



CHAPTER II

**ELIGIBILITY
AND
PROGRAM ENROLLMENT**

ELIGIBILITY AND PROGRAM ENROLLMENT

A. Basic Requirements

1. Eligibility Requirements

Children with Special Health Care Needs Program eligibility is based upon the following factors:

a. Age

Applicant must be under 21 years of age.

b. Residence

Applicants must reside within the State of West Virginia and be a United States citizen.

Exception: Children in the legal custody of the West Virginia Department of Health and Human Resources (DHHR) but residing with foster parents in another state may receive CSHCN services.

c. Income

- 1) The CSHCN income limits are based on the allowable percentage (200%) of the current federal poverty guidelines, updated annually. The current year's *Allowable Family Income Scale* is shown in Appendix A.
- 2) Income eligibility guidelines are applied to **all** clients including those who receive a medical card because of SSI, Title XIX Waiver, Children with Disabilities Community Service Program (CDCSP) or Subsidized Adoption.
- 3) To assure that families have the best available coverage for their child's medical care, applicants for the Children with Special Health Care Needs (CSHCN) Program must **first apply** for West Virginia Medicaid and the West Virginia Children's Health Insurance Program (CHIP) at their local Department of Health and Human Resources (DHHR) or on line at www.wvinroads.org. Information submitted to the local DHHR office during this process will be the determinant of an applicant's financial eligibility for CSHCN services. **Financial eligibility must be determined before medical eligibility is considered.**
- 4) Families with a child with chronic or debilitating conditions that are costly to treat or clients not financially eligible for the CSHCN Program are referred back to the Medicaid Program for information on eligibility under the medically needy category.

Children with Special Health Care Needs Program

d. Medical Eligibility

- 1) The applicant must have a medical diagnosis which is eligible for CSHCN Program coverage. The list of *Covered Medical Conditions by Category* is shown in Appendix B.
- 2) When all other eligibility criteria have been met, applicants are eligible to receive a medical evaluation to establish medical eligibility for the CSHCN Program. **If the child is enrolled in Medicaid, CHIP or has private insurance coverage, the cost of the evaluation will be billed to that coverage source. Title V funds will be used for an evaluation for those children who do not have another coverage source for health care (i.e., medical care available from other sources).**

2. Benefit Coordination/Third Party Resources.

- a. Having insurance coverage does not prohibit a child from being eligible for CSHCN Program services, such as care coordination and transition services.
- b. Benefits from other coverage sources (i.e. Medicaid, CHIP or private insurance) must be used when available. CSHCN does not pay insurance co-pays, deductibles or co-insurance. This means that if another coverage source has paid for any part of the billed service(s), the CSHCN Program will not authorize any additional payment.
- c. The CSHCN Program may consider paying for program eligible services/treatment if these items are not funded by the primary coverage source. WVMI does not review services/treatment for medical necessity if the primary coverage source has already completed such a review.
- d. Clients with no other funding source for CSHCN eligible medical diagnoses will have program-approved services/treatment paid for through Title V funds. These clients must reapply annually for Medicaid and CHIP.
- e. For health maintenance organization (HMO) participants, referral from the client's Primary Care Provider (PCP) is not needed for an evaluation to determine medical eligibility. **However**, a referral from the Primary Care Provider is needed for continued medical treatment under the CSHCN Program. To assure continuity of care, the CSHCN Program coordinates all facets of health care, including keeping primary care physicians and HMOs informed of medical treatment with permission from families/clients.

B. Applications

1. Initial Stage of Application Process

- a. All applicants for the CSHCN Program **must** apply for health financing, including Medicaid and CHIP, through their local Department of Health and Human Resources (DHHR) office before they can be considered for CSHCN Program participation. Because CSHCN is a program within the DHHR, application at a DHHR office or through *inROADS* serves as the initial stage of the application process and meets legal requirements for coordination of programs and documentation of income eligibility.
- b. Applicants currently receiving Medicaid or CHIP may provide documentation of enrollment instead of reapplying for those programs.

