

## **APPLICATION PROCESS**

### Application for Enrollment CC-1

The Application for Enrollment (CC-1) form must be completed, signed and dated as soon as possible but no more than six (6) months from the initial SC enrollment date.

### Income Verification (See Determining Financial Eligibility section)

Documentation of income must be provided to determine financial eligibility. Internal Revenue Service (IRS) income information is necessary if required to file income taxes.

If not required to file income taxes, exempt status should be verified and maintained in the file and documented in the SHS Information System.

If IRS income information is not reflective of the family's current financial status, an estimated income will be allowed for the current tax year. Income verification using estimation will only be allowed until the next tax filing season or the next Annual Financial Eligibility Review (AFER) period.

### Medical Eligibility (See Determining Medical Eligibility section)

Obtain appropriate signatures to allow for the request and review of medical information to determine medical eligibility. Detailed guidance for medical eligibility follows this section.

### Insurance/MO HealthNet Status/Eligibility

Verify insurance/MO HealthNet coverage information. If the applicant does not have MO HealthNet coverage, a referral must be made to MO HealthNet. Participants must utilize all available funding resources. When insurance coverage is available, the participant/family must access and utilize this resource (including in-network providers).

Acceptable verification of MO HealthNet enrollment includes:

- A MO HealthNet card,
- Written documentation of eligibility determination from the Department of Social Services (DSS), or
- MO HealthNet status verified in the SHS Information System.

MO HealthNet eligibility must be reviewed and documented annually. Reapplication should be requested when there is a change in the participant's status that may affect MO HealthNet eligibility.

### MO HealthNet Referral/Application Process Requirements

During the initial Program application process:

- A referral and MO HealthNet application must be made to Family Support Division (FSD) to determine MO HealthNet eligibility.
  - Eligibility reviews must be conducted annually for participants determined to be initially ineligible and when a change in financial or medical status has occurred.
- Two weeks following the MO HealthNet referral, the Service Coordinator must verify in the SHS Information System that an application was made.
- If a MO HealthNet application has been made, continue with determining Paid Service eligibility.
- If a MO HealthNet application has not been made within thirty (30) calendar days after referral, the Service Coordinator should contact the family/responsible party and remind them that Paid Service enrollment cannot occur until a MO HealthNet application has been submitted.
  - Participants may remain enrolled in Service Coordination without verification of a MO HealthNet application.
- Once the MO HealthNet determination has been made, verify that the status is accurately reflected in the SHS Information System and proceed with Paid Service enrollment if applicable.

### Preliminary Determination

In the best circumstances, the Service Coordinator will have all information available at the time of the initial interview and assessment to make a preliminary eligibility determination. The Service Coordinator should not inform the applicant of the eligibility status until a final determination is made.

When determined eligible for the Program, the Service Coordinator will provide an eligibility letter to the participant/family as soon as possible. The Service Coordinator should review with the participant/family their responsibilities in maintaining enrollment and utilization of services.

When determined medically and/or financially ineligible, the Service Coordinator will communicate the ineligibility determination to the applicant as soon as possible. Referrals made to community resources on behalf of the applicant should be documented in the SHS Information System as an outgoing referral. Documentation of all actions should be made in the SHS Information System and hard copy information maintained in the hard file. The closed file should be forwarded to the appropriate SHS Regional Office upon request. (See Records Management section)