

Sunset Public Hearing Questions for
Advisory Committee for Children's Special Services
Created by Section 68-12-106, *Tennessee Code Annotated*
(Sunset termination June 2014)

1. Provide a brief introduction to the Advisory Committee for Children's Special Services, including information about its purpose, statutory duties, staff, and administrative attachment. Also describe the Children's Special Services Program, its major activities, and its staffing.

The purpose is to serve as an advisory committee to the Commissioner of Health on the care and treatment of children with special health care needs. In addition, the Committee is to advise on funding allocation, grant implementation, and medical policy. The Committee has no direct staff, but is administratively supported by the Children's Special Services (CSS) Program staff within the Division of Family Health and Wellness of the Department of Health.

The statutory guidelines for the composition of the CSS Advisory Committee is as follows:

- **The Commissioner of Health, with the approval of the governor, may appoint an advisory committee.**
- **The advisory committee shall consist of seven (7) members. Due consideration shall be given to the geographic distribution of the members so as to have general representation throughout the state.**
- **Members shall serve a term of four (4) years. The commissioner may remove a member for any cause. Any member may be re-appointed. Each member shall serve until such member's successor is appointed.**
- **A vacancy in the committee occurring for any cause shall be filled by the commissioner, and the person appointed shall serve until the expiration of the term for which the such person's predecessor had been appointed.**
- **Members shall serve without compensation, but shall be entitled to be reimbursed for actual and necessary travel expenses while in accordance with the provisions of the comprehensive travel regulations.**

Children's Special Services (CSS) is the state's Title V Children and Youth with Special Healthcare Needs (CYSHCN) program. Children's Special Services addresses the special health care needs of children from birth to the age of 21 years who meet both medical and financial criteria. State statute defines special health care needs children as:

"A child with a physical disability under twenty-one (21) years of age who is deemed to have a physical disability by any reason, whether congenital or acquired, as a result of accident, or disease, that requires medical, surgical, or dental treatment and rehabilitation, and who is or may be totally or partially incapacitated for the receipt of a normal education or for self-support. This definition does not include those children whose sole diagnosis is blindness or

deafness; nor does this definition include children who are diagnosed as psychotic. This definition does not prohibit children's special services from accepting for treatment children with acute conditions such as, but not necessarily limited to, fractures, burns and osteomyelitis.”

In addition to meeting the medical eligibility definition of CYSHCN as defined above, a participant must meet the program’s financial eligibility criteria (income not greater than 200% of the federal poverty level). The program financial guidelines are updated by April 1st of each year. In order to accurately assess family income and resource availability, the CSS program uses spend-downs including; premiums paid to other health insurances, payments for child support, and any paid medical bills incurred over the past year for the entire family.

CSS provides reimbursement (not otherwise covered by other payment sources) for medical care, supplies, pharmaceuticals, and therapies directly related to the child's diagnosis. Medical services are provided through a network of CSS and TennCare approved providers. Each family is required to apply for TennCare and assisted in finding a medical home as well as any needed specialists.

CSS provides care coordination services to all its clients in all 95 counties in Tennessee. Care coordination services are provided by social workers and public health nurses. Care coordinators assess both medical and non-medical needs and serve as a liaison between the medical provider, insurance company, transportation services, and the family. CSS care coordinators may attend medical appointments with the child and meetings in the educational setting.

Children's Special Services recognizes the need for parents of a recently diagnosed child to talk and meet with other parents of a similar or like diagnosis child, so those parents can impart their knowledge, understanding and experience. If a family cannot be referred to another parent of a similar or like diagnosis then the family is referred to the national Mothers Understanding Mothers (MUMS) organization.

The director of the Children’s Special Services Program is Ms. Jacqueline Johnson, MPA. Ms. Johnson provides program guidance and oversight and has over 30 years’ experience in state government, 15 of which have been in the Department of Health and the last 5 have been working with children with special needs. In addition, there is a nurse consultant to assist in making decisions regarding diagnosis and treatment, an administrative support position to manage contracts and billing and an administrative secretary to provide clerical support for the program.

