

CHAPTER 5-000 THE GENETICALLY HANDICAPPED PERSONS' PROGRAM

5-001 Introduction: The Genetically Handicapped Persons' Program provides treatment for persons age 21 or older with the genetically handicapping conditions of cystic fibrosis, hemophilia, and sickle cell disease. This centralized program follows the regulations and policies of the Title V services for medically handicapped children, with appropriate modifications for the medical care of persons age 21 or older, including contracting with specialists in adult diseases.

5-001.01 Provision of Services: The provision of services depends on available funding. The Department may fund the following service components:

1. Initial intake and diagnostic evaluation by medical providers who are experts in the diagnosis and treatment of the particular genetic disease;
2. Medical treatment;
3. Prescription drugs;
4. Hospital care;
5. Surgical treatment;
6. Rehabilitative services including reconstructive surgery;
7. Appliances including upkeep, maintenance, and care;
8. Physical therapy; and
9. Occupational therapy.

5-001.02 Confidentiality: See 465 NAC 2-005.

5-001.03 Non-Discrimination: See 465 NAC 2-001.

5-001.04 Grievances and Fair Hearings: See 467 NAC 1-004 ff.

5-002 Referral, Application, and Eligibility: Procedures for referral, application, and eligibility for the Genetically Handicapped Persons' Program are the same as for persons age 20 and younger (see 467 NAC 2-000).

5-003 Cooperative Responsibilities: See 467 NAC 1-003 ff.

5-004 Limitations

5-004.01 State Institutions: The Genetically Handicapped Persons' Program does not cover care of persons residing in a state institution.

5-004.02 Long Term Care: The Genetically Handicapped Persons' Program does not provide for payment to long term care facilities, including skilled nursing facilities, intermediate care facilities, and intermediate care facilities for the mentally retarded. A person residing in a long term care facility may be eligible for medical services for the specific medical conditions covered by the program.

5-004.03 Coordination with Other Programs: Applicants for the Genetically Handicapped Persons' Program shall apply for any other program for which s/he may be eligible (see 467 NAC 2-004.01C).

5-005 Payment: For payment authorization and rates for the Genetically Handicapped Persons' Program, see 467 NAC 7-000 ff.

5-006 Cystic Fibrosis Service: This centralized service provides treatment for adults age 21 and older with the diagnosis of cystic fibrosis. See 467 NAC 4-004 ff.

5-006.01 Specific Providers: Covered providers are MHCP-contracted pulmonologists and the UNMC Cystic Fibrosis team. Note: 467 NAC 4-004 ff. indicates that the UNMC Cystic Fibrosis team is the only provider. For the Genetically Handicapped Person's Program, either type of contracted provider is appropriate.

5-007 Hemophilia Service: This centralized service provides treatment for adults age 21 and older with hemophilia. See 467 NAC 4-008 ff.

5-008 Sickle Cell Disease Service: This centralized service provides treatment for adults age 21 or older with the diagnosis of sickle cell disease (sickle cell anemia).

5-008.01 Medical Eligibility: The only covered diagnosis is sickle cell disease.

5-008.02 Clinics/Diagnostic Evaluations: There are no MHCP-sponsored clinics for this program. Diagnostic evaluations are provided by MHCP-contracted hematologists.

5-008.03 Certification Date: The certification date is the date of referral if the client is receiving services from an MHCP-contracted hematologist. Exception: For a weekend or holiday admission, the referral must be received within five working days of the date of hospital admission to cover eligibility from the date of admission.

5-008.04 Service Components: The worker shall submit Form MHC-11 to the medical consultant for approval of payment for the following service components, unless the specific service component was recommended in the IMTP approval by the medical consultant:

1. Inpatient hospital care under the supervision of an MHCP-contracted hematologist;
2. Outpatient evaluations with an MHCP-contracted hematologist;
3. Lab work ordered by an MHCP-contracted hematologist; and
4. Medication, as approved by the medical consultant.

The worker shall submit requests for approval of other services to MHCP Central Office staff on Form MHC-11. MHCP Central Office staff shall determine coverage.

5-008.05 Specific Providers: Services must be provided by MHCP-contracted hematologists and MHCP-contracted hospitals. If the medical consultant approves medication, pharmacy services are covered.

5-008.06 Procedures: The procedures for this program are the same as those used for hemophilia, with the exception of the providers who must be contracted to treat sickle cell disease. See 467 NAC 4-008.06 ff.