

ENROLLMENT PROCESS

Referrals may be accepted from many sources. Examples of referral sources are health care providers, other state and/or local government agencies, schools, and advocacy organizations.

As appropriate, gather pertinent information and complete the CYSHCN Screener at the time a referral is received. If the Screener indicates there is a special health care need present, enter the participant information, including the referral source, into the SHS Information System. Create a hard copy file of referral documents and proceed with the enrollment process. Screeners for ineligible participants are kept in a file for one (1) year and then shredded.

Response to referrals and eligibility review will be conducted as soon as possible but no later than ten (10) business days of the date of the referral. Eligibility will be determined once the application packet has been provided and all required documentation has been received, reviewed and signed. The initial SC (Service Coordination) enrollment date shall be the date the positive Screener is completed with the participant/responsible party.

Good faith efforts should be made to meet face to face with the potential participants, and when appropriate, their family or guardian as soon as possible after the referral is received. All attempts to meet with the potential participants should be documented in the SHS Information System. Eligibility determination (Missouri resident, birth to twenty-one (21), lawful presence verification if applicable, medical and financial if applicable) is required for enrollment in the Program and is to be documented in the SHS Information System. Confidentiality should be maintained at all times during attempts to contact the applicants. Written correspondence should be reviewed for confidentiality. Phone messages should be left/recorded with consideration of maintaining confidentiality.

In an effort to determine eligibility as soon as possible, during the first contact with the applicant, provide them with a list of necessary information needed for enrollment and eligibility determination. The early request may allow the participant to gather all required documents prior to the initial interview and assessment. Copies of medical and financial information will be needed to make eligibility determinations. Verification of lawful presence will also be required if the applicant is age eighteen (18) or over. An eligibility letter will be provided after eligibility has been confirmed and the participant is enrolled.

If the potential participant is unable to be contacted by telephone to schedule an interview and assessment, a packet should be mailed to their primary address along with an appropriate cover letter.

An application packet should include, but is not limited to, the following information and forms:

- Application for Enrollment Letter(s),

- Application for Enrollment (CC-1),
- CYSHCN Program Fact Sheet,
- Special Health Care Needs (SHCN) Brochure,
- Family Partnership Brochure,
- HIPAA Privacy Policy Acknowledgement Form,
- Rights and Responsibilities and Acknowledgement,
- Authorization for Disclosure of Consumer Medical/Health Information,
- Emergency Preparedness Information (may be given and reviewed at time of interview and assessment), and
- Service Coordinator Contact Information (SHS toll free telephone number and LPHA street address and telephone number).

Paid Service eligibility will be effective the date complete documentation is received verifying all applicable eligibility. Requests for exceptions will be submitted to the Program Manager and documented electronically in the SHS Information System. Retroactive eligibility may be approved by the Program Manager or designee based upon review of the individual case. Limited funding will only be considered after the Paid Service enrollment date.

In the event the application packet is not returned within thirty (30) days and the Service Coordinator has determined good faith efforts have been made to contact the potential participant, the record may be closed. A letter should be mailed to the applicant and contain notification that as a result of non-responsiveness, the record is closed. Assistance, if needed, should be offered at a later date. All correspondence must provide the SHS toll free telephone number, the physical street address, and telephone number of the respective contracted Local Public Health Agency (LPHA).

All forms of contact and attempts to contact the applicant should be documented in the SHS Information System prior to closing the file. Maintain all hard copy files of closed referrals and forward to the appropriate SHS Regional Office upon request. (See Records Management section)