

Application for Assistance
Michigan Department of Community Health
CHILDREN WITH SPECIAL NEEDS FUND

P.O. Box 30479
Lansing, MI 48909-7979
Phone (517) 241-7420
Fax (517) 241-8970

CSN Fund Log Number
Date Received by CSN Fund

Name of Requester (If you are not a CSHCS representative, please include your company's name and phone number.)			
CSHCS Local/County Health Department	Phone Number of Health Department ()		
Name of Child (Last, First, MI)	Date of Birth	CSHCS ID Number	
Name(s) of Parent/Guardian	Phone Number of Parent/Guardian ()		
Mailing Address	City	MI	Zip Code
Please list any other programs from which the child is or has been receiving services (e.g., Adoption Subsidy, Children's Waiver, Community Health, Trust/Insurance Settlement, etc.).			
Has this family ever received assistance from the Trust Fund for Children with Special Needs and/or the Children with Special Needs Fund? If so, for what item(s) and in what year(s)?			
Name of Preferred Vendor, if there is one. This may be specified; however, please note that the Children with Special Needs Fund (CSN Fund) will only approve an amount up to the lowest bid, and the family is responsible for any remaining balance.			
<p>Please describe what is being requested. Be specific, using additional paper if needed for the description. If more than one unrelated item is being requested, please use a separate application for each unrelated item.</p> <p>Submit with the application a) three bids for the item requested, or an explanation regarding the reason for fewer than three bids; b) a statement of medical necessity from the child's managing physician; and c) documentation as to why the family was not able to obtain funding from other sources.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			

I certify that the information on this form is true and complete to the best of my knowledge.	Signature of Requester Date
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AUTHORITY: Public Act 368, P.A. of 1978 COMPLETION: Is voluntary, but the information is necessary to receive funding from the CSN Fund.	The Michigan Department of Community Health is an equal opportunity employer, services and programs provider.
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This side is for CSN Fund Use Only

Staff:

Comments:

Chief Medical Consultant:

Comments:

Recommendation:

APPROVAL **DENIAL** **Other:**

Signature

Date

FINAL DECISION - Executive Director of the CSN Fund:

Comments:

APPROVED **DENIED** **Other:**

Signature

Date

Children with Special Needs Fund

How to Apply

Application Process

Complete the attached Application for Assistance (form DCH-1239). Additional forms are available at all local health departments or through the CSN Fund office in the Michigan Department of Community Health. All questions and inquiries should be directed to the CSN Fund Executive Director at (517) 241-7420.

The following information must be included with each application:

- A letter of medical necessity;
- Documentation indicating that other sources (e.g., insurance companies, professional organizations, local service groups/charities, churches) have been contacted for assistance; and
- Three bids/quotes for the equipment or service being requested. If fewer than three are submitted, a statement must be included explaining the reason. All bids/quotes must come from participating providers who are willing to bill the State of Michigan for the equipment or service being requested. We cannot do business with Internet companies who do not accept the CSN Fund approval letter.

Applications can also be submitted through a local Children's Special Health Care Services (CSHCS) office in a county health department. If an application is not filled out completely or if all required information is not provided, the request will not be processed. All incomplete applications will be returned to the person responsible for submitting the application.

Eligibility Criteria

Children under 21 and enrolled in, or medically eligible to enroll in, CSHCS are eligible to apply for assistance from the Children with Special Needs Fund.

If a child is NOT enrolled in CSHCS, medical information from the child's managing physician must be submitted with the application. This information must detail what the child's diagnosis is. Upon receipt of that information, the CSHCS Chief Medical Consultant will determine whether the child is medically eligible to receive assistance from the CSN Fund.

Children covered by the Children's Waiver or the Adoption Medical Subsidy (FIA) are not eligible for assistance from the CSN Fund.

Role of the CSHCS Office in a Local Health Department

The CSN Fund requests that local CSHCS office staff or other health department coordinators/nurses/representatives assist families interested in requesting assistance from the CSN Fund.

It is not the role of the local CSHCS office or its representatives to determine if a request will be approved or denied, nor is it the role of the local office to gather estimates on behalf of families for equipment or services. The CSN Fund does not have information about what equipment or services are available in each county. Therefore, it is very helpful when a local health department representative can assist a family in locating nearby providers.

All requests must be submitted to the following address:

**Children with Special Needs Fund
Michigan Department of Community Health
P.O. Box 30479
Lansing, MI 48909-7979**

Please keep a copy of all application information submitted to the CSN Fund.

Decisions

PLEASE ALLOW FOUR TO SIX WEEKS FOR ROUTINE DECISIONS TO BE MADE. If a request is urgent, please indicate the urgency on the application. Requests that must be reviewed by the CSN Fund Advisory Committee require additional time for decisions to be made.

Approvals

When the CSN Fund approves a request, the provider of the equipment or service will receive a letter from the CSN Fund Executive Director stating the specific equipment or service being approved and the amount the CSN Fund will pay. A separate approval letter will be mailed to the requesting family with information about their responsibility to contact the approved vendor or with delivery information in the case of equipment already ordered on their behalf. Copies of both letters are mailed to the local CSHCS office and CSHCS Customer Support Section.

Denials

When the CSN Fund denies a request, the local CSHCS office will receive a letter stating that the request has been denied and the reason for the denial. A copy of that letter will be mailed to the requesting family and the CSHCS Customer Support Section. The CSN Fund is not funded by state or federal dollars and, therefore, there is no appeal process.

