

FAMILY GUIDE



**to Michigan's
CHILDREN'S SPECIAL HEALTH CARE SERVICES
Program**

Table of Contents

- Message to Families
- The CSHCS Approach to Services
- Information and Resources
- Am I Eligible?
- How Do I Apply?
- How Do I Get Care?
- What Does CSHCS Cover?
- What Doesn't CSHCS Cover?
- When Do I Have To Pay For Services?
- Rights & Responsibilities
- Appealing an Action
- Frequently Asked Questions
- Definitions
- Feedback postcard
- Community Resources
- Looking Ahead
- All About My Child
- Building Health Partnerships
- Pocket for CSHCS Documents
(Eligibility Notice/Payment Agreement/Payment coupon sheets)

Message to Families

Children's Special Health Care Services (CSHCS) is a program of the Michigan Department of Community Health (MDCH). CSHCS helps children and some adults who need specialty medical care. Specialty medical care is care that cannot be managed only by pediatricians, family doctors or internists.

CSHCS is part of state government, and so it belongs to families. This *Family Guide* explains how CSHCS works. It tells you how to get help from us.

Many parents find it overwhelming and confusing to suddenly need CSHCS. However, lots of help is available to sort out the system. We hope that the information in this book will help you. If you like to go on the Internet, you may click to a free course, *What Is Children's Special Health Care Services?*, at www.healthcare.mivu.org.

Many persons tell us that they appreciate talking to a "live person." Knowledgeable persons answer the CSHCS Family Phone Line at 1-800-359-3722. They can transfer you toll-free to any CSHCS office, your local health department or a CSHCS provider. CSHCS representatives are ready to help you in your local health department. If needed, an over-the-phone translator is available so that you may use the language you prefer.

This *Family Guide* also tells you how to get help from others. We can connect you to a parent support group in your community. We can match you one-to-one with a fellow parent of a child with special needs. You'll find a long list of resources starting on page xx.

Parents wrote this *Family Guide* just for you. There's no need to read it cover-to-cover in one sitting. Just look up information as you need it. We have one request for you: Let us know whether this guide works for you. Fill out the enclosed postcard or give us a call.

Sincerely,

Mary J. Marin

Mary J. Marin

Executive Director, Parent Participation Program, Children's Special Health Care Services

"Families are big, small, extended, nuclear, multi-generational, with one parent, two parents, and grandparents. We live under one roof or many. A family can be as temporary as a few weeks, as permanent as forever. We become part of a family by birth, adoption, marriage, or from a desire for mutual support.... A family is a culture unto itself, with different values and unique ways of realizing its dreams; together, our families become the source of our rich cultural heritage and spiritual diversity...Our families create neighborhoods, communities, states and nations."

from the 1990 Report of the New Mexico House Memorial 5 Task Force on Young Children and Families

The CSHCS Approach to Services

CSHCS provides:

- Coverage and referral for specialty services, based on the medical condition
- Family-centered services, including parent-to-parent support
- Community-based services
- Cultural services that assist with cultural differences or needs
- Coordinated care that pulls together services of many providers who work within different agencies.

Medical Home

Michigan and other states across the nation are aiming to fulfill the national Healthy People 2010 public health objectives. One is to assure access to a medical home for children with special health needs. Read details at an American Academy of Pediatrics website: www.medicalhomeinfo.org.

A Medical Home is not a place or location; it is a way your physician should provide care that is:

Accessible

Care is provided in the child's community

Family-centered

Recognition that the family is the principal caregiver and the center of strength and support for children

Continuous

Same primary pediatric health care professionals are available from infancy through adolescence

Comprehensive

Healthcare is available 24 hours a day, seven days a week

Coordinated

Families are linked to support, educational and community-based services

Compassionate

Concern for the well being of the child and family is expressed and demonstrated

Culturally competent

Family's cultural background is recognized, valued and respected

Source: *What Is A Medical Home? And What Does It Mean For You and Your Child?* University of Illinois at Chicago, Division of Specialized Care for Children, publication 40.16, 2003.

Information & Resources



Use of the CSHCS Family Phone Line

Who Should Use The CSHCS Family Phone Line?

The CSHCS Family Phone Line is for parent use only. Parents or guardians can call 1-800-359-3722 to:

- Call the CSHCS office in any local health department
- Make a call to CSHCS staff in the Lansing office
- Obtain general information on how to join CSHCS
- Resolve problems related to CSHCS
- Contact their CSHCS medical provider(s)
- Contact the Family Support Network of Michigan
- Reach their FSN Support Parent for up to 30 minutes

Note: We are not funded to transfer callers to other agencies such as Community Mental Health, the Family Independence Agency, schools, Intermediate School Districts (ISDs), Head Start Offices, Friend of the Court, and other court offices.

The CSHCS Family Phone Line (1-800-359-3722) is answered Monday through Friday, 8 a.m. to 5 p.m.

Information and Resources

CSHCS information and emotional support for parents are available to all Michigan families of children with special needs. Enrollment in CSHCS is not required to access the following resources:

- Parent Participation Program
- CSHCS Family Phone Line
- Parent-to-Parent Support
- Conference Scholarships
- Children with Special Needs Fund
- Relatively Speaking Conference

The **Parent Participation Program (PPP)**, a section of CSHCS, gives parents a voice in CSHCS programs and policy making. Most PPP staff members are parents of children with special health needs. They and other parents of children with special health needs have formal roles in CSHCS. PPP staff also runs the Family Support Network of Michigan and administers parent conference scholarships.

CSHCS Family Phone Line operators help families understand and navigate the CSHCS process. By calling 1-800-359-3722, families can get answers to questions such as:

- Has my child been found eligible for CSHCS?
- Has the medical report been received?

The phone line staff also helps families find general information concerning children with special needs. Families who do not speak English may ask for an on-the-phone interpreter when they call. Families can be transferred toll-free to any CSHCS office.



Information & Resources

CSHCS's parent-to-parent support arm is the **Family Support Network of Michigan** (FSN). It is open to all families who have children with special needs. FSN helps families come together for information and emotional support. FSN provides:

- Parent support groups
- One-to-one support by trained volunteer parents
- Information about programs for brothers, sisters, mothers, fathers, and grandparents
- Family social events
- Information about local, state, and national resources

Michigan families can apply for a **conference scholarship** to help cover expenses for one parent to attend a conference related to their child's specialty diagnosis, condition or treatment. Families applying for the first time have priority.

The **Children with Special Needs Fund** provides services and equipment to children with special health care needs that no other resource – including state or federal programs – provides. For medically eligible recipients, the Fund may provide partial or full funding for items such as:

- Wheelchair ramps into homes
- Van lifts and tie downs
- Therapeutic tricycles
- Air conditioners
- Adaptive recreational equipment
- Electrical service upgrades necessitated by the eligible child's equipment
- Camp scholarships

Relatively Speaking is a weekend conference funded by the Children with Special Needs Fund and sponsored by the Parent Participation Program. The event is specially designed to address the special issues of young brothers and sisters of children with special needs. The conference is held every other year.

Additional PPP resources include a **Heart-to-Heart Information Update** about CSHCS issues and other information of interest to families of children with special needs. It is mailed to families upon request, at no charge.

Community Resources

A long list of agencies ready to help families starts on page xx.

Information & Resources



Am I Eligible?

Medical condition plus three other factors decide whether a person is eligible for CSHCS:

1. Residency

A person must be a Michigan resident to receive CSHCS. A resident is defined as a person who lives in Michigan and plans to reside in Michigan for a period of time or is in Michigan to work or look for a job.

2. Citizenship

U.S. citizens and some non-citizens may qualify for CSHCS coverage. If a non-citizen qualifies for and uses CSHCS, that will not affect his or her chances of receiving a green card. Citizenship requirements do not apply to migrant worker families.

3. Age

CSHCS covers persons under age 21. The age limit is waived for persons with certain blood clotting disorders or cystic fibrosis.

