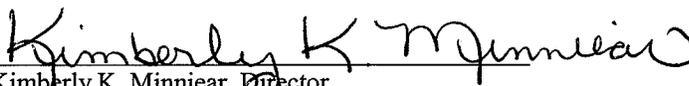


Children's Special Health Care Services Administrative Policy Manual

Eligibility – Reevaluation Policy #B-4a



Kimberly K. Minniear, Director
Children's Special Health Care Services (CSHCS)

10/06/10
Date

Effective Date: As of signed date
Revision Reason: Clarification to enable fair, objective and consistent administration

Title: **Annual Re-Evaluation Processing**

Purpose: To provide guidelines to the CSHCS Program for processing annual eligibility re-evaluations

Rule References:

- 410 IAC 3.2-3-1 – Reevaluation of eligibility and criteria for closure
- 410 IAC 3.2-5-2 – Family responsibility to disclose information
- 410 IAC 3.2-6-1 – Financial eligibility
- 410 IAC 3.2-6-2 – Medical eligibility

Policy: A re-evaluation packet (State Form 50803) as defined below will be mailed to each participant annually. This will normally be within two months prior to the anniversary month of the participant within the CSHCS Program. If the participant or their parent/guardian fails to provide the required information within the allotted time period, the participant's eligibility will cease and their case will be closed.

Once a completed Re-Evaluation Packet had been received by CSHCS, a determination of financial and medical eligibility for continued participation in the program will be done, the result of which will be communicated to the participant or their parent/guardian via a written notice.

The participant will be advised in writing of the right to re-apply or appeal the decision in accordance with the Administrative Orders and Procedures Act (IC 4-21.5 et seq.).

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Definitions: Re-Evaluation Packet

1. Re-Evaluation Packet contents required to be completed & submitted:
 - Identification & Income Verification section
 - Employment Information & Insurance Program Identification
 - Medical Insurance Summary (possibly multiple pages)
 - Health Care Provider Information
 - Authorization for the Collection of Information Form
 - Authorization to Release and Share Medical Information Form
 - Doctor's Re-evaluation Form
2. Authorization for Release of Case Status Information
3. Additional documentation required of the applicant:
 - Proof of Income
4. Additional documents required of health care provider(s)
 - Physician's Health Summary Form