**Section 1200.120 Financial Assistance for Covered Supports and Services**

a) When the financial assistance criteria of Section 1200.80 are met, DSCC may provide financial assistance for the following:

1) Consultative services.

2) Continuing outpatient supervision of the medically eligible condition and associated health impairments, including office or clinic visits.

3) Hospitalization and inpatient medical and/or surgical treatment, including special rehabilitation services. Provided, however, that procedures, tests or services shall not be performed on an inpatient basis if, under medical professional standards they are usually and customarily performed in outpatient facilities, unless determined to be medically indicated by the Director or designee based on the recommendation of the recipient or applicant child's treating physician.

4) Home based care intended to prevent continued hospitalization, excluding continuing care nursing, life support systems, or high technology equipment and related supplies. The care is limited to training of parents and/or community healthcare providers; provision of medically necessary recommended equipment and supplies; and periodic visiting nurse and/or related health personnel supervision.

5) Assistive appliances; mechanical, structural or electrical equipment intended to support, replace or augment a dysfunctioning or nonfunctioning part of the body, such as braces, prosthetic limbs, hearing aids, wheelchairs, related adaptive devices; and special supplies determined medically necessary to accomplish rehabilitation or habilitation goals.  Excluded are fixed architectural modifications of the dwelling and property related thereto in which the Recipient or Applicant Child resides.  External ramps and/or mechanical lifts needed to provide the Recipient or Applicant Child access to the dwelling are not excluded.

6) Speech, physical and occupational therapy.

7) Nutrition evaluation and guidance and provision of special dietary substances upon medical recommendation, except those dietary substances available through programs of public or private agencies established for those purposes.

8) Specialized dental care, such as orthodontia, prosthodontia, or oral surgery as required to further the treatment plan of a recipient or applicant child with severe oro-craniofacial deformities (e.g., cleft lip and/or cleft palate) or severe congenital malformation of the teeth (e.g., anodontia or dentinogenesis imperfecta). Routine preventive or restorative dentistry is not provided except for recipient or applicant children for whom this service is a specific recommendation to be integrated into an authorized orthodontic or prosthodontic plan.

9) Arrangements for home follow-up services by public health and/or related rehabilitative or habilitative services personnel.

10) Prescriptive drugs.

11) Genetic evaluation and family counseling.

12) Psychological and psychiatric evaluation.

13) Medically necessary supports and services for the treatment of associated health impairments.

14) Transportation, lodging, meals and parking costs for the LRA, applicant or recipient child, and any additional caretaker whose presence is medically required to provide care for the applicant or recipient child:

A) When necessary to make recommended supports and services accessible;

B) When no other sources are available for this purpose; and

C) By the most economically appropriate method and at a cost not exceeding limitations set forth in the Reimbursement Schedule of the Travel Regulation Council (80 Ill. Adm. Code 3000.Appendix A). DSCC will prescribe the form and procedure families must follow in order to verify and be reimbursed for expenses. When circumstances so dictate to meet the healthcare needs of the applicant or recipient child, the Director or designee shall authorize payments in excess of the amount stated in this subsection (a)(14)(C).

b) The supports and services described in this Section shall only be covered when:

1) Rendered by providers who meet the requirements of Sections 1200.50 and 1200.150;

2) For payment (e.g., copayments, deductibles) made on behalf of an applicant or recipient child to other eligible persons such as an LRA, the applicable requirements of this Part must be met, including but not limited to Sections 1200.50 and 1200.150.

3) Authorized pursuant to Section 1200.140;

4) Except for diagnostic services, they are part of a treatment plan that has defined treatment objectives and goals for medical supports and services;

5) DSCC is the payer of last resort as outlined in Section 1200.150;

6) Funds are available as outlined in Sections 1200.10 and 1200.150;

7) Medically necessary for medical supports and services or diagnostic services; and

8) For nonmedical supports or services related to the medically eligible condition or associated health impairment.