Myths

It is important to note that financial factors do not count in determining CSHCS eligibility. Many incorrectly believe that CSHCS is for families with little or no income. In fact, families at every income level are in the CSHCS program.

It is a myth that families with private health insurance are not eligible. The parents of many children with CSHCS coverage have private health insurance. CSHCS provides additional help to those families.

How Do I Apply?

To apply, the first step is to send us a medical report from a sub-specialist. This information can be in the form of a letter or office records that describe the condition and treatment plan. Or, it can be a completed Medical Eligibility Report Form (MERF).

A sub-specialist also may complete a downloadable copy of a MERF, which is called a medical eligibility review document. It is offered as a timesaving version of the MERF. It is in module 4 of the online course, *What is Children's Special Health Care Services?*, at www.healthcare.mivu.org. Providers may email the completed form to CSHCS.

Next, a CSHCS medical doctor will review the medical report to determine medical eligibility.

If you do not have a sub-specialist, but *think* that you or your child has a condition that may qualify for CSHCS coverage, call a CSHCS representative in your local health department. He or she may be able to help you set up a diagnostic exam, at no cost to you.



Information & Resources

How Do I Get Care?

Families who are found medically eligible receive an application packet. Help with filling out the application is available from a CSHCS representative in your local health department. You may choose face-to-face or phone assistance.

The enrolled person or a family member arranges services with each specialty provider. Or, families may get help from a CSHCS representative in your local health department to coordinate care. Providers must be Medicaid-enrolled and be authorized by CSHCS.

When you have CSHCS coverage, you must:

- go to a provider listed on your Eligibility Notice. The Notice is a letter you receive by mail. It lists the CSHCS member's name, identification (ID) number, start and end dates for coverage, approved providers* and eligible diagnosis. If there is more than one eligible diagnosis, each is listed. This guide offers a back pocket for your Eligibility Notice.
- take your **mihealth** (spoken "my health") **card** to every appointment. Each person enrolled in CSHCS receives a mihealth card. It is a permanent plastic health benefits identification card. It shows your name and ID number on the front. Tell us right away if your card is lost or stolen. Call 1-800-642-3195 to get a new card.
- having a mihealth card does not guarantee eligibility. Providers with compatible equipment must swipe the card or call to check your eligibility information. Providers need to know you have CSHCS in order to know what is covered for you.
- show your mihealth card and *Eligibility Notice* to each provider before you receive services. If you don't show your mihealth card, you may have to pay for the service. If you receive a service before showing your mihealth card, the provider does not have to accept CSHCS coverage. When CSHCS coverage is not accepted, your family must pay the bill.
- if you have other health insurance, tell the provider. Health insurance is primary and always must be billed first.

To add a person or company to your list of covered providers, call your local health department. A CSHCS representative there can help you.

*The Eligibility Notice lists most doctors, hospitals and other providers we cover. Some providers, such as pharmacies, medical equipment and supply companies, hearing and speech centers, hearing aid dealers and home health agencies, are not listed but are approved. Double check the services CSHCS will cover with a CSHCS representative in your local health department.

Information & Resources



What Does CSHCS Cover?

CSHCS covers about 2,600 health problems. They include:

- Chronic conditions peculiar to newborns, such as respiratory distress syndrome and apnea
- Congenital anomalies
- Diseases of the blood and blood-forming organs
- Diseases of the circulatory, respiratory, digestive, and genitourinary systems
- Diseases of the nervous system and the sense organs
- Diseases of the skin and subcutaneous tissue, musculoskeletal and connective tissue
- Endocrine, nutritional and metabolic diseases
- Infectious and parasitic diseases
- Late effects of injuries and poisonings
- Neoplasm

This list does not cover every possibility.

If you *think* that you or your child qualifies for CSHCS, call our toll-free Family Phone Line at 1-800-359-3722. We will transfer you toll-free to your local health department for help. MDCH is committed to finding and caring for all whom are eligible for CSHCS. In some cases, MDCH will pay for an evaluation to determine medical eligibility.

Information & Resources



Examples of medically eligible conditions are:

- Cerebral Palsy
- Sensoneural Hearing Loss
- Asthma, if moderate, persistent or severe
- Diabetes
- Convulsive Epilepsy
- Respiratory Distress Syndrome
- Sickle Cell Disease
- Cleft Lip and Palate
- Congenital Quadriplegia
- Anomalies of Skull/Face bones

Four factors determine whether a condition is covered by CSHCS:

- ✓ Diagnosis
- ✓ Chronicity
- ✓ Severity
- ✓ Need for treatment by a physician specialist

It is important to note that severity is always taken into account. Based on severity, some persons will receive CSHCS coverage for certain conditions while others will not.

Services



Services

CSHCS provides a wide range of health services to meet a family's special needs.

Medical Care and Treatment

CSHCS only covers medical services or treatments directly related to the member's eligible diagnosis(es). What is covered depends on the member's medical condition or family circumstances. Based on individual medical needs, services covered **may** include:

- Hearing aids
- Dental/orthodontia
- Vision
- Office visits
- Hospital stays
- Pharmacy
- Genetic counseling
- Laboratory tests
- Occupational therapy
- Physical therapy
- Speech/language therapy
- X-rays, scans, Magnetic resonance imaging (MRI)
- Medical equipment and supplies

Hearing Services

CSHCS covers medical and audiological treatment to restore a child's hearing or to improve the ability to hear. When needed, treatment may include most types of hearing aids. At this time, we do not cover assistive devices, such as vibrotactile units, auditory trainers, combined hearing aids/FM units. Digital/Programmable hearing aids are a benefit for members under age 21 only when the digital/programmable aid shows superior performance over a conventional analog hearing aid.

Children with hearing loss may get hearing therapy instead of speech-language therapy. The purpose is to make sure that children learn to use hearing aids to the maximum benefit. Cochlear implants are covered for children who meet severity criteria.

Dental Services

We do not cover dental services for most conditions. We approve *specialty* dental services for a few conditions. Those include cleft palate, cleft lip and some other severe disorders involving teeth. When medically warranted, we may pay for orthodontia before or after surgery.



Services

Vision Services

CSHCS offers specialty medical or surgical eye care. Conditions we cover include glaucoma, retinal disorders, cataracts and keratitis. For some children we also may cover eye movement or eye muscle disorders. We do not pay for eyeglasses needed for near- or far-sightedness or astigmatism.

Therapies

We may cover physical, occupational and speech therapy related to a member's eligible diagnosis. A policy change expected October 1, 2004, allows therapy and evaluative audiology services in a variety of outpatient settings. Locations include outpatient hospitals, comprehensive outpatient facilities, and rehabilitation agencies. In all cases, the provider must be properly credentialed.

Occasionally there is a unique reason that therapy needs to take place at the member's home. In that case, CSHCS doctors will review requests from specialists for occupational therapy or physical therapy to be provided at a member's home. The therapy must relate to a member's CSHCS-eligible diagnosis. It must prevent, correct or compensate for a specific medical problem. A CSHCS-approved doctor must order the home therapy and a CSHCS doctor must approve it.

Hospital Stays

CSHCS covers specialty medical and surgical care and treatment at CSHCS-approved hospitals. The care must relate to the member's eligible diagnosis. Approved hospitals are listed on the member's Eligibility Notice. To add a provider, check with a CSHCS representative in your local health department.

While a CSHCS member is in a hospital away from home, CSHCS also may help with the family's travel and meal costs. See page xx for details.

Transportation Expenses

Help with medical transportation expenses is a benefit for some CSHCS members. This help is not available to members on a Payment Agreement. For others, covered expenses include mileage, lodging and meals. To qualify, the transportation must be for care related to the member's CSHCS eligible diagnosis. Also, the travel must be approved in advance by the CSHCS office in your local health department. Families who need help to pay for medical travel should contact the CSHCS office in your local health department.

