

## LIMITED FUNDING

Solely dependent upon annual appropriations, the Program provides limited funding for medically necessary services directly related to the participant's eligible condition. Limited funding is considered for Program participants who meet both medical and financial eligibility guidelines.

The Program is the payer of last resort. Funding will be considered only after an initial/annual comprehensive assessment has been completed and all efforts to access other payer sources have been demonstrated. **All third party liability (TPL) and other payer sources must be exhausted, including utilization of in-network providers, prior to consideration of Program funding.**

Limited funding will be reimbursed at rates established by CYSHCN and is paid directly to providers who are enrolled as a Program provider. Reimbursement will not be made for participants or to providers who have not enrolled with CYSHCN. If a participant's provider is not enrolled with CYSHCN, the Service Coordinator will contact the SHS Central Office for assistance with the enrollment process. Services rendered prior to the provider becoming enrolled will not be reimbursed; however, emergency services will be considered by the Program Manager on a case-by-case basis.

Consideration of cost sharing to assist participants/families who maintain insurance will be reviewed on an individual basis. The Program will not reimburse providers at rates greater than the established negotiated rate set by the insurance company. Guidelines established by the participant's insurance company will prevail. That is, when prior authorization is required for services, the participant must comply with the insurance guidelines before limited funding is considered. Consideration will be made once the prior authorization has been submitted along with the provider's estimated cost and insurance reimbursement amount.