## Children's Special Health Care Services Administrative Policy Manual

Eligibility – Reevaluation Policy #B-4a

Title: Director,

Children's Special Health Care Services (CSHCS)

Last Revised Date: May 23, 2019

Revision Reason: Clarification to enable fair, objective and consistent administration.

Title: Annual Re-Evaluation Processing

Purpose: To provide guidelines for processing Annual Eligibility Re-Evaluations to the

CSHCS Program.

## 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 the 2<sup>nd</sup> month prior to the anniversary month of the participant within the CSHCS Program. If the participant 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 has 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, their parent/guardian via a written notice.

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

## Children's Special Health Care Services Administrative Policy Manual

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

2 of 2