Pharmacy Services

CSHCS covers prescription drugs for a member's eligible diagnosis. We generally do not cover vitamins, over-the-counter medicines and birth control pills. A state contractor, *First Health Services*, manages CSHCS pharmacy benefits. Families with CSHCS pharmacy questions should call *First Health* at 1-877-681-7540. *First Health* can help families solve CSHCS pharmacy problems. An example is that a pharmacy cannot find a CSHCS member in its system. Another example is that a pharmacy's system does not show coverage for a prescription written by a CSHCS-approved doctor.

Services



Incontinence Supplies

Supplies can include disposable diapers for members over age three. All incontinence items for which CSHCS will pay must relate to the eligible diagnosis. A doctor's prescription must list each item, such as:

Incontinence catheters and accessories

- Irrigation syringes
- Skin barriers
- Underpads
- Incontinence pants
- Incontinence liners
- Pull-on briefs
- Enema units
- Disposable diapers

For incontinence supplies, there is one CSHCS-approved provider. J&B Medical has a contract to supply items listed above. To order, call J&B Medical at 1-800-737-0045. Once approved, Federal Express will deliver incontinence supplies to your home once a month. If your supplies may not last until the next delivery date, you may call-in an emergency order to J & B.

If your address changes, you must let J & B know. To avoid missing a shipment, give your new address at least ten days prior to your delivery date.

Note: Federal Express does not deliver to Post Office (P.O.) boxes. If your mailing address is a P.O. box, you must give J&B a street address for your deliveries.

Other Professional Services

CSHCS may cover other services that relate to the member's eligible diagnosis:

- Genetic counseling
- Laboratory tests
- X-rays

Medical Equipment and Supplies

Equipment and supplies CSHCS may cover include:

- Adaptive toilet seats
- Apnea monitors
- Artificial limbs
- Braces (non-dental)
- Corrective shoes
- Eyeglasses/contacts
- Feeding tube/pump
- Hearing aids/batteries
- Hospital beds
- Incontinence supplies
- IV poles
- IV therapy/TPN
- Lifts for bed or bath
- Medical supplies (feeding tubes, catheters, ostomy and tracheotomy supplies, oxygen, special feeding formulas and syringes)
- Suction and breathing machines
- Walkers, canes and crutches
- Wheelchairs/adaptive strollers

Check with a CSHCS representative in your local health department for services and equipment CSHCS may cover. When the equipment is not routine, ask your specialist doctor to write a letter to explain the need.



Services

Out-of-State Care

In special cases, CSHCS may approve out-of-state care. To talk about a need, call a CSHCS representative in your local health department. CSHCS must approve out-of-state care in advance.

One reason that we may approve out-of-state care is that you live near a Michigan border and out-of-state care is closest to your home. CSHCS will pay an approved "borderland provider." To check what is possible for your family, contact a CSHCS representative in your local health department.

Another reason CSHCS may approve out-of-state care is that the treatment needed is not available in Michigan. A CSHCS doctor must approve such care.

In most cases, we need a statement from a CSHCS-approved specialist saying that the service is not available in Michigan.

CSHCS also needs a medical report that includes a treatment plan for the proposed out-of-state care. If the member needs a return visit, CSHCS must approve it in advance.

We may help to reimburse related transportation, meals and lodging costs for the patient and one parent or legal guardian. Receipts for certain expenses and a Patient Transportation Invoice form must be turned in to CSHCS within two months of the trip.

Please note that special billing rules apply. Out-of-state providers who do not accept Medicaid billing can bill families for medical care. Even if a provider chooses to bill CSHCS, your family still may have to pay if we do not cover the service. Or, you may have to pay the portion that is left after CSHCS pays the covered amount.

Medical Care at Home

CSHCS covers several types of specialty care for medically eligible members in their homes. A partial list follows. To apply for services, talk to a CSHCS representative in your local health department.

Private Duty Nursing

Some families continue hospital care at home with the help of a nurse. Examples are using a ventilator and suctioning a tracheostomy tube. Some families deal with highly technical machines.

Children with these kinds of needs may qualify for Medicaid's Private Duty Nursing (PDN) benefit. If you think you will need the help of a nurse on a regular basis, talk with your local health department about resources for PDN or other supports.

Visiting Nurses

Some members occasionally need the help of a registered nurse to successfully make a transition from hospital to home. In other cases, a family member needs home care training or information from a nurse.

How often a nurse visits depends on a person's needs. The visits are called Intermittent Skilled Nursing Visits. A CSHCS-approved doctor must order them. Frequency can range from several times each week to a few times each month.

Services



Respite Nursing Care

Families need breaks from giving 24-hour special care without the aid of a nurse. But handling technical care is beyond the skills of most babysitters. Therefore, when you need respite, CSHCS may be able to help. Our Respite Nursing benefit gives families temporary relief from care giving. It is for families who do not have other home nursing services or other resources.

You may get up to 180 hours of home care per eligibility year. Your child's care must need a nurse's skills, such as assessment judgments and interventions. A Registered Nurse or Licensed Practical Nurse must give the care.

To apply, ask a CSHCS representative in your local health department for help with filling out an *Application for Periodic Respite Service for Children with Nursing Care Needs*. If your child is in a hospital, your discharge planner may fill out the form for you.

Hospice Care

CSHCS may cover supportive end-of-life care for members who are terminally ill. To discuss family needs, contact a CSHCS representative in your local health department.

Health Insurance Premiums

In certain cases, CSHCS may pay the member's health insurance premium. For help, contact a CSHCS representative in your local health department.



Services

Emergency Health Care

Emergency rooms are for serious medical conditions **only**. CSHCS follows Medicaid rules for emergency care. Medicaid rules state:

- An emergency exists if a prudent lay person reasonably believes that having a person wait to be treated by a Medicaid provider will worsen the person's condition.
- A *medical emergency* is "a condition where delay in treatment may result in the person's death or permanent impairment of the person's health."

Emergency Room Care

CSHCS covers emergency care only for CSHCS-eligible conditions. When emergency room treatment related to the CSHCS-eligible condition is given, notify a CSHCS representative in your local health department as soon as possible. For CSHCS to pay for a visit, the hospital or provider must be on your Eligibility Notice for the date of service.

If the emergency room visit is for routine care unrelated to the CSHCS-eligible condition, you might have to pay the bill. For most CSHCS members, routine care includes treatment of ailments like the flu, a cold or an earache.

CSHCS may cover emergency care in and outside of Michigan.

Ambulance Transportation

CSHCS only covers ambulance service related to the eligible diagnosis. If an ambulance is needed for non-emergency transport, CSHCS must approve use in advance. When an ambulance is used in an emergency related to the eligible condition, CSHCS will pay for it. In either case, you must add ambulance service to the Eligibility Notice. To do that, call a CSHCS representative in your local health department.

Coverage



What Doesn't CSHCS Cover?

Primary Care

CSHCS does not cover primary care. That means we don't cover well-baby visits or short-term conditions like common colds or sprained ankles. We only pay for treatment related to the CSHCS member's eligible condition.

To find primary care, talk with the CSHCS office in your local health department. If your income qualifies, your family may get primary care through Medicaid or MICHild. Private health insurance usually includes primary care.

Well-Child Care

CSHCS does not cover well-child care. Families should check for well-child care under your private health plan, Medicaid or MICHild coverage.

Medicaid and MICHild cover free health checkups. A checkup can find problems you may not know about, such as lead poisoning or hearing or vision problems. Early treatment may prevent you or your children from getting really sick later.

Mental Health Care

CSHCS does not cover mental health diagnoses. A person could have a mental disability plus some other medical problem and be eligible for CSHCS. For example, a child with Down syndrome may be covered by CSHCS for a heart condition.

Services may be available through MDCH's Community Mental Health Division for emotional and behavioral disorders, attention disorders, developmental delays, mental retardation and autism.

Experimental Health Care

CSHCS does not pay for experimental treatments or procedures.



Coverage

When Do I Have To Pay For CSHCS Services?

