



Health Care Coverage

The federal Maternal and Child Health Bureau defines children and youth with special health care needs (CYSHCN) as: “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally”.¹ CYSHCN face significant challenges to access to health care coverage that is universal and continuous, adequate and affordable.

Need for Services

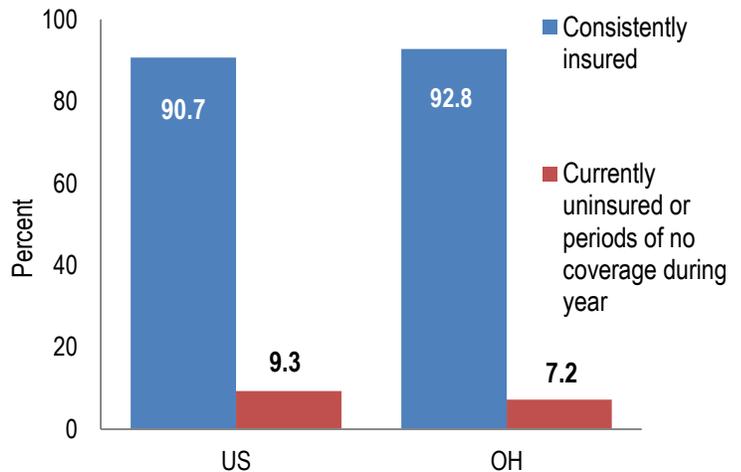
- Children and youth with special health care needs (CYSHCN) use a wider array of specialty products and services than otherwise healthy children.
- Many of these products and services are highly specialized and many are not covered under traditional health insurance plans.²
- Habilitative services are defined by the National Association of Insurance Commissioners as “health care services that help a person keep, learn or improve skills and functioning for daily living.”
- These services, such as physical and speech therapy, are utilized 1.8 times more often by CYSHCN compared with non-CYSHCN (FY 09 Medicaid claims).
- CYSHCN experience increased dependence on monthly prescription medications (both acute and maintenance medications).

Costs to Families

Families raising CYSHCN have:

- Average out-of-pocket costs that are almost three times more than families raising non-CYSHCN.³
- Lower mean incomes, meaning that even if the out-of-pocket costs were similar to families not raising CYSHCN, a higher proportion of their income would be spent on care for their CYSHCN.⁴
- Difficulty paying medical bills (52 percent).⁵

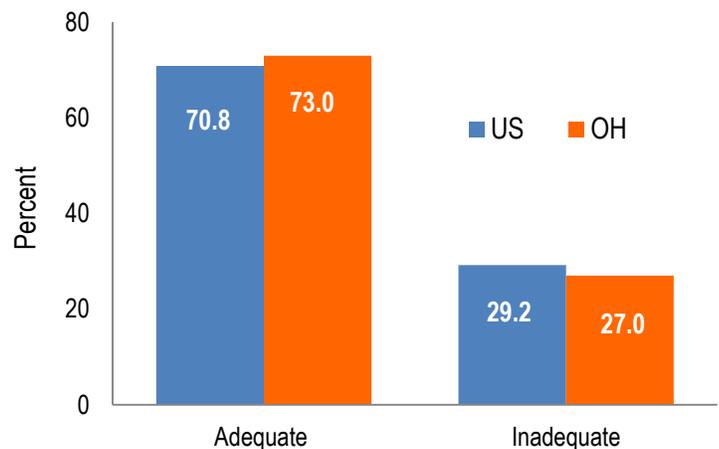
Figure 1: Consistency of Insurance Status for CYSHCN, 0-17 years of age, Ohio 2011



Source: National Survey of Children's Health, 2011/2012

- Among CYSHCN, 7.2 percent in Ohio and 9.3 percent in the U.S. were not consistently insured during the prior year.