2. Second Stage of Application Process

- a. The second stage of the application process requires completion of a *Specialty Care Intake Form* (CSHCN-1, also known as a SCIF) by the parent, legal guardian, client if age 18 or over or an emancipated minor. An emancipated minor is defined as any individual less than 18 years of age who is married, or who has been emancipated by court order.
- b. A new SCIF must be signed when there is a name change for the client, parent or guardian, i.e. adoption, marriage.
- c. If the client is in the legal custody of the DHHR, the SCIF must be signed by a designated agency employee or an employee of an agency under contract with the DHHR to supervise the placement. Because foster parents are not legal guardians of a child, their signature is not acceptable on the application.
- d. Clients 18 through 20 years of age must complete a SCIF with their signature. The legal guardian, medical power of attorney, or legal surrogate may sign a SCIF for a client who is age 18 or older or is unable to sign due to physical or other disabilities.
- e. The CSHCN-1, SCIF is available at DHHR offices, by mail from Systems Point of Entry (SPE), and through the SPE and CSHCN web sites. The CSHCN-1, SCIF is also available in physicians' offices, hospitals, and county health departments. A completed SCIF may be faxed to SPE to expedite the initiation of services. However, the original signed SCIF must be mailed to SPE for the CSHCN record.

C. Eligibility Beginning Dates

The first possible date of enrollment and eligibility for CSHCN services is:

Children with Special Health Care Needs Program

- The first date of service arranged by the CSHCN Program.

Note: CSHCN payment for evaluation services, including medical testing, will not result in continued eligibility if the applicant does not have a covered condition.

- The date CSHCN receives medical reports from a specialist verifying the applicant has a covered condition.
- NOTE: If the client is hospitalized at the time of application for the CSHCN Program, eligibility will not begin until the day **after** discharge from inpatient care. Note: Families/clients should review their benefit plan to determine if the hospital admission is a covered service. The CSHCN Care Coordinator in the Assessment Unit will assist families/clients, counselors and hospital staff with finding other coverage sources, reducing or consolidating medical bills and discharge planning when possible.

D. Duration of Services

After a client is enrolled in the CSHCN program, eligibility continues as long as the client:

- Remains in active treatment for an eligible medical diagnosis(es);
- Is under 21 years of age; **Note: Active clients are dis-enrolled on their 21st birthday and no further services will be provided or financed through the CSHCN Program. Title XIX Medicaid coverage is not affected by the fact that the client can no longer participate in the CSHCN Program, as eligibility criteria for clients 21 years of age are established by each program independently.**
- Has a current valid application on file; and
- Has income within the CSHCN Program's allowable income level at the time of the annual review.

All enrolled clients in the CSHCN Program will be re-evaluated on a yearly basis for continuing program eligibility upon reaching the anniversary date of their enrollment. Continued participation will be contingent upon meeting all eligibility requirements of the CSHCN Program at the time of the annual re-evaluation.

E. Denial or Closure of Services

All denials of applications and case closures require written notification to the family. This notification must contain a description of the request, action taken by the CSHCN Program, and a statement advising of the appeal procedure.

1. Denials

Services will be denied when the requested service is not covered by the CSHCN Program or the family/client do not meet medical or financial eligibility requirements. Additionally, services will be denied if:

- The application cannot be processed because necessary medical and financial information has not been received.
- The applicant remains hospitalized beyond 90 days from the date of application.

2. Closures

Case closure occurs when services for enrolled clients are terminated by the CSHCN Program and becomes effective on the date of the closure letter. Program services are terminated for the following reasons:

- Death of patient
- Moved out-of-state
- Age 21
- Income above allowable Federal Poverty Level guidelines
- Patient repeatedly failed to keep medical appointments (medical non-compliance)
- Applicant/medical provider failed to provide required information
- No further treatment recommended at this time
- Loss of contact by family/client
- Family/client does not desire further services
- Medical provider does not meet program specifications
- Services requested will not be provided by the CSHCN Program