If you have coverage from Medicaid, MICHild or the Women, Infants and Children (WIC) program, you will not pay anything for CSHCS coverage. This also applies when your child had an eligible diagnosis when adopted.

Otherwise, Michigan's Public Health Code requires us to consider the ability of families to contribute to the cost of their CSHCS care. A Financial Assessment is part of the application process. If you agree to pay part of the cost of your CSHCS coverage, you will sign a CSHCS Payment Agreement. You will receive 12 monthly payment coupons.

Always show your mihealth card to a provider **before** receiving CSHCS services. **Do not pay any provider for any CSHCS service or supplies.** If you make a mistake and pay a provider directly for CSHCS services, CSHCS does not have a way to reimburse you. Your Eligibility Notice lists most doctors, hospitals and other providers we cover. Some providers, such as pharmacies, are not listed but are approved. Double check the services CSHCS will cover with a CSHCS representative in your local health department.

In rare cases, CSHCS-approved doctors, pharmacies, hospitals or other providers may offer a service that CSHCS does not cover. When that happens, CSHCS requires the provider to tell you of your payment responsibility before giving the service.

If you have other health insurance, please note that it needs to be billed first. By law, CSHCS is the "payer of last resort." That means, CSHCS coverage is always secondary to insurance.

CSHCS can help coordinate insurance benefits. In special cases, such as "COBRA," CSHCS may pay a portion of a member's health insurance premium.

Rights & Responsibilities



Your CSHCS Rights and Responsibilities

It is important that you know your rights and responsibilities. In CSHCS, you have the right to:

- Receive quality health care.
- Be treated with respect.
- Be seen by a medical specialist who will arrange the care you need.
- Get all the facts from your specialist about the CSHCS-eligible diagnosis and treatment.
- Say “no” to any medical treatment.
- Get a second opinion from a specialist.
- Be told what services CSHCS covers.
- Know the names and backgrounds of your health care providers.
- Choose your specialist.
- Get help with any special disability needs you may have.
- Get help with any special language needs you may have.
- Tell your specialist how to treat you or your child if you become too ill to decide for yourself.
- Be told in writing when and why benefits are being reduced or stopped.
- Have your medical records kept confidential.
- Get a copy of your medical records.
- Voice your concern about the service or care you receive.
- Contact the Michigan Department of Community Health with any questions or complaints.
- Appeal any denial or reduction of CSHCS eligibility or service.



Rights & Responsibilities

In the CSHCS Program, you have the responsibility to:

- Show your mihealth card and *Eligibility Notice* to all providers **before** receiving services.
- Call your local CSHCS office **before** your appointment when you need help to cover medical travel expenses.
- Never let anyone who is not covered use your CSHCS coverage.
- Choose a specialist. Then contact and build a relationship with the provider you have chosen.
- Keep your scheduled appointments.
- Provide complete information about past medical history.
- Provide complete information about current medical problems.
- Update medical information as CSHCS requires.
- Ask questions about the care.
- Follow your provider's medical advice.
- Respect the rights of other patients and health care employees.
- Use emergency room services only when you believe an injury or illness could result in lasting injury or death.
- Notify a CSHCS representative in your local health department if emergency room treatment related to the CSHCS-eligible diagnosis is given.
- Make prompt payment for services not covered by CSHCS.
- Report changes that may affect your coverage to a CSHCS representative in your local health department. This could be an address change, birth of a child, death, marriage, divorce or change in insurance coverage.
- Promptly apply for Medicaid, Medicare or other insurance when you are eligible.
- Report Medicare, Medicaid or other insurance benefits you have.

Rights & Responsibilities



Appealing an Action

If you have complaints or concerns with your CSHCS health care or your CSHCS provider, there are things you can do:

1. Call or write the Department of Community Health (DCH) about your complaint:

Department of Community Health
Medical Services Administration
PO Box 30470
Lansing MI 48909-9753
1-888-367-6557

2. Appeal a negative action, such as CSHCS not paying a bill or not approving a service. Complete the form you received when you were notified of the decision. Your request must explain the problem in writing. Mail the form to:

Department of Community Health
Administrative Tribunal and Appeals Division
PO Box 30195
Lansing, Michigan 48909-7695

If you have questions, call the CSHCS Family Phone Line at 1-800-359-3722.



Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS ABOUT CSHCS

Children's Special Health Care Services (CSHCS) helps pay for medical care and treatment for certain eligible medical conditions. The Client Eligibility Notice lists begin and end dates for coverage plus certain providers who are authorized to provide services. Enrolled families also receive a plastic **mihealth card**.

Q. Should I keep the Eligibility Notice?

A. Yes. Your Eligibility Notice works like a health insurance card. You must show it before you receive service from a CSHCS provider. You will receive a new Notice when there are any changes.

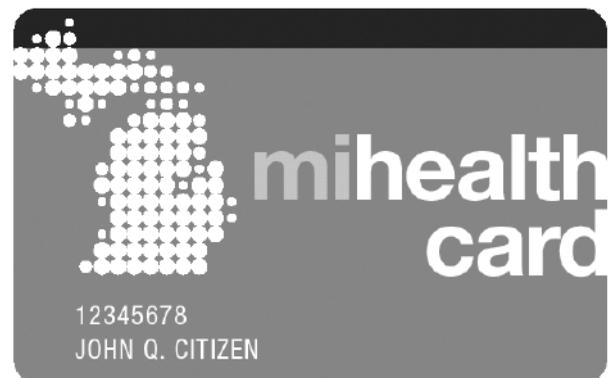
If you do not show your Eligibility Notice until after a provider serves you, the provider does not have to accept CSHCS coverage. When CSHCS coverage is not accepted, your family must pay the bill.

Q. How do I use the mihealth card?

A. Show it with your Eligibility Notice.

Q. What is covered?

A. CSHCS only pays for treatment related to the member's eligible diagnosis. It does not cover primary care. That means we don't cover well-baby visits or short-term conditions like a cold or sprained ankle.



Q. What if I'm not sure what medical conditions are covered?

A. Call your local CSHCS office or the CSHCS Family Phone Line.

Q. What if I want to go to a provider not listed on the Eligibility Notice?

A. Call your local CSHCS office to see if the provider can be authorized. Without authorization, you may be responsible for the bill.

NOTE: Pharmacies, medical equipment and supply companies, hearing and speech centers, hearing aid dealers and home health agencies do not have to be listed on the Eligibility Notice.

Q. What if I have bills from services before my coverage's begin date?

A. In some situations, past services related to the eligible diagnosis may be covered. Call your local CSHCS office or the Family Phone Line for information.

Frequently Asked Questions



Q. When medical care is needed for a condition that has nothing to do with the eligible diagnosis, what do I do?

A. If you think the condition may qualify for CSHCS, contact your local CSHCS office. If the condition is not CSHCS-eligible, you will have to use another coverage, such as private health insurance. Depending on your income, you may qualify for Medicaid or MICHild.

Q. Should I tell my provider about my Medicaid coverage?

A. Yes. Medicaid pays for services that CSHCS does not, such as medical care not related to the eligible diagnosis.

Q. If I have any other health insurance, should I tell the provider?

A. Yes. Providers must bill other insurance before CSHCS. You will need to show your insurance card or give the provider these details:

- Policy & Group Numbers
- Name of Employer
- Social security number of policyholder

Q. What should I do if I receive a bill from a provider for a service I thought CSHCS would cover?

A. DO NOT IGNORE THE BILL. If the provider is a doctor, hospital, or ambulance and is not listed on the Eligibility Notice, call your local CSHCS office to see if the provider can be authorized. If the provider is already listed or does not have to be listed, contact the provider and ask him or her to bill CSHCS.

Q. Can we be reimbursed by CSHCS for bills we have already paid?

A. No, you cannot.

Q. What should I do if there are any changes in the family household or medical care?

A. Contact your local CSHCS office and report any name, address or phone number changes; changes on your insurance card; and provider changes.