2. Provide a list of current members of the committee. For each member please indicate who appointed the member, how the member’s presence on the committee complies with Section 68-12-106, *Tennessee Code Annotated*, and the member’s county of

principal residence. Please indicate each member's race and gender and which members, if any, are 60 years of age or older.

Iris Snider, M.D., Chair
Represents Southeast TN
Pediatrician
111 Epperson Avenue
Athens, TN 17303

Jennifer L Najjar, M.D.
Represents Middle TN
Pediatric Endocrinologist
Vanderbilt University Medical Ctr
Nashville, TN 37237

Dana Janssen, M.D.
Represents Middle TN
Pediatric Cardiology
2200 Children's Way
Nashville, TN 37232

John Rodgers, M.D.
Represents East TN
Pediatric Pulmonology
2100 W. Clinch Avenue Suite 310
Knoxville, TN 37916

Mrs. Mary Goldtrap, Parent
Represents State Wide
7564 Bidwell Road
Joelton, TN 37080

Joe Graves, M.D.
Represents East TN
Pediatric Otolaryngology
Children's Medical Office Bldg.
2100 Clinch Avenue, Suite330
Knoxville, TN 37916

Michael D. Warren, M.D.
Director of Family Health & Wellness
425 5th Avenue North
4th Floor, Cordell Hull Building
Nashville, TN 37243

The current roster of members is one less than required by the T.C.A. 68-12-106. CSS program staff is in the process of recruiting a member from the West Tennessee area of the state in order to meet the legislative rule requirement of having seven members with representation from across the state. The Committee's members represent diverse medical specialties so that it can offer more comprehensive medical technical assistance, reflective of the diagnoses covered by the CSS program. The members are appointed by the Commissioner of Health with the approval of the Governor. Please see the attached table that provides the members requested demographic information and the principal county of residence.

3. How many times did the committee meet in fiscal years 2011 and 2012, and how many members were present at each meeting?

The CSS Advisory Committee met once during fiscal year 2011 and once during fiscal year 2012. There were four members, six guest, and four departmental staff present at the September 2011 meeting. There were two members, two guest and three departmental staff present at the November 2012 meeting.

4. What per diem or travel reimbursement do members of the committee receive? How much was paid to committee members during fiscal years 2011 and 2012?

Members are entitled to reimbursement for actual and necessary travel expenses while in attendance at official meetings of the committee. This includes mileage, per diem, meals, and lodging based on the current travel regulations as approved by the Department of Finance and Administration.

The total reimbursement for FY 2011 was \$1,375.87 and the total for FY 2012 was \$1,588.84. This amount includes meals for guests and departmental staff in attendance at the meetings.

5. What were the committee's revenues (by source) and expenditures (by object) for fiscal years 2011 and 2012? What were the Children's Special Services Program's revenues and expenditures for the same period? Does either the committee or the Children's Special Services Program carry a fund balance and, if so, what is the total of that fund balance? If expenditures exceeded revenues, and the committee does not carry a fund balance, what was the source of the revenue for the excess expenditures?

The Advisory Committee does not collect revenues or expend payments.

CSS Program:

Fiscal Year	Revenues	Expenditures
2011	\$3,029,567	\$5,596,289
2012	\$1,266.854	\$5,806,245

Total CSS expenditures above revenues are funded with a combination of Federal Title V/Maternal and Child Health Block Grant funds and state appropriations. One requirement of the Title V Block Grant is that thirty percent of the total grant award must be spent on children and youth with special health care needs. There have been ample funds from this grant to support the CSS program.

6. Is the committee subject to Sunshine law requirements (Section 8-44-101 et seq., *Tennessee Code Annotated*) for public notice of meetings, prompt and full recording of minutes, and public access to minutes? What procedures does the committee have for informing the public of its meetings and making its minutes available to the public?

The Committee is subject to Sunshine law requirements. Sunshine notices are published in accordance with departmental processes.

7. Describe the nature and extent of the committee's activities and any major accomplishments of the past two years. Specifically, discuss recommendations the committee has made for modifying the program's system and services in a managed-care environment.

