

Children's Special Health Care Services Administrative Policy Manual

Eligibility - Application Policy # B-1a



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

Last Revised Date: May 23, 2019

Revision Reason: Clarify to enable fair, objective and consistent administration and to adjust for organizational changes.

Title: Application Processing

Purpose: To provide guidelines for processing applications to the CSHCS Program.

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: Once a completed application packet (State Form 49006), as defined below, has been received by CSHCS, a determination of financial and medical eligibility of the applicant will be made and communicated to the applicant via a written notice. The applicant 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:

1. Application Packet contents required to be completed & submitted:
 - CSHCS Enrollment Checklist
 - CSHCS Enrollment Application
 - Household Members and Income Information
 - Social History Interview
 - Medicines and Medical Equipment
 - Hoosier HealthWise Information
 - Application for Enrollment with the 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
 - Proof of active Medicaid or date of interview
 - 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.