Q. Why does it take so long to get some supplies or equipment?

A. Some services require CSHCS approval **before** you get the service. Make sure an approved CSHCS medical specialist writes the prescription. **If you have other insurance, you must get prior approval from that carrier and CSHCS for many services.**



Frequently Asked Questions

Q. What if out-of-state care is needed?

A. Out-of-state care always requires special approval. To process your request, we need the written recommendation of an approved Michigan medical specialist and the name and address of the out-of-state provider.

Q. What should I do when the CSHCS coverage year is about to end?

A. About three months before coverage ends, contact your local CSHCS office to see if a medical review or a financial update is needed to renew coverage.

CSHCS reviews medical eligibility every two, three or five years, depending on the primary eligible diagnosis. We require updated financial information every year.

Q. What should I do if I believe I need more help in meeting the eligible person's needs?

A. Call your local CSHCS office. You may be eligible for additional services. There may be community resources available to help you.

Q. What if I don't agree with a CSHCS decision about services?

A. You have a right to ask for a Departmental Review of any decision. For details of the process, call your local CSHCS office.

Q. What if I need help with travel, lodging and meal costs while my child is in a hospital away from home?

A. Check with your local CSHCS office to see if you qualify for transportation assistance. We also may be able to help with transportation costs for medical appointments.

Q. What if I want to talk with another family who has medical needs similar to ours?

A. To talk with a parent of a child with a condition similar to your child's, call the Family Phone Line at 1-800-359-3722. Our statewide Family Support Network of Michigan is made up of support parents who are trained to listen to your concerns and to share information about resources.

Q. What if I have a question that isn't answered here?

A. Ask any questions about the CSHCS Program or covered services by calling your local CSHCS office or the CSHCS Family Phone Line: 1-800-359-3722.

Definitions



Definitions

Acute	A condition that happens suddenly and lasts a short time. It is the opposite of “chronic.”
Children with Special Needs Fund	A special fund available to families of children with special needs to help pay for special equipment or services that are not covered by CSHCS or any other public health care program.
Children’s Special Health Care Services (CSHCS)	A program within the Michigan Department of Community Health which helps children and some adults with special health care needs, and their families. One way that it helps is by covering costs of specialty care associated with their CSHCS-covered condition.
Chronic	An illness or condition that slowly persists or progresses over a long time. It is the opposite of “acute.”
Chronicity of Condition	CSHCS considers a condition to be chronic when it requires specialty medical care for a year or more.
COBRA	After job loss, a worker’s health care coverage may continue under the Consolidated Omnibus Budget Reconciliation Act (COBRA). Read details under “Health Plans and Benefits” at the U.S. Department of Labor’s website: www.dol.gov
CSHCS Medical Consultant	A licensed pediatric specialist who reviews CSHCS cases, determines medical eligibility and considers special requests.
Diagnosis	The name of a condition or illness. To qualify for CSHCS, an individual must have a diagnosis where activity is or may become so restricted by disease or deformity as to reduce normal capacity for education and self-support.
Diagnostic Evaluation	The process of identifying a disease or condition from its signs and symptoms; a careful examination of facts to try to understand or explain the cause of an illness.
Disability	The result of any physical or mental condition that affects a person’s ability to develop, achieve or function.



Definitions

Early On (Part H of IDEA)	A program for Michigan infants and toddlers through age 36 months who have special needs and their families. The Michigan Department of Education coordinates it. However, early intervention services it provides come from many different agencies, programs and professionals in each community. For details call 1-800-Early On (1-800-327-5966).
Eligible	Meets specific requirements to qualify for a program or services.
Eligibility Notice	A letter CSHCS mails to families approved for CSHCS enrollment. It gives dates of CSHCS coverage and may list the providers approved to provide care or services.
Enroll	To go through the process by which CSHCS signs up an individual to get medical care and treatment for an eligible diagnosis.
Evaluation	A way of collecting information about an individual's needs, strengths and interest.
Family Phone Line	The Parent Participation Program of CSHCS operates a toll-free Family Phone Line (1-800-359-9722). Staff helps answer questions, solve problems and give information about CSHCS and health resources.
Family Support Network of Michigan (FSN)	A statewide network of parents of children with all kinds of special needs, regardless of CSHCS enrollment. Services include peer support and information.
Health Care Professionals	Workers who have special health care skills. They include nurses, doctors, social workers, physical therapists, pharmacists and so on.
Health Maintenance Organization (HMO)	A medical insurance program which gives care through specified doctors and hospitals.
IDEA	Individuals with Disabilities Education Act. A federal law authorizing special education for children.

Definitions



Local Health Department	The local county office where one or more CSHCS representatives are located. This office can provide free or low-cost basic medical care and other health-related services.
Medicaid	Federal and state health care coverage for low-income or medically needy individuals and working families that qualify.
Migrant Worker	An individual who works or seeks work in agriculture or a related seasonal industry and moves away from his usual home to a temporary residence as a condition of employment.
Need for Treatment by a Physician Subspecialist	The condition must require the services of medical and/or surgical subspecialists at least annually, as opposed to being managed exclusively by primary care physicians.
Occupational Therapy	Treatment to help a person develop mental or physical skills to aid in daily living. It focuses on hand and finger movement and self-help skills, such as dressing or using a fork and spoon.
Payment Agreement Form	A CSHCS form that states the annual amount a family with income at or above 250% of the federal poverty level agrees to pay for CSHCS coverage.
Pediatric	The branch of medicine dealing with the care of children.
Pediatric Specialist	A physician specialist who has a specialty area of knowledge, skills and training, to treat children.
Pediatrician	A doctor who specializes in caring for children.
Physical Therapy	The treatment of disease by physical and mechanical means, such as massage, regulated exercise, water, light, heat, and electricity.
Primary Care	General or basic health care. Traditionally provided by a pediatrician, internist or family practitioner.



Definitions

Primary Payer	The company or organization that must be billed first for CSHCS-covered services before CSHCS will consider payment. By law, CSHCS is always the payer of last resort.
Prior Approval	The CSHCS process which gives a provider approval to provide a service or equipment, as needed.
Provider	A person, organization or company that provides medical care, medications, medical supplies or equipment.
Respite	A temporary period of rest or relief for caregivers that provide daily care to an individual enrolled in CSHCS.
Severity of condition	The rating by a MDCH medical consultant of the need for specialty medical care. The decision is whether care would prevent, delay or significantly reduce the risk of activity becoming so restricted by disease or deformity as to reduce the individual's normal capacity for education and self-support.
Specialist	A medical practitioner whose practice is limited to a particular class of patients (such as children) or of diseases (such as skin diseases) or of technique (such as surgery). Typically, a specialist is qualified by advanced training and certification.
Subspecialist	A physician who has a <i>subspecialty</i> , meaning a narrower field of specialization. For example, pediatric cardiology is a <i>subspecialty</i> of general cardiology.
Support Parent	A parent of a child with special needs who gives one-to-one support to other parents.
WIC (Women, Infants and Children)	A program that provides supplemental nutrition, breastfeeding information, and other resources to foster healthy mothers and babies.

Sources :MEDLINEplus, a service of the U.S. National Library of Medicine and the National Institutes of Health, and CSHCS

Looking Ahead



Looking Ahead

What is Medical Transition?

Medical Transition is the time when teens move from pediatric services to adult services. This may mean seeing new health care providers. It also may mean using adult health care coverage.

Often, transition into adult services is stressful for families. Your son or daughter may fear making health decisions. You may fear losing input into complex medical care. Or, you may need to take legal steps to make decisions for your adult child. In either case, medical transition may be difficult for your family.

CSHCS issues when your teen turns 18

- Your son or daughter must sign any Release of Medical Information Form, except if you are guardian.
- The Financial Assessment Form must include only your son or daughter's income.
- Your son or daughter must sign the CSHCS application, except if you are guardian.
- If capable, your teen needs to carry his or her mihealth card and CSHCS Eligibility Notice to every appointment.
- If capable, your teen needs to begin working with the CSHCS representative in your local health department. An example is calling to add providers.

