

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

Eligibility – Reevaluation Policy #B-4b


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10/06/10
Date

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

Title: **Event Driven Re-Evaluation Processing**

Purpose: To provide guidelines to the CSHCS Program for processing event-driven 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: Although every participant is reevaluated annually to verify their continued eligibility to participate in the CSHCS program, a re-evaluation packet (State Form 50803) as defined below will be mailed to participants out of the normal annual cycle, whose circumstances are believed to have changed to the extent that the participant may either be medically or financially ineligible to continue in the CSHCS program.

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 communicated to the participant via a written notice. 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. The participant will 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.).

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Definitions: Re-Evaluation Packet

1. Re-Evaluation Packet contents required to be completed & submitted:
 - Identification & Income Verification section Page 1
 - Employment Information & Insurance Program Identification – Page 2
 - Medical Insurance Summary (possibly multiple pages) Page 3
 - Health Care Provider Information – Page 4
 - Authorization to Release and Share Medical Information Form
 - Authorization to Release and Exchange Collected Information Form

2. Additional documentation required of the applicant:
 - Proof of Income

3. Additional documents required of health care provider(s)
 - Physician's Health Summary Form