Figure 2: Adequacy of Health Care Insurance for CYSHCN, 0-17 years of age, Ohio 2011

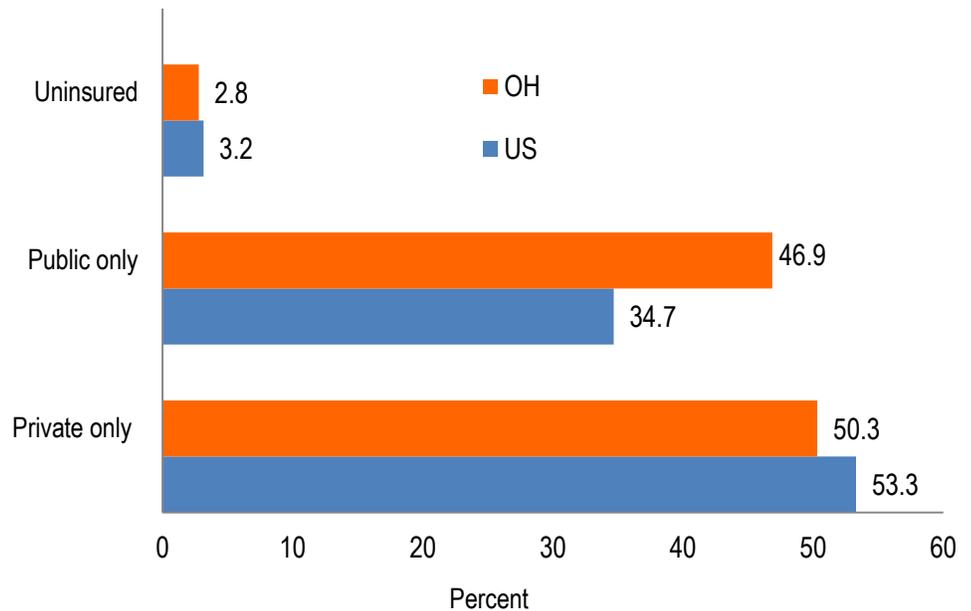


Source: National Survey of Children's Health, 2011/2012

- A substantial percentage of CYSHCN in Ohio (27 percent) and the US (29.2 percent) did not have adequate health care insurance during the previous 12 months.

Figure 3: CYSHCN by Type of Insurance Coverage, Ohio and United States, 2011-12

CYSHCN face significant challenges to access to health care coverage that is universal and continuous, adequate and affordable.



In 2011-12, 50.3 percent of Ohio and 53.3 percent of US CYSHCN used private insurance only; 46.9 percent of Ohio and 34.7 percent of US CYSHCN used public insurance as their only source of health coverage; 2.8 percent of Ohio and 3.2 percent of US CYSHCN remained uninsured 12 months prior to the survey (Figure 3).



What is Ohio Doing to Increase Coverage Among CYSHCN?

- The Children with Medical Handicaps Program (BCMh) is a cornerstone of Ohio's Title V CYSHCN program. Housed at the Ohio Department of Health (ODH), it is a health care program which links families of children with special health care needs to a network of quality providers and helps families obtain payment for the services their children need.
- BCMh serves as a payer of last resort for services for the diagnosis and treatment of medically eligible conditions, collaborates with public health nurses and local health departments to assist in increasing access to care, supports service coordination for children with selected diagnoses and assists families to access and utilize appropriate sources of payment for services for their child.
- The Ohio Department of Health is increasing healthcare access by screening for insurance status and linking children and families with health care coverage in programs such as WIC, Help Me Grow Early Intervention, Help Me Grow Home Visiting, Child and Family Health Services, Ohio Infant Mortality Reduction Initiative and the Reproductive Health and Wellness Program.
- The Children's Hearing and Vision Program provides technical assistance to communities related to hearing and vision specialty care including access to pediatric hearing and vision specialists, insurance coverage issues and lack of acceptance of new patients for provider services. The technical assistance to communities is individualized by community and is based upon current resources available through private-public partnerships.

Children with special health care needs are those who have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

A comment on CSHCN / CYSHCN / YSHCN: These terms are often used synonymously within the programs that provide services to children and youth with special healthcare needs. Use of one term over another is not mutually exclusive to a particular age cut-point, as service needs may differ over various conditions.

For access to further information on the NS-CSHCN or NSCH, check out the Data Resource Center for Child & Adolescent Health: <http://childhealthdata.org/home>

References:

1. McPherson M, Arango P, Fox H, et al. "A new definition of children with special health care needs", *Pediatrics*, 1998; 102: 137-140.
- 2.3. Goudie, Anthony, PhD, Haverkamp, Susan, PhD et al White Paper "Caring for Children with Disabilities in Ohio: The Impact on Families.
- 3.. Shattuck P, Parish S. "Financial Burden in Families of Children with Special Health Care Needs Variability Among States" *Pediatrics*, 2008; 122: 13-18
4. American Community Survey, Ohio-specific data, US Census Bureau, 200
- 5.. Ohio Family Health Survey, ICF International, 2008

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