What families can do to prepare

- Plan early. The move to adult care may not happen until age 18, 21 or even older. It is still important to plan ahead. Planning for educational transition begins around age 14. That is also a good time to start planning medical transition.
- Find out about adult providers in your area. Research adult services. Research your child's options for health care plans. Find out when it is time to make the transition into adult care. Pediatric providers and CSHCS representatives can help.
- Talk to your child's pediatric providers. Get referrals for adult providers. Find out what adult services they may be eligible for at age 18. Your local health department can help with referrals and information on services.
- Depending on your child's capabilities, either your child or you will manage his or her care.



Looking Ahead

Youth as managers of their own health care

For teens to become independent adults they need family members to take less active roles in their medical care. In this way they gain independence and skills.

To plan for and assist in medical transition, families can:

- ◆ Provide your child the opportunity to meet with health care providers in private. Let them ask questions about their health. This will allow your son/daughter to gain important skills in managing their own care.
- ◆ Encourage your child to learn about their medical condition(s). They should know what they are going to the physicians for. They should know basic information about their condition. If taking medications, they should know the names of medications. Also, why they take them.

How teens can prepare

This is an important time in your life. Here are tips on medical transition:

- ◆ Learn about your health care needs.
- ◆ During appointments with your physicians, spend some time alone with them. Ask questions about your health. Or, ask anything else you want to know.

Be involved. Try to plan your next doctor's visit. Make sure that physicians and other adults talk directly to you. Don't be afraid to ask questions about your care!

Parents as managers of an adult child's health care

Many youth with special health care needs may need assistance with care into adulthood. Below are tips on what parents and family members may do to prepare for medical transition.

- Include your son or daughter in their care as much as possible.
- Have medical information readily accessible to your family and to providers. That guarantees information is on hand even when you are not near.

Looking Ahead



Guardianship and Alternatives

At age 18, a teen becomes his or her own guardian. Some youth are unable to handle that. If so, you may face tough legal choices. Questions to ask yourself are:

“What are my main concerns for my child’s future? Are they financial, medical, or emotional concerns?”

“What decisions will my child be able to make on his/her own?”

“What decisions will my child need assistance making?”

Think about what you would like to secure for your child’s future. Below is a list of choices a family may consider. The list does not include all options. Other choices may be best for your family.

- Full Guardianship** provides full decision making rights to an appointed guardian.
- Partial Guardianship** provides rights in certain areas of decision making to an appointed guardian.
- Durable Power of Attorney** allows health care decisions by an appointed guardian. Power of Attorney can cover other decisions.
- A Patient Advocate** acts for the individual receiving care. Most hospitals and providers have information on this choice. The appointed individual might be a family member or friend.
- In a **Conservatorship** an appointed individual manages a person’s finances.
- A **Representative Payee** manages the finances of a person with SSI or SSDI benefits. Applications and help are available at local Social Security Administration offices.

Many of these actions must be done through the court system. Start exploring them when your child turns 17. There may be legal and court fees for each. Seek qualified legal counsel.

For more resources, contact local human service agencies or the local health department.



All About My Child

Child's Information

Name: First _____ Middle _____ Last _____

AKA _____
(Also Known As) (If child uses two different last names, please include)

Nickname: _____

Address _____ City _____ State _____ Zip Code _____

Phone: (_____) _____

Date of Birth: Month _____ Date _____ Year _____ Blood type: _____



Diagnosis: _____

Special Care Instructions: _____

Current Medication(s)	Dosage and Administration
_____	_____
_____	_____
_____	_____

Allergies: _____



Child's Preferred Language: _____

Child's Ethnicity: _____ (race) Religion : _____

Parent(s)/Primary Caregiver(s) _____

Address _____ City _____ State _____ Zip Code _____

Family's Preferred Language

Phone: **Mother** Home (____) _____ Work (____) _____ Cell (____) _____

Father Home (____) _____ Work (____) _____ Cell (____) _____

Primary Caregiver Home (____) _____ Work (____) _____ Cell (____) _____

All About My Child



Family's religion and/or customs that may affect the medical treatment or health care of _____
(child's name)

Special Dietary Needs (Kosher, Vegetarian, etc.):

What to AVOID!
(food, dust, animals, etc.)

Emergency Contact Person/s:

Name _____

Address _____ City _____ State _____ Zip Code _____

Phone (_____) _____ Relationship _____

Name _____

Address _____ City _____ State _____ Zip Code _____

Phone (_____) _____ Relationship _____



All About My Child

Others Who Should Be Present/Called (Clergy, other relatives and friends)

Name _____

Address _____ City _____ State _____ Zip Code _____

Phone (_____) _____ Relationship _____

Name _____

Address _____ City _____ State _____ Zip Code _____

Phone (_____) _____ Relationship _____

Child's Preferences

Child's preferred language: _____

Way of Communicating: _____
(American Sign Language; use of special equipment: TTY, communication board, etc.)

Specific words/gestures with special meanings:

Likes:

Dislikes:

Child's Strengths

All About My Child



Favorites

Food(s):

Songs:

Music:

Toys:

Friends(s):

Other People/Things:

Anything else you would like to tell providers:



Building Health Partnerships

Building Health Partnerships

Adapted from

Tips from and for Parents: Building Early Intervention Partnerships With Your Child's Doctor

Washington State Department of Social and Health Services
www1.dshs.wa.gov/iteip/Publications.html

There are many steps you can take to create the type of partnership and relationship that you want with your child's doctor*. Below are ideas for starting or improving a partnership.

* For ease, the word "doctor" is used. These ideas also apply for nurse practitioners, physician's assistants, and other health providers.

Choosing a Doctor

Here are general qualities to seek:

Clinical skills and knowledge

Does he or she have the training and specialty interests important to your child's needs? A doctor with a special interest in child development, special needs or a specific diagnosis might be just right.

Experience

Has the doctor cared for other children who have a similar diagnosis as your child or for children with developmental delays or disabilities in general? That kind of experience can help your doctor to be more aware of resources and services that might benefit your child and family.

Mutual respect and sense of connection

Is he or she approachable? Does she or he make you feel comfortable? Do you like the interactions with your child? Do you trust the person with the health of your child? A doctor may be better in one area than another.

Choosing a doctor may mean choosing a balance between technical skills, interpersonal skills and experience.

It's up to you to decide what you and your child need right now. You may find that what you need changes over time.

Building Health Partnerships



Creating a Relationship

Be a partner

Decide what type of partnership you want with your child's doctor. How do you want him or her to be involved in coordinating care and services for your child? What role do you want in making medical and health decisions?

Whatever type of partnership you have, you should feel comfortable asking questions, sharing your insights, and feel like you and the doctor are part of a team.

In turn, you should be open to the doctor's questions and insights and accept him or her as part of your child's team.

Be a role model

Show by example how you want to be treated and how you want your child to be treated.

If you want the doctor to listen to you, then be a good listener, too. If you want your doctor to be delighted with your child, then show your delight in your child.

Be understanding

Doctors often must have appointments back-to-back, every 15 minutes or even sooner. If it seems that the doctor is in a hurry to move on to the next appointment, you are probably right!

If you need more time, let her know and she should be willing to work this out. See *Getting the Most Out of An Appointment* for specific ideas on getting more time.

Let the doctor get to know your whole child. Talk about the good things as well as your concerns. Share pictures and stories so he or she can appreciate and get to know your child.

Express gratitude

Say thank you, in person or in writing. Let your doctor know what is helpful and when he or she is doing a good job.

Don't expect perfection

Every relationship has bumpy times and so will this one. Be willing to make changes, if needed. Recognize that doctors are human, too, and give him or her the chance to make things better.

If you are mostly pleased with your child's doctor, then it may be worth working through rough times. See *Deciding to Change Doctors* for information on when you might choose to make a change.



