



Children’s Medical Services (CMS)

Program Overview: Children's Medical Services (CMS) is a Child Health program within the Georgia Department of Public Health (DPH). Through the Maternal and Child Health Section, the CMS program provides care coordination and other needed medical/health services for children from birth to 21 years of age, who have eligible chronic medical conditions. The CMS program offers statewide community-based services through a network of 18 public health district programs. Each local CMS program has nursing and professional staff who serve in the role of care coordinator. Care coordinators work with families throughout the child/youth’s enrollment to facilitate and coordinate the following services and supports:

- Periodic home visits to complete assessment of patient/family needs and goals
- Comprehensive plan of care for services based on the concerns and needs identified by the patient/family
- Ongoing care coordination appropriate to child/youth’s level of care (to include transition planning that will assist with transitioning youth from pediatric to adult health care)
- Navigating community resources and the healthcare system
- Condition-specific and related medical, financial, educational, and family support resource information
- Referrals to other agencies as appropriate
- Family support connections to address challenges and obstacles that may be experienced while caring for a child or youth with a special health care need

Q1: Who is eligible to participate in Children’s Medical Services?

A1: Children and youth from birth to 21 years of age who:

- Currently reside in Georgia
- Have an eligible chronic and/or special medical condition AND
- Meet CMS’s financial eligibility criteria

Q2: Why are services provided by Children’s Medical Services important?

A2: Services provided by Children’s Medical Services:

- Improve patient/family access to health care financing
- Improve the capacity of patients/families to self-manage their care

- Improve patient/family access to community-based services and supports
- Reduce duplication of services, service gaps, and access barriers
- Provide a standardized approach to collaboration among medical providers
- Support a coordinated and effective transition to adult healthcare system

Q3: How will Children’s Medical Services assist families?

A3: Children’s Medical Services assists families by:

- Providing individualized care coordination services administered by a nurse or public health professional who is knowledgeable about local community services and resources
- Coordinating services identified in a comprehensive Plan of Care, which is developed with the family
- Providing payments for approved medical services and/or durable medical equipment (such as wheelchair, walkers, oxygen concentrators, etc.), not paid for by Medicaid or private insurance companies, as well as identifying resources for financial assistance
- Coordinating care between organizations and providers such as early intervention services, behavioral health providers, schools, and child protective service agencies
- Providing assistance with the youth transitioning from pediatric to adult health care
- Providing assistance with identifying, accessing, and scheduling appointments with more than 800 medical and community providers that support children and youth enrolled in CMS
- Assisting families in accessing specialty health care clinics located within several public health districts throughout the state of Georgia

Q4: Is there a fee associated with Children’s Medical Services program?

A4: There is no fee to enroll in the CMS program. However, there are some families who may have to participate in the cost of medical care prior to the CMS program providing payments for approved medical services and/or durable medical equipment. The cost participation is based on the family’s income and is assessed during initial eligibility and annually thereafter.

Q5: What services, if any, require a prior authorization?

A5: The CMS program requires prior authorization for all services provided by the program and related to the CMS eligible condition. Services include medical evaluations, diagnostic testing, inpatient/outpatient

hospitalizations, surgeries, medication, post-operation therapy services, medical treatments, medical equipment, supplies and genetic counseling.

Q6: Why do services require prior authorization?

A6: One of the services offered to families enrolled in CMS is assistance with extraordinary medical expenses. If the family has health insurance, the CMS staff must coordinate with the health insurance provider prior to paying for any medical expenses incurred by the child/youth.

Q7: How and when should I contact the child's CMS care coordinator?

A7: You should contact the child's CMS care coordinator if you need help with:

- Scheduling appointments
- Locating a doctor to provide primary or specialty care services
- Finding resources and/or services in the community
- Paying for a medically necessary product/service that is not covered or partially covered by your insurance
- Connecting to a CMS specialty clinic
- Transitioning youth from pediatric to adult health care services
- Identifying opportunities to participate in public awareness, outreach activities and training for families

Q8: Will the child/youth have to change providers?

A8: The CMS program does not require a child/youth or family to change providers. However, if the provider selected does not accept traditional fee-for-service Medicaid, a change in provider may be necessary. This is determined on a case-by-case basis.

Q9: Can my child/youth be enrolled in a Georgia Medicaid Care Management Organization like Wellcare, Peach State or Amerigroup and CMS at the same time?

A9: Families cannot be dually enrolled in CMS and a Care Management Organization. The parent/guardian must make the best choice for their child based upon their individual needs.

Q10: What if the child/youth needs non-emergency transportation to travel to a provider that is a considerable distance from their residence?

A10: The CMS program may provide financial assistance for travel to obtain authorized medical services dependent upon available funding in the district. Prior written approval from the CMS program is also required. Out-of-State travel (may be approved on a case-by-case basis).

