

# Case Studies \*

## **WOMEN, INFANT AND CHILDREN (WIC) CASE STUDY**

Post-Partum Mom arrives to her WIC appointment today. She delivered a baby girl at 35 weeks gestational age at 6# 4 oz. and informs the staff that her baby is still in the hospital. Baby is not allowed to receive WIC services until she is discharged from the hospital. The clerk verifies mom's income and informs the client that she is adjunctly eligible for WIC with Medicaid. The client then goes to the lab where the lab tech measures her height, weight, and Hemoglobin. The Certified Professional Authority (CPA) assesses the client's lab information and Health History Questionnaire. The CPA notices the HGB (hemoglobin) is a little low, HGB 11.0. The CPA informs the client of her low HGB and they both decide to discuss ways to increase iron rich foods.

The client then indicates her daughter has Down syndrome and a Congenital Heart Defect. Although Down syndrome is not an eligible diagnosis, the CPA notifies the client that her daughter may qualify for Children's Special Health Care Services (CSHCS) due to her heart defect. The CPA refers her to the Maternal Infant Health Program (MIHP), as well. The CPA provides her with the referrals along with her shopping list. The CPA provides mom with options for her next Nutrition Education. Mom opts to do online nutrition education at [wichealth.org](http://wichealth.org). Once her daughter was discharged from the hospital, she enrolled in WIC and was eligible to participate in WIC until age five, as long as she met the income criteria, checked annually.

## **CHILDREN'S SPECIAL HEALTH CARE SERVICES (CSHCS) CASE STUDY**

A mother with no insurance has a child who she suspects may have epilepsy but has no means to get the diagnosis or treatment. She is chatting with a friend about her concerns. The friend tells her that she heard of a program that might be able to help. She tells the mother to contact her local health department (LHD) and ask for something called "Crippled Children's".

The mother contacts the LHD and asks for Crippled Children's. She learns that the program has a different name which is Children's Special Health Care Services (CSHCS). She vows to memorize the name. She explains her concerns to the local CSHCS staff and the staff person determines this child may be eligible for CSHCS. The staff person arranges to get a document to the mother that will authorize a pediatric sub-specialist (a neurologist in this case) to provide a diagnostic assessment of the child. This may involve multiple tests which will all be covered by CSHCS. All bills are sent to CSHCS for payment. The family owes nothing.

Once the physician determines that the child does have epilepsy and that it is severe enough to require treatment by a pediatric neurologist, the physician's office faxes the medical report to CSHCS which enters the information directly into an electronic database.

The CSHCS medical consultant (physician) reviews the materials, asks for more information if the report is lacking needed information, and makes a determination based upon the information received from the medical report. This decision is based on a set of criteria such as 1) is the condition covered by CSHCS, 2) is it a chronic condition, 3) is it severe enough to require medical care and treatment by a pediatric sub-specialist/neurologist?

Once the medical consultant determines the child to be medically eligible for CSHCS, the family is sent an application (if the child has Medicaid or MICHild they are automatically enrolled) to complete and return to CSHCS. Once the application is received, including the Payment Agreement (IRPA) which indicates how much the payment agreement will be, the information is entered into the database, and the coverage begins. Coverage is often put on retroactively to cover treatment from a sub-specialist they may have already had while the information was being gathered and reviewed by the CSHCS medical consultant. In this case, there is no need for retroactive coverage because there was no established sub-specialist.

The child either starts to go to the neurologist who diagnosed the epilepsy or to a different subspecialist that the LHD can help to identify when needed. The sub-specialist will be “authorized” on the CSHCS system for this specific child. This will allow payment for all medical care & treatment that specialist provides to the child. If other providers are required to treat the condition such as a particular therapy, they too will become authorized if they are a provider type that requires authorization as long as the treatment for the CSHCS covered condition.

In addition, it turns out that the mother needs assistance in getting her child to and from the doctor’s or other providers’ offices. She remembers that when the LHD staff person contacted her after she enrolled, one of the things she was told is that she may be able to get some transportation assistance. The mother contacts her LHD CSHCS representative and inquires about travel help. She is told they will send her a copy of the CSHCS Transportation Assistance Family Guide, which will help her to understand what she needs to do. She may be able to get help for lodging as well which will be covered in the Transportation document.

The mother was also having difficulty keeping everything her child needed straight due to all of the different medicines and doctor appointments. She was feeling really overwhelmed. The LHD staff worked with the mother to develop a Family-centered Plan of Care for her child. The Plan of Care helps to keep all of the information organized and provides a detailed outline of what needs to be done and when. The mother greatly appreciated this and was able to share the Plan of Care with providers, educators, and caregivers.

**WOMEN, INFANT AND CHILDREN (WIC) SCENARIO Questions to Consider:**

Using the information presented and the table provided please consider the following questions. (These will be discussed during the 11/13/13 webinar).

**WIC PROGRAM INCOME GUIDELINES**

Family Size*	Annually
1	\$21,257
2	\$28,694
3	\$36,131
4	\$43,568

1. A family of three has an income of \$100,000 a year and have a child with Cystic Fibrosis.
  - a. Do they qualify for WIC?
  - b. Do they qualify for CSHCS?
  
2. A family of four makes \$20,000 a year and has a child who is Autistic.
  - a. Do they qualify for WIC?
  - b. Do they qualify for CSHCS?

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