Building Health Partnerships

Practicing Good Communication

A two-way conversation

Think of communicating with your doctor as having a friendly, respectful conversation. That means it is two-way and both of you should share your questions, concerns, successes, and hopes.

Get clear about how to communicate

Ask your doctor how to best communicate about your child's care. Is there a good time during the day to call? Does she or he prefer that you first talk to the office nurse if you have questions between appointments?

Are there ever situations when the doctor would want you to call him or her at home? Does your doctor welcome communication via email? How about fax?

Feel okay about needing advice between appointments

If you have a concern between appointments and feel that you need or want an answer from your child's doctor, ask the nurse to have him or her call you.

Explain that you are more worried than usual – for reasons you may not be able to explain just yet – and that you would really appreciate talking directly to him or her.

Reflecting

Were you able to discuss your most important questions or issues? If not, is this okay with you or is there a plan for how you will get the information you need? Did you feel like a partner in your child's health care team? Is there something you might want to do differently next time?

Deciding to Change Doctors

Parents are often pleased with their child's doctor. But sometimes things just don't feel right. Here are questions to ask yourself:

- Does the way the office is run work for you?
- Is the doctor available when you need him or her?
- Are you often confused about recommendations and why certain treatments are prescribed?
- Do you feel like your concerns are not taken seriously?
- Does this make you question and doubt your instincts or your doctor's?

Trust your gut. If the relationship doesn't feel right and you haven't been able to make it better, then know that it is time to change doctors. Try to do it in a positive way.

"Thanks for all you've done for my child. We really appreciate the time you have spent with us. But right now this is not the perfect fit for our family – I would like my child to see someone else."

Building Health Partnerships



Getting the Most Out of an Appointment

Scheduling

To cut down on waiting time, schedule the doctor's visit for the first appointment of the day or right after lunch.

If you have questions or concerns that may take more time than usual, ask the office staff to schedule a longer appointment. Your doctor and staff will appreciate the advance notice and you will feel less frustrated about not having enough time.

Preparing

Think about what you would like to get out of the appointment ahead of time:

Gather reports that you especially want to discuss. For children getting *Early On* services, be a link between the doctor and the program. Share questions and concerns back and forth.

Make a list of your questions, concerns and other information you would like to share. It is okay to bring up things that don't seem related to health but still matter to you and your child. Decide what on your list is the most important to you.

Ask the doctor if he or she would like a copy of your questions and concerns ahead of time. Emailing, faxing or dropping your list off before the appointment might give more time for the doctor to prepare more complete responses to your questions.



Building Health Partnerships

Participating

Share your list of questions and concerns at the start of the appointment. The doctor likely has his own list for what he needs to accomplish during the visit. Together you might need to decide what to discuss during this appointment and what to discuss later.

Things can move so quickly during appointments that it can be hard to remember all that is said. Here are some ideas to help with remembering:

- Take notes. Use the same notebook to write down your questions and the answers at each appointment. This will make it easier to keep track of all the information over time.
- Bring someone along who can help listen and take notes – and be there to support you, if needed.
- Sometimes you might need to get the conversation back to your concerns. Here are ways to do that:
 - Ask questions: What do you suggest about...?
 - Tell a story about something going on in your child's life that you want to discuss.
 - Simply change the topic: *"One other thing I would like to talk to you about is..."*

If your doctor gives you information that is upsetting or hard to understand, ask if you can call later to go over your questions.

Updating

Tell your doctor about your child's progress. Ask questions and share any concerns.

A fun and memorable way to update a doctor is to send an occasional picture of your child with a note highlighting his or her progress.

"Here is my daughter having fun at dinnertime. Through Early On, I learned how to encourage her to eat more table foods. She doesn't gag and cry at the sight of food anymore and I'm not so worried about her growth. Early intervention helped me have a better relationship with my daughter and helped my family, too – mealtimes are no longer a battle. Thanks for the referral!"

Community Resources



Community Resources for Children with Special Health Care Needs and Their Families

These organizations offer either INFORMATION or DIRECT SUPPORT in the areas indicated.

	<i>Child Care for Children with Special Needs</i>	<i>Paying for Health Care Services</i>	<i>School and Learning</i>	<i>Support Groups or Others Like Me</i>	<i>Understanding the Problem or Condition</i>	<i>Help with Problem Solving</i>	<i>Fun and Recreation</i>
American Diabetes Association 800-342-2383 • www.diabetes.org/wizdom					●	●	●
Arc Michigan 800-292-7851 • www.arcmi.org	●	●	●	●	●	●	●
Association for Children's Mental Health 800-782-0883 • www.acmh-mi.org			●	●	●	●	
Autism Society of Michigan 800-223-6722 • www.autism-mi.org	●	●	●	●	●	●	●
Birthline 800-26-BIRTH • www.michigan.gov/wic	●		●				
Building Strong Families 517-355-6586 • www.michigan.gov/fia						●	
Camp-O-Rama List of Michigan summer camps for children with disabilities www.cenmi.org/matr							●
CAUSE (Citizens Alliance to Uphold Special Education) 800-221-9105 • www.causeonline.org		●	●		●	●	
Center for Educational Networking 800-593-9146 • www.cenmi.org						●	●
CDC National AIDS Hotline - 24 hours 800-342-2437 • 800-344-7432 Spanish 800-243-7889 TTY • www.cdc.gov/hiv/general				●	●		
Cerebral Palsy Association of Michigan (advocates for all disabilities) 800-828-0271 • www.ucpmichigan.org	●	●	●	●	●	●	●
Childhood Lead Poisoning Prevention Project 517-335-8885 • www.michigan.gov/mdch		●	●	●	●	●	●



Community Resources

	<i>Child Care for Children with Special Needs</i>	<i>Paying for Health Care Services</i>	<i>School and Learning</i>	<i>Support Groups or Others Like Me</i>	<i>Understanding the Problem or Condition</i>	<i>Help with Problem Solving</i>	<i>Fun and Recreation</i>
Children's Leukemia Foundation of Michigan 800-825-2536 • www.leukemiamichigan.org				●	●		
Children's Research Center of Michigan 313-745-2400 • www.crcm.med.wayne.edu					●		
Children's Special Health Care Services 800-359-3722 • www.michigan.gov/mdch		●		●	●	●	
Children's Trust Fund (child development, parenting resources, child abuse prevention) 800-CHILDREN (244-5373) www.michigan.gov/fia				●		●	
Community Coordinated Child Care 866-424-4532 • www.mi4c.org	●						
Developmental Disabilities Institute 888--978-4334 • www.wayne.edu/ddi		●		●			
Diabetes Diagnosis and Treatment of Children at Clinics Across Michigan Wayne State University Morris J. Hood Jr. Comprehensive Diabetes Center 888-324-6852					●	●	
Domestic Violence Hotline 1-800-799-SAFE • www.ndvh.org				●	●	●	
Down Syndrome Society 800-221-4602 • www.ndss.org	●	●	●	●	●	●	●
Early On Michigan 800-372-5966 • www.earlyonmichigan.org	●	●	●	●	●	●	●
Easter Seals of Michigan 800-292-2729 • www.essmichigan.org		●	●	●	●	●	●
Epilepsy Foundation of Michigan 800-377-6226 www.epilepsyfoundation.org/michigan	●	●	●	●	●	●	●
Exceptional Parent Magazine 877-372-7368 • www.eparent.com			●	●	●	●	●

