

Administrative Procedure Manual

Eligibility – Medical Eligibility Procedure # B-3a



Title: Director,
Children's Special Health Care Services (CSHCS)

Latest Revision Date: January 1, 2005

Title: Medical Eligibility Determination
[Medical Eligibility Determination Policy](#)

Procedure:

1. The **Eligibility Nurse** determines Medical Eligibility of an applicant, re-applicant or participant undergoing re-evaluation based upon the documentation contained within or attached to the Application Packet or Re-Evaluation Packet.
2. If insufficient documentation exists the **Eligibility Nurse** may request additional documentation of the health care provider(s).
3. When an applicant has been determined to meet the financial criteria for CSHCS, but insufficient medical documentation is available to substantiate medical eligibility, CSHCS may arrange and will reimburse for a diagnostic examination of the applicant, but only to establish or to rule out the existence of CSHCS covered conditions, given the following:
 - A diagnostic examination must have been referred or requested by a physician.
 - The record of the diagnostic examination may be the basis for determination of medical eligibility for the CSHCS program.
 - The diagnostic examination should be completed within a six (6) month time period. Any additional time will require approval of the Eligibility Nurse or higher authority.
 - If the applicant/parent/guardian cancels or fails to keep the appointment for a diagnostic examination, CSHCS eligibility staff may re-schedule the examination **one time**, at the applicant's/parent's/guardian's request.
 - If the applicant/parent/guardian cancels or fails to keep the appointment for the re-scheduled diagnostic examination, CSHCS eligibility staff may Deny the application ([Closure for Failure to cooperate in the process of determining Eligibility](#)).
4. Should the **Eligibility Nurse** be unable to arrive at a determination of **Medical Eligibility** the decision will be referred to one of the following, based upon the discretion of the **Eligibility Nurse**:
 - **CSHCS Medical Review Committee**
 - **CSHCS Medical Consultant**
5. Should the **CSHCS Medical Review Committee** or the **CSHCS Medical Consultant** be unable to arrive at a determination of **Medical Eligibility** the decision will be referred to the **Director, Maternal & Children's Special Health Care Services**, or their designee.