The Committee assisted in establishing eligible diagnoses, revising and approving major policy changes (including the decision to include formal transition to adulthood planning for CSS clients 14 years and older) and adding obesity as a covered diagnosis. The Committee also approved the recommendation to establish a drug formulary for program participants and the decision to assist families with coverage of co-insurance in addition to co-payments and deductibles. The Committee participated in the decision to increase the inpatient hospitalization coverage to \$30,000 per year, and to increase the reimbursement rate for nutrition services to \$56.50 per hour and an increase in prescription co-pays to \$30 per month per prescription up to the limit of \$4,000 per month per participant.

8. How does the committee ensure that its members and staff are operating in an impartial manner and that there are no conflicts of interest? If the committee operates under a formal conflict of interest policy, please attach a copy of that policy.

The Committee members are asked to disclose any conflicts in accordance with departmental guidelines and policies related to conflict of interest.

9. Describe how the program currently interacts with TennCare, managed care organizations and/or other healthcare organizations. Specifically address any problems program staff have experienced, and whether eligible children are receiving all needed services.

The Committee collaborates with TennCare to address issues related to service delivery and coverage. The Director of TennCare has come in the past to address the Committee regarding the changes in TennCare and how that would affect the program participants. There are no problems experienced by the program and to the knowledge of the committee and program staff, program participants are receiving all needed services.

10. Describe any items related to the committee that need legislative attention and your proposed legislative changes.

Currently, there are no immediate issues before the Committee that require legislative attention.

11. Should the committee be continued? To what extent and in what ways would the absence of the committee affect the public health, safety, or welfare?

This committee should be continued with specific direction, goals, and objectives. Initial activities should be centered around review of existing CSS-approved diagnoses, treatments, and reimbursement and comparison of covered services to the needs of Tennessee families of children with special health care needs. The Committee should also be allowed to continue current activities around the creation of an approved drug formulary.

In 2008, the CSS Advisory Committee was re-constituted with new subspecialty members to address the program's top diagnoses (e.g. cystic fibrosis, cardiovascular disease, sensorineural hearing loss, and endocrine diseases). This diversity in committee membership more accurately reflects the diagnoses of CSS participants and allows the Advisory Committee to offer the Department and program staff more relevant guidance for CSS program policies and activities.

The CSS staff cannot maintain expertise in all relevant medical areas and market values, thus an active Advisory Committee should play a vital role in helping the program meet client needs and remain fiscally sound.

Additionally, the physician members of the Advisory Committee are all well-versed in current health care delivery and reimbursement practices. Their keen understanding of the rapidly changing health care financing environment is beneficial for ensuring that the CSS program is adequately addressing the needs of Tennessee families who have children with special health care needs.

We believe continuation of the Committee will lead to more efficient and consistent care delivery for CSS program participants. Subsequent reports will reflect measurable progress toward stated goals.

12. Please list all committee programs or activities that receive federal financial assistance and, therefore are required to comply with Title VI of the Civil Rights Act of 1964. Include the amount of federal funding received by program/activity.

The CSS Advisory Committee does not receive federal financial assistance.

[Federal financial assistance includes:

- (1) Grants and loans of Federal funds,
- (2) The grant or donation of Federal Property and interests in property,
- (3) The detail of Federal personnel,

(4) The sale and lease of, and the permission to use (on other than a casual or transient basis), Federal property or any interest in such property without consideration or at a nominal consideration, or at a consideration which is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale or lease to the recipient, and

(5) Any federal agreement, arrangement, or other contract which has as one of its purposes the provision of assistance.

28 C.F.R. Sec. 42.102(c)

[The term recipient means any State, political subdivision of any State, or instrumentality of any State or political subdivision, any public or private agency, institution, or organization, or other entity, or any individual, in any State, to whom Federal financial assistance is extended, directly or through another recipient, for any program, including any successor, assign, or transferee thereof, but such term does not include any ultimate beneficiary under any such program.

28 C.F.R. Sec. 42.102(f)

If the committee does receive federal assistance, please answer questions 14 through 21. If the committee does not receive federal assistance, proceed directly to question 20.

