Diagnostic and Treatment Fund (DxTx) Guidelines:

What are these funds?

The DxTx funds are a small pot of funds, available to Children and Youth with Special Healthcare Needs (CYSHCN), for **medically necessary services**, **resources**, **products or equipment** not covered by any other funding source. A total of \$5,000.00 is available for use for all of Washington State. These funds are from our federal Title V Maternal and Child Health Block Grant (MCHBG).

Apple Health Managed Care Plans have the responsibility to cover medically necessary services for eligible children. CYSHCN DxTx funds are intended for medical services which are not covered by Apple Health (Medicaid) and are beyond the scope of routine care common to most children. Decisions about the use of these funds are made on a case-by-case basis, according to CYSHCN policies, which are protected by law in alignment with Washington Administrative Code 246-710-050. CYSHCN DxTx funds are not entitlement funds. This means they may be used to pay for one child and not for another.

The CYSHCN team member will need to use a problem-solving approach to decide whether it is appropriate to use CYSHCN DxTx funds; the following questions may help with this. They will use the following questions to guide their problem-solving process, identify systems of care, and progress to a point where DxTx funds are an option.

Determination of Medical Necessity based on Health Care Authority WAC 182-500-0070:

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

Consider these questions first:

- 1. Is the client a child or youth with special health care needs?
- 2. Is the request for this service from a qualified provider, accompanied by an evaluation?
- 3. Does the provider support this service as medically necessary and deem it appropriate for the client?
- 4. Is the service or need evidence based in research?

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- 5. Does the product have a HCPC code, and can it be purchased through a qualified DME vendor?
- 6. Does the product have an alternative non-brand name to reduce the expense?
- 7. Does this request cover basic needs or is it for convenience? Is it medically necessary?
- 8. Does the client have an Apple Health Managed Care Plan (Medicaid)?
 - a. Please help the family apply if not.
- 9. What Managed Care Organization (MCO) is the client enrolled in, and have you reached out to the MCO for coverage? *
- 10. Is this service covered by Medicaid?
 - a. Has the request been denied by Medicaid or the MCO?
 - b. Why was the request denied?
 - c. Has it been appealed and denied again?
 - d. If the request is not covered, did the provider submit an exception to the rule? <u>WAC 182-501-0160:</u>
 - e. Are they requesting more product that is being covered by Medicaid? If so, the provider needs to submit a limitation extension: WAC 182-501-0169:
- 11. Is there another service system that should support this service?
 - a. DDA (Developmental Disability Administration services), private insurance, school, local grants?
 - b. National organizations, local resources and community groups, like churches, firehouses, and civic clubs like Rotary?

Apple Health Managed Care Contacts for Children with Special Health Care Needs (CYSHCN):

*Each Apple Health Managed Care Organizations (MCOs) has dedicated care coordinators for individuals with special health care needs to assist in problem-solving for children with special health care needs and their families. They can assist in understanding and accessing benefits, coordinate complex health problems, and offer referrals to community resources such as WithinReach. Please find the MCO contact for referrals here or on our website, located under the health tab.

Who is Eligible? As review:

CYSHCN who meet all the following:

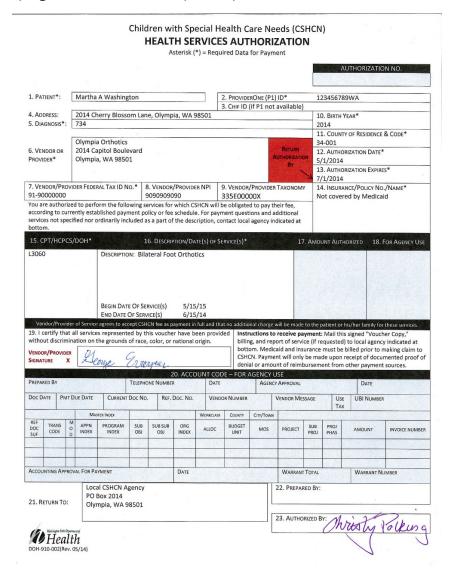
- The request is from a qualified provider accompanied by an evaluation
- The service/product is considered **medically necessary** and is evidenced based in research
- The request is for a client who has Apple Health Managed Care Plan medical coverage (Medicaid)

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- The service/resource request has been denied by Medicaid, MCOs, and other potential
 payers <u>AND</u> an appeal for the denial has been rejected from potential payers.
- · Payor of last resort

How to Request Funds:

- Reach out to the Dx/Tx lead for a consultation if you think your client may be eligible:
 - Khimberly.Schoenacker@doh.wa.gov (CYSHCN Nutrition Consultant)
- If the client is eligible: complete a <u>Health Services Authorization</u> form for submission to the CYSHCN program for review. A sample completed form is below.





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