

System Domain 3: Access to Care

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- 1** The system has the capacity and processes in place to ensure CYSHCN have geographic and timely access to primary and specialty services, including in-network and out-of-network providers; physical, mental, and dental health care providers; pediatric primary care and pediatric sub-specialists; children's hospitals; pediatric regional centers where available; and ancillary providers.
- 2** Reasonable access requirements and wait times are in place for routine, episodic, urgent, and emergent physical, oral, and mental health and rehabilitative services. Same-day appointments are made available for urgent care services.
- 3** Transportation assistance is provided to families with difficulties accessing needed medical services.
- 4** Satellite programs, electronic communications, and telemedicine are used to enhance access to specialty care and regional pediatric centers of excellence, where available, and other multidisciplinary teams of pediatric specialty providers.
- 5** Written policies and procedures are in place that describe how CYSHCN choose and/or are assigned to a primary care provider (PCP) and how they may change their PCP.
- 6** Pediatric specialists who have a demonstrated clinical relationship as the clinical coordinator of all care for the child, including health supervision and anticipatory guidance, are able to serve as a PCP.

- 7** A documented process is in place for how to access pediatric specialists (face-to-face or via telemedicine) specified in a child's plan of care. (See Care Coordination domain for specifics on plans of care.)
- 8** All health insurance programs cover medically necessary services, which are defined as services for "the prevention, diagnosis, and treatment of an enrollee's disease, condition, and/or disorder that results in health impairments and disability; the ability for an individual to achieve age-appropriate growth and development; the ability for an enrollee to attain, maintain, and retain functional capacity; and the opportunity for an enrollee receiving long term services and supports to have access to the benefits of community living, to achieve person centered goals, and live and work in the setting of their choice."
- 9** Comprehensive rehabilitative services are a covered benefit and offered in addition to rehabilitative services, and are of like type and substantially equivalent in scope, amount, and duration to rehabilitative services.
- 10** Authorization processes take into account the unique needs of CYSHCN and are simplified to promote access to services.
- 11** Families of CYSHCN are able to access second opinions from qualified health care providers without restrictions to such opinions.

Related National Principles and Frameworks

[The National Association of Insurance Commissioners \(NAIC\) defines habilitation services as "health care services that help a person keep, learn, or improve skills and functioning for daily living."](#)

How has this domain been used?

About 66% of surveyed Title V officials, and about 50% of the surveyed Medicaid officials, indicated that this domain was one of the most useful domains of the National Standards for systems of care for children and youth with special health care needs (CYSHCN).

Examples of how states have used this domain:

Georgia Medicaid, in cooperation with other organizations, used this domain to update the state's Medicaid agency policy manual.

Idaho used this domain as a guide for contracting with public health districts for phenylketonuria (PKU) services and children with special medical needs with the Children with Special Health Program for local and rural areas that don't have access to specialized services.

Aligned Quality Measures

When (child) needed care right away for an illness or injury, how often did (child) get this care as soon as you wanted?

In the last 12 months (for children younger than 12 months, since child's birth) was there any time that (child) needed health care but did not get it?

Child got non-urgent appointment as soon as needed. Easy for child to get necessary care, tests, or treatment. Have a personal doctor.

Delays: lack of sufficient services.

Percent of children with special health care needs (CYSHCN), ages 0 through 17, who receive care in a well-functioning system (composite).

Respondent got child an appointment with specialists as soon as needed.

Access to specialized services (composite).

In the last six months, how often was it easy to get this therapy for your child?