13. Does your committee prepare a Title VI plan? If yes, please provide a copy of the most recent plan. **N/A**
14. Does your committee have a Title VI coordinator? If yes, please provide the Title VI coordinator's name and phone number and a brief description of his/her duties. If not, provide the name and phone number of the person responsible for dealing with Title VI issues. **N/A**
15. To which state or federal agency (if any) does your committee report concerning Title VI? Please describe the information your committee submits to the state or federal government and/or provide a copy of the most recent report submitted. **N/A**
16. Describe your committee's actions to ensure that committee staff and clients/program participants understand the requirements of Title VI. **N/A**
17. Describe your committee's actions to ensure it is meeting Title VI requirements. Specifically, describe any committee monitoring or tracking activities related to Title VI, and how frequently these activities occur. **N/A**
18. Please describe the committee's procedures for handling Title VI complaints. Has your committee received any Title VI-related complaints during the past two years? **N/A** If yes, please describe each complaint, how each complaint was investigated,

and how each complaint was resolved (or, if not yet resolved, the complaint's current status).

19. Please provide a breakdown of current committee staff by title, ethnicity, and gender.
N/A

20. Please list all committee contracts, detailing each contractor, the services provided, the amount of the contract, and the ethnicity of the contractor/business owner.

The CSS Advisory Committee does not have any contracts.

CHILDREN'S SPECIAL SERVICES ADVISORY COUNCIL (T.C.A. Section 68-12-106)

Seven members appointed by the Commissioner with the approval of the Governor for four-year terms and until a successor is appointed. There shall be general geographic distribution of members throughout the state.

<u>MEMBERS</u>	<u>TITLE</u>	<u>REPRESENTATION</u>	<u>APPOINTED</u>	<u>DATE</u> <u>EXPIRATION</u>
Iris Snider, M.D. 111 Epperson Avenue Athens, Tennessee 37303	Chair	Pediatrics East Tennessee	09-01-11	08-31-14
Mary Goldtrap 7564 Birdwell Road Joelton, TN 37080	Member	Consumer	12-03-10	08-31-14
Joe Graves, M.D. Pediatric Otolaryngology Children's Medical Office Building 2100 Clinch Avenue, Suite 330 Knoxville, Tennessee 37916	Member	Pediatric Otolaryngologist East Tennessee	09-17-09	08-31-13
Dana R. Janssen, M.D. Department of Pediatrics Division of Pediatric Cardiology 2200 Children's Way 5230 Doctors' Office Tower Nashville, Tennessee 37232	Member	Pediatric Cardiology Middle Tennessee	08-23-10	08-31-14
Jennifer L. Najjar, M.D. Pediatric Endocrinology Vanderbilt University Medical Center Division of Endocrinology, Room T-0107 Nashville, Tennessee 37237	Member	Pediatric Endocrinologist Middle Tennessee	08-19-08	08-31-12
John Sims Rogers Pediatric Pulmonology and Respiratory Care Children's Hospital Medical Office Building 2100 Clinch Avenue, Suite 310 Knoxville, Tennessee 37016	Member	Pediatric Pulmonologist	09-01-11	08-31-15

CHILDREN'S SPECIAL SERVICES ADVISORY COUNCIL (cont'd)

<u>MEMBERS</u>	<u>TITLE</u>	<u>REPRESENTATION</u>	<u>APPOINTED</u>	<u>DATE</u>	<u>EXPIRATION</u>
Vacant	Member	Orthopedic Surgeon West Tennessee			

June 7, 2013

CHILDREN SPECIAL SERVICES ADVISORY COMMITTEE
(Updated June 7, 2013)

NAME	60+ YEARS	MINORITY	NON-MINORITY	MAN	WOMAN	GRAND DIVISION	TERM
Goldtrap			*		*	Middle	2 nd
Graves			*	*		East	2 nd
Janssen			*	*		Middle	2 nd
Najjar	*				*	Middle	3 rd
Rogers	*		*	*		East	2 nd
Snider	*		*		*	East	3 rd
Vacant							
Totals	3	0	5	3	3	3-E 3-M 0-W	