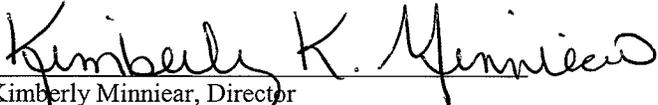


**Children's Special Health Care Services  
Administrative Policy Manual**

Eligibility – Application Policy #B-1b

  
\_\_\_\_\_  
Kimberly Minniear, Director  
Children's Special Health Care Services (CSHCS)

9/10/10  
\_\_\_\_\_  
Date

Effective Date: As of signed date  
Previous Title: Recommendations to Deny Application for Failure to Cooperate  
Revision Reason: To enable fair, objective, and consistent administration and to adjust for organizational changes.

Title: **Incomplete Application Submitted for Denial by Intake Site**

Purpose: To provide guidelines for closing an incomplete application to CSHCS due to the lack of cooperation by the applicant/parent/guardian.

Rule References:

- 410 IAC 3.2-1-28 – “Processing an application” defined
- 410 IAC 3.2-2-1 – Eligibility to apply
- 410 IAC 3.2-2-2 – Intake location
- 410 IAC 3.2-2-4 – Application process and enrollment in the Medicaid program
- 410 IAC 3.2-2-5 – State Department of Health responsibilities in the application process
- 410 IAC 3.2-2-6 – County department responsibilities in the application process
- 410 IAC 3.2-5-1 – Health insurance information and utilization
- 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: Persons designated to accept CSHCS applications (State Form 49006) normally staff for the county office of the Division of Family Resources and/or other designated intake site locations for applications to the CSHCS program, may recommend denial of a CSHCS application when the applicant/parent/guardian fails to provide the required financial and social information and/or documentation, which includes failure to apply for Medicaid.

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

Once CSHCS has received the incomplete application, recommendation for denial, and documentation of requests of the application/parent/guardian for the information, CSHCS may deny the application for "Failure to cooperate in the process of determining Financial or Medical eligibility." The applicant would also 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.).

### **Definitions:**

1. Application Packet contents required to be completed & submitted:
  - CSHCS Enrollment Checklist
  - CSHCS Enrollment Application
  - Household Members and Income Information
  - Medical Insurance Information
  - Social History Interview
  - Medicines and Medical Equipment
  - Hoosier Healthwise Information
  - Application for Enrollment with CSHCS
  - Authorization for the Collection of Information
  - Authorization to Release and Share Medical Information
  - Physician's Health Summary Form
  
2. Additional documents required of the applicant:
  - Proof of Income
    - i. Most recently filed federal income tax form
    - ii. Check stubs from three (3) most recent consecutive pay periods
    - iii. Other written documentation approved by the director
  - Proof of application to or participation in Medicaid
  - Proof of Indiana Residence
  
3. Additional documents required of health care provider(s)
  - Medical records must be signed by a physician, nurse practitioner, or physician's assistant and be current (within one (1) year of the application date). The medical records may include the following:
    - History and physical information pertaining to the applicant's medical condition
    - Therapy reports (however, therapy reports may only be used in conjunction with other medical evidence, as they are generally not diagnostic test results (i.e. x-rays, lab reports))

- Physicians dictated or written notes
- Pertinent diagnostic test results (i.e. x-rays, lab reports)
- Physicians dictated or written notes