers to hiring a personal care attendant.
- LRA payments are intended to be temporary financial support for families or caregivers who are providing additional personal care assistance to a CPCS eligible child or youth in their household, until they can hire an employee to provide this support.

#### What we're excited for in 2025

- Rolling out an updated and streamlined electronic intake later in the year.
- Working with CSHN Family Partners to seek input and family expertise on new forms and processes.

**CPCS holds monthly assessor trainings** – check our <u>website</u> for the schedule!

If you have a health system issue you would like to report or discuss, please contact <a href="mailto:AHS.VDHCSHN@vermont.gov">AHS.VDHCSHN@vermont.gov</a>.

To learn more about our program and available resources visit our website.

# Community Partner Spotlight: Pediatric Grand Rounds

**Pediatric Grand Rounds** are provided by academic medical centers.

The first Grand Rounds took place in Paris in the late 1600s. With the formation of the American Association of Pediatrics in the 1930s, pediatric Grand Rounds started appearing in medical schools.

Vermont has 2 academic medical centers: **University of Vermont Medical Center** (Robert Larner School of Medicine) and Dartmouth Health Children's Hospital at Dartmouth (CHaD). Both offer weekly Pedi Grand Rounds on Wednesday mornings at 8am; with recordings posted later in the week. Both Pedi Grand Rounds cover differing topics and formats; each might be of interest to your work.

The Department of Pediatrics at the **University of Vermont Robert Larner College of Medicine and the University of Vermont Children's Hospital** provide new information on the diagnosis and treatment of pediatric health conditions and focus on issues of relevance to the health and wellbeing of children and their families. There is a major emphasis on evidence-based practice, quality improvement, family-centered care, and narrowing disparities in pediatric health care delivery. Speakers are interprofessional and can include the public and family members. Sessions are in the Davis Auditorium on the UVMC campus. Topics are posted the month ahead. Contact Penelope Marchessault for more information.

Pediatric Grand Rounds at **Dartmouth Health CHaD** are ACCME-accredited conferences providing information from scientific/academic, quality, or public health arenas, leading to the improvement of child health from an individual, health care system, and/or societal level. Speakers are asked to present on how they address issues of health equity from an educational, research, clinical, or systems standpoint or may focus on inequities stemming from racism, sexism, geographical/economic bias, or other social determinants of health.

The audience is interdisciplinary. There is a small in-person audience of 25-30 people and a much larger livestream audience of 50-75 people.

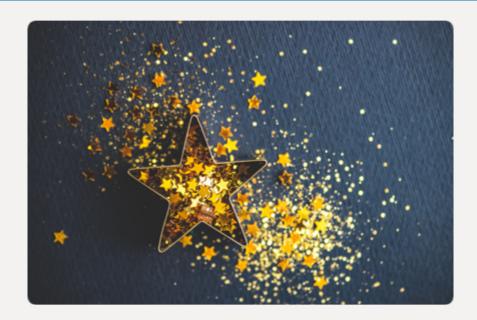
Special upcoming pediatric grand rounds are:

- Colin Stewart Memorial Speaker on March 5<sup>th</sup>: Eileen Costello, MD, Chief of Ambulatory Pediatrics at Boston Medical Center and Sara Stulac, MD, MPH, Pediatrician and Medical Director of the Primary Care Pediatrics at Boston Medical Center
- Joint Pediatric Grand Rounds with Anesthesiology and the Department of Surgery on March 12<sup>th</sup>: Chethan Sathya, MD, Pediatric Trauma Surgeon and National Institutes of Health funded firearm injury prevention researcher and Director, Center for Gun Violence Prevention at Northwell Health.

Additionally, the CHaD Mini Fellowship Series occurs every other month on the 3<sup>rd</sup> Wednesday, from November through May. This focuses on specific areas of health. This year, the focus is on pain management for children. Future dates include March 19<sup>th,</sup> and April 16<sup>th</sup>.

Pediatric Grand Rounds has been educating learners from all different disciplines at Dartmouth Health and beyond for many years. Visit <u>Pediatric Grand Rounds</u> for more information or visit online at Pediatric Grand Rounds at Dartmouth Health and Virtually.