Children with Special Needs Fund

Guidelines and Procedures

The Children with Special Needs Fund (CSN Fund) will consider all requests for equipment or services; however, there are some items that cannot be provided. Below are guidelines developed by the CSN Fund Advisory Committee to assist families interested in submitting a request to the CSN Fund. Questions regarding these guidelines should be directed to the CSN Fund Executive Director at (517) 241-7420.

Items not covered by the CSN Fund include:

- Construction costs related to home modifications.
- Humidifiers or air purifiers.
- Generators or batteries for equipment.
- Used equipment of any kind.
- Repairs to equipment or vehicles.
- The purchase of new or used vans or contribution toward the purchase of any vehicle.
- The transfer of a van lift from one vehicle to another.
- Equipment, medication, or treatments that do not have approval from the Food and Drug Administration (FDA).
- Equipment or services covered through the Children's Special Health Care Services Program or any other state or federally funded program.

Van Lifts, Wheelchair Tie-Downs, and Other Conversions

The CSN Fund will pay a maximum of \$4,000 for a van lift and tie-down system. If a family has purchased a new van and is receiving a manufacturer's mobility rebate, a maximum of \$3,000 will be approved. Please indicate on the application whether the family is or is not receiving a mobility rebate.

The CSN Fund will approve up to the lowest bid if it is below the maximum amount allowed. If a family would like to choose a provider who is not the lowest bidder, please indicate this as a preferred vendor on the application; however, the CSN Fund will still only approve the amount of the lowest bid. The family will be responsible for paying any remaining balance.

The CSN Fund will approve a maximum of two van lifts per family. The second lift will only be considered five years after the first one was purchased.

The CSN Fund will pay a maximum of \$500 to replace a tie-down system.

As a pilot program, the CSN Fund will consider requests for van conversions involving raised roofs, raised doors, and/or lowered floors. A maximum of \$4,000 for these types of conversions will be covered, and only one such conversion will be considered in a child's lifetime. Requests must include necessary medical justification pertaining to the child's sitting height (floor to top of head while sitting in wheelchair) and/or justification based on other special medical circumstances. Quotes from vendors must include the van's internal height and height of the door opening as proof that such a conversion is feasible for the van and for the child's needs.

Home Wheelchair Ramps

The CSN Fund will pay a maximum of \$2,000 for the purchase and installation of home wheelchair ramps.

If the family lives in a rental unit, the owner of the dwelling must submit a statement allowing the construction of a permanent ramp to the dwelling.

A diagram of the proposed structure is required for permanent ramp requests.

All ramps funded by the CSN Fund are expected to meet ADA requirements and any other federal, state, and/or local ordinances and requirements that may apply. A copy of the locally-obtained building permit must be submitted with the invoice to receive payment AFTER the ramp's construction is complete.

Usually, one ramp will be approved per family. However, if there are unusual circumstances, consideration may be given for a second ramp.

Air Conditioners

When deemed medically necessary, the CSN Fund will pay a maximum of \$500 for a one-room air conditioner; or if the family owns their home and is purchasing central air, the CSN Fund will contribute a maximum of \$500 toward that purchase.

It is no longer necessary to provide quotes for one-room air conditioners. All such air conditioner units are being purchased from one provider and will be shipped to the recipient's home.

Please provide the dimensions for the window where the unit will be placed AND the BTUs being requested. Indicate whether a standard unit (as would fit in a double-hung window) will work. If there are any special requirements, please describe your specific needs on the application.

Therapeutic Specialty Tricycles

The CSN Fund will pay a maximum of \$1,500 for a specialty tricycle.

The letter of medical necessity submitted to request the tricycle must indicate that the child has the ability to ride the tricycle.

If a Rifton tricycle is being requested, it is not necessary to submit any bids. All Rifton tricycles are being purchased from one provider and will be shipped to the recipient's home. Please submit on your application the model number(s) of the tricycle and any needed accessories.

Adaptive Recreational Equipment

The CSN Fund will provide up to \$1,500 for recreational equipment including, but not limited to, floatation devices, swings, and bike trailers. Requests will be reviewed on a case-by-case basis.

Electrical Service Upgrades

The CSN Fund will provide a maximum of \$1,000 for an electrical service upgrade for a medically eligible client. Medical eligibility is determined on a case-by-case basis by the Children's Special Health Care Services Chief Medical Consultant. Only one request for an electrical upgrade per family will be considered.

If the family does not own the home where the electrical service upgrade is to be completed, a letter from the owner(s) of the dwelling indicating their approval for such a change must be included with the CSN Fund application.

Requests from Non-Custodial Parents

The CSN Fund will consider requests from non-custodial parents; however, all guidelines still apply. If a non-custodial parent would like to apply for assistance from the CSN Fund, the custodial parent must submit a written statement that he/she supports the request and understands the Fund guidelines and the limits on purchases per child. This policy is in place due to limited funding and the Fund's desire to purchase equipment for the home where the child spends most of his/her time.

All Other Requests

The CSN Fund will consider any request submitted; however, requests for items over \$5,000 or of an unusual nature will be reviewed by the CSN Fund Advisory Committee.

Reimbursement Policy

The CSN Fund will not reimburse a family or a business for equipment or services already purchased or provided, nor can the CSN Fund reimburse another organization or funding source that has paid for equipment or services for a family.