Community Resources



	<i>Child Care for Children with Special Needs</i>	<i>Paying for Health Care Services</i>	<i>School and Learning</i>	<i>Support Groups or Others Like Me</i>	<i>Understanding the Problem or Condition</i>	<i>Help with Problem Solving</i>	<i>Fun and Recreation</i>
Family Support Network of Michigan 800-359-3722				●	●	●	
Family Village: A Global Community of Disability-Related Resources www.familyvillage.wisc.edu/sp/p2p.html	●	●	●	●	●	●	●
Family Voices 888-835-5669 • www.familyvoices.org	●	●	●	●	●	●	●
Food Bank Council of Michigan 800-552-4483 • www.fbcmich.org						●	
Genetics Support Group Directory (for families affected by known or suspected genetic diseases, birth defects, and related conditions) www.migeneticsconnection.org/staticSGD				●			
Head Start in Michigan 866-320-6472 • www.mhsa.ws		●	●	●	●	●	
Hemophilia Foundation of Michigan 800-482-3041 • www.hfmich.org	●		●	●	●	●	
Hope Network 800-6957273 • www.hopenetwork.org	●	●	●	●	●	●	
Immunizations 888-76-SHOTS (88-767-4687) www.michigan.gov/mdch		●				●	
Juevenile Diabetes Research Foundation 800-533-2873 • www.jdrf.org		●		●	●		
Kids as Self Advocates (KASA) 888-835-5669 or 773-465-3200 www.familyvoices.org/kasa				●		●	●
Kenny Foundation 800-237-3422 • http://comnet.org/kenny		●		●		●	
Latino Family Services 313-841-7380 www.umich.edu/~psycdept/detroit.initiative/partners/dipartners/latino_family_services.htm				●		●	



Community Resources

	<i>Child Care for Children with Special Needs</i>	<i>Paying for Health Care Services</i>	<i>School and Learning</i>	<i>Support Groups or Others Like Me</i>	<i>Understanding the Problem or Condition</i>	<i>Help with Problem Solving</i>	<i>Fun and Recreation</i>
Lead Poisoning Information 800-MI-TOXIC (648-6942) www.michigan.gov/leadsafe		●					
Merck Patient Assistance Program (for pharmaceuticals) 800-727-5400 • www.merck.com		●					
Michigan AIDS Hotline 800-872-2437 www.michigan.gov/hiv-aids-std		●			●	●	
Michigan Department of Community Health 517-373-3740 • www.michigan.gov/mdch	●	●	●	●			
Michigan Donated Dental Services 866-263-4067 • www.nfdh.org/state/mi		●					
Michigan - Official Site 517-373-1837 • 313-256-1837 www.michigan.gov	●	●	●	●		●	●
Michigan's Assitive Technology Resource (MATR) 800-274-7426 • www.cenmi.org/matr			●		●		●
Michigan Association for the Education of Young Children (MiAIEYC) 800-336-6424 • www.miaeyc.com		●					
Michigan's Children 800-330-8674 • www.michiganschildren.org						●	
Michigan Dental Association Find A Dentist/Community Programs 517-372-9070 • www.smilemichigan.org		●			●		
Michigan Family Independence Agency 517-373-2035 • www.michigan.gov/fia	●	●	●				
Michigan Vulnerable Adult Helpline 800-996-6228 • www.michigan.gov/fia				●	●	●	
Michigan Head Start Association 517-374-6472 • www.mhsa.ws	●	●	●		●		

Community Resources



	<i>Child Care for Children with Special Needs</i>	<i>Paying for Health Care Services</i>	<i>School and Learning</i>	<i>Support Groups or Others Like Me</i>	<i>Understanding the Problem or Condition</i>	<i>Help with Problem Solving</i>	<i>Fun and Recreation</i>
Michigan Insurance Bureau 877-999-6442 • www.michigan.gov/ofis		●				●	
Michigan Medicaid Program 888-367-6557 • www.michigan.gov/documents/MedicaidCoveragebrochure_15697_7.pdf		●					
Michigan Protection and Advocacy Services 800-288-5923 • www.mpas.org		●	●	●	●	●	
Michigan Office of Special Education and Early Intervention Services www.mde.state.mi.us/off/sped			●	●			
Michigan Parents of Children with Visual Impairments 989-855-2430 • 800-292-7851 x601 www.napvi.org		●	●	●	●	●	
Michigan PTSA 517-485-4345 • www.michiganpta.org			●			●	
Michigan Rehabilitation Services 800-605-6722 • www.michigan.gov/mdcd			●				
Michigan Respite Programs 517-788-7533 www.respitelocator.org/m3states.htm	●	●					
Michigan Self-Help Clearinghouse www.mpas.org/mshcl.asp				●			
Michigan SIDS Alliance / Tomorrow's Child 800-331-7437 • www.tomorrowschildmi.org				●	●		
MiChild Health Insurance (for uninsured children of Michigan's working families) 888-988-6300 • TTY 888-263-5897 www.michigan.gov/mdch	●	●					
Migrant Head Start 800-782-7831 www.telamon.org/InYourState/MI/hs.asp		●	●	●		●	



Community Resources

	<i>Child Care for Children with Special Needs</i>	<i>Paying for Health Care Services</i>	<i>School and Learning</i>	<i>Support Groups or Others Like Me</i>	<i>Understanding the Problem or Condition</i>	<i>Help with Problem Solving</i>	<i>Fun and Recreation</i>
Mothers United for Moral Support (MUMS): National Parent to Parent Network 877-336-5333 (parents only please) www.netnet.net/mums				●	●	●	
National Organization for Rare Disorders (NORD) 800-999-6673 • www.rarediseases.org				●	●		
National Dissemination Center for Children with Disabilities 800-695-0286 • www.nichcy.org	●	●	●	●	●	●	●
Parenting Awareness Month & Prevention Network (substance abuse) 800-968-4968 • www.preventionnetwork.org					●	●	
Parent Empowerment Project 800-262-0650 • www.for-rudy.com	●		●		●		
Parent HELpline 800-942-4357 • www.michigan.gov/fia					●		
Parent Participation Program (Children's Special Health Care Services/ Michigan Dept. of Community Health) 800-359-3722	●		●	●	●		
Poison Help - Statewide Poison Control Center at Children's Hospital of Michigan 800-222-1222 (24/7) • www.mitoxic.org/pcc					●	●	
Pregnancy and Newborn Health Education Center - March of Dimes 888-MODIMES (663-4637) www.marchofdimesmi.org					●	●	
Runaway and Homeless Youth Program (RAP line) 800-292-4517 • www.michigan.gov/fia	●		●	●	●		
Social Security Administration 800-772-1213 • www.ssa.gov	●	●					

Community Resources



	<i>Child Care for Children with Special Needs</i>	<i>Paying for Health Care Services</i>	<i>School and Learning</i>	<i>Support Groups or Others Like Me</i>	<i>Understanding the Problem or Condition</i>	<i>Help with Problem Solving</i>	<i>Fun and Recreation</i>
Special Olympics Michigan 800-644-6404 • www.somi.org							●
Spina Bifida Association of America lists Michigan chapters 800-621-3141 • www.sbaa.org		●		●	●		
Saint Francis Camp on the Lake 517-688-9212 • bosonline.com/saintfranciscamp							●
Starfish Family Services 24-Hour Crisis: 313-563-5005 734-728-3400 • www.starfishonline.org			●	●	●		
Stepfamily Association of America 800-735-0329 • www.saafamilies.org				●	●	●	
Together Let's Cope (TLC) Support Group for Parents of Premature Infants St. John Hospital Neonatal Intensive Care Unit 313-343-3683 • www.stjohn.org				●	●		
Children with Special Needs Fund 800-359-3722 • www.michigan.gov/csnfund		●					●
Hearing Program 800-359-3722 • TTY 517-335-8246 www.michigan.gov/ehdi	●	●	●	●	●	●	
Very Special Arts of Michigan 313-832-3303 • www.vsami.org							●
Wild Swan Theatre 734-995-0530 • www.wildswan.ws							●
National Institute on Deafness & Other Communication Disorders 800-241-1044 • TTY 800-241-1055 www.nidcd.nih.gov					●		
Autism Society of America 800-3AUTISM (328-8476) www.autism-society.org			●		●	●	
Will Rogers Institute (pulmonary disease/disorder education and research) www.wrinsitute.org					●		