## **CSHN Updates**



#### **CSHN's Webpage Updates: Resources for Families and Providers**

#### **Helping Families Moving to Vermont**

Our team at Vermont Department of Health, Children with Special Health Needs (Vermont Department of Health) is looking to engage with families who have a child with special health needs (chronic medical condition or developmental disability) and who have moved to Vermont from another state in the last 2 years. We are seeking to better understand the experience of planning, preparing, and moving to the state within the context of transferring and accessing healthcare for children with complex needs. The work will inform the creation of recommended protocols and practices as well as materials to support families moving to Vermont in the future.

Please share widely to any families with a child with special health needs that is new to Vermont. Participation is completing a survey that takes about 10 minutes and we will compensate families \$25 for their time.

If you or someone you know are interested in participating this study or have additional questions, please contact Marinell Newton at <a href="Marinell.newton@vermont.gov"><u>Marinell.newton@vermont.gov</u></a> or 802-578-2667.



Adult sitting with child on sofa. Both wearing striped shirts. Child wearing glasses.

## **Resources for Families**

### Do you know about...?

### **Obtaining Durable Medical Equipment (DME)**

- 1. Provider/PCP refers to an evaluator for an assessment, usually a physical or occupational therapists. The DME vendor is the company that provides the equipment. Note: If the DME needed is simple, it may not need an assessment. The evaluator will decide what kind of DME is needed and send an assessment form to the provider/PCP.
- 2. Provider/PCP will write a prescription, sign the assessment form, and send a prescription for the DME to the vendor.
- 3. The DME vendor will ask Medicaid for prior authorization. If you do NOT need prior authorization, skip to step 5. If prior authorization is needed for the DME, the vendor will send information about patient and the DME needed to Medicaid. A clinical reviewer will review the information. If the reviewer needs more information, Medicaid will ask the DME vendor to send it. The vendor must send the information within 12 days. Once Medicaid has all the information, the reviewer must make a decision within 3 business days.
- 4. Medicaid will send the patient, provider/PCP, and the vendor a letter or Notice of Decision. In Vermont, the Department of Vermont Health Access (DVHA) runs Medicaid, so the letters will be from DVHA.
- 5. If Medicaid approves, the DME vendor the orders the DME and provides to the patient. If Medicaid does NOT approve, the patient can appeal the decision. To appeal, call Medicaid Member Services at 1- 800-250-8427. Medicaid has worked hard to shorten the amount of time it takes to approve a request for DME in Vermont. This website offers in-depth information including equipment specific guidelines: Vermont Medicaid Provider Manual

# What is Early Periodic Screening Diagnostic Treatment (EPSDT)?

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are

enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health and specialty services.

- **Early:** Assessing and identifying problems early
- **Periodic:** Checking children's health at periodic, age-appropriate intervals
- **Screening:** Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
- Diagnostic: Performing diagnostic tests to follow up when a risk is identified, and
- Treatment: Control, correct or reduce health problems found." Medicaid.gov

#### What is important for providers to know?

- In addition to routine care, <u>EPSDT</u> can be considered for medications, equipment, and services not typically covered by Medicaid.
   The <u>policy</u> states that EPSDT services include, "'medical assistance'...regardless of whether the service is listed in the Medicaid State Plan or administrative rule, and regardless of whether the service is covered or has limitations for Medicaid beneficiaries 21 years old and older."
- Making an EPSDT request initiates a specific review process for services beyond what is considered commonly covered by Medicaid.
- There is no EPSDT form. To make an EPSDT Request, use the <u>DVHA Prior</u>
   <u>Authorization Form</u> and be sure to clearly indicate "**EPSDT Request**" at the top to ensure the request is processed correctly.
- You may want to consider making an EPSDT request when appealing a denial.

### **Family Needs Assessment**

Opportunity for families. Please share!

We need your help!

Our partners at **Building Bright Futures** and Stanford University want to hear from families! The RAPID Survey Project is searching for parents of young children (ages birth to 5 years old) to participate in an ongoing survey. The RAPID Survey collects information from households with young children from across the U.S. to better understand their needs and well-being.

The January survey closes on Monday, January 27th, at 9:00am PT.

The survey can be found here:

January Survey Link: <a href="https://tinyurl.com/rapidec-bbf">https://tinyurl.com/rapidec-bbf</a>

#### **January QR Code:**





Flyer pdf that includes QR code for the survey.

### Ongoing webinar series for Vermont providers and families:

Vermont Quality in Public Health Care (VPQHC) <u>Quality Improvement Training series</u> for QI staff and clinical leaders, 6 part series through June 2025.

Vermont Family Network (VFN) is hosting several upcoming webinars:

"School to Employment and Independent Living: <u>How Can Client Assistance</u> <u>Programs Help?</u>" January 23, 10-11am

"The New Adverse Effect Rule" January 28, 1-2pm

"Navigating Dispute Resolution in Special Education" Feb 6, 10-11am

"<u>Demystifying Disabled Children's Home Care</u> (Katie Beckett)" Feb 13, 10-11am And VFN has a wealth of information for families at their website: <u>Home - Vermont Family Network</u>

Please consider sharing these resources with the families you serve and others at your organizations.

## **Policy Corner**



Child wearing red coat, hugging a snowman wearing a red hat, blue striped scarf.

#### **Vermont Policy Updates**

Final policy 24-012: <u>Concurrent Education Rehabilitation & Treatment (CERT) Program</u> has been posted to the Global Commitment Register (GCR) online. The final policy is effective July 1, 2024. The Vermont Medicaid program updated provider-specific rates for Concurrent Education Rehabilitation and Treatment, a service under the **Success Beyond Six** therapeutic school program. CERT is a mental health service delivered by Designated Agencies in independent schools authorized by the Agency of Education and Department of Mental Health. Detailed description at link above.

3% increases for the following Final Policies. Further details in links provided:

Final policy 24-024: Rate Increase for Northeastern Family Institute (NFI) has been posted to the Global Commitment Register (GCR) online. The Vermont Medicaid program increased the Northeastern Family Institute (NFI) bundled rate by 3%. Final policy 24-085: Mental Health Case Rate Increase has been posted to the Global Commitment Register (GCR) online. The final policy is effective July 1, 2024. The Vermont Medicaid program implemented the second year of the Department of Mental Health's rate valuation model as well as increase the Mental Health Case Rate payment by 3% as a result of funds appropriated by the legislature. Follow the link for description.

Not to be confused with...Final policy 24-069: <u>Department of Mental Health Fee-For-Service Rate Increase</u> has been posted to the Global Commitment Register (GCR) online. The final policy is effective July 1, 2024. The Vermont Medicaid program increased fee-for-service rates for Department of Mental Health (DMH) funded services by 3%.

Effective January 1, 2025 there are new Green Mountain Care Financial Eligibility Standards. The new financial thresholds for eligibility for **Green Mountain Care Vermont Medicaid programs** include Protected Income Level (PIL) and Federal Poverty Level (PFL). For additional information on the policy please use this link: Final policy 21-148

This includes gross income eligibility maximums for MABD, Vermont 2025 Eligibility Standards Change for Healthcare Programs, and Vermont Medicaid programs information for members.

As always, if your practice wants to be added to the GCR email list, please send an email to: <a href="mailto:AHS.MedicaidPolicy@vermont.gov">AHS.MedicaidPolicy@vermont.gov</a>."

Want to be added to email notifications for Global Commitment waivers? (Recommendation: If don't want to flood your Inbox, perhaps choose one person in your office or team to receive the emails for everyone.) Please email <a href="mailto:AHS.MedicaidPolicy@vermont.gov">AHS.MedicaidPolicy@vermont.gov</a>.

## **Community Happenings**

A lot of **upcoming conferences** starting in 2025 here in Vermont! Here are a handful, to look forward to as you plan next year:

Vermont **Emergency Medicine Conference**, January 21-25 at Stowe

**American Academy of Pediatrics Vermont Chapter**, Advocacy Breakfast March 19, Vermont State House. See Vermont Medical Society's Advocacy Breakfasts <a href="here">here</a>.

Vermont **NEA** <u>Education Support Professionals</u> Conference, March 28 at Doubletree by Hilton in Burlington

Vermont Family Network (VFN) Annual Conference, April 8 at UVM Davis Center

**Vermont Mental Health Conference**, April 9 at Killington

**Improving Care of Newborns with Substance Exposure (ICoNS)** Statewide Conference:



January is a very busy **Awareness month!** Check these out:

- Braille Awareness Month
- Blood Donor Awareness
- Mental Wellness
- Poverty Awareness

CSHN supports children with complex, chronic health conditions and/or developmental disorders, ages birth to-21, and their families, with flexible, experienced, and proactive services. If you'd like to learn more about CSHN programming and resources, please see the CSHN Website.

Do you have feedback or content for this newsletter? Please let us know!



# DEPARTMENT OF HEALTH

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