

DETERMINING MEDICAL ELIGIBILITY

Medical eligibility is based on the degree to which the condition routinely and predictably affects the participant's ability to carry out age-appropriate activities and hinders the achievement of normal growth and development thus contributing added responsibility on the family. The intent of the Program is to assist children and youth and their families to improve and restore, when possible, their individual optimum level of health, functioning, independence and resiliency. Childhood illnesses and conditions considered common and part of normal childhood development are not eligible.

The following factors shall be considered when determining eligibility: severity, complexity, extent of significant dysfunction or disability that is present or expected, duration of the disorder, and the likelihood the services will have a major impact on the condition. There must be reasonable expectation of improvement to be eligible for services. Diagnoses and disorders deemed fatal or that have a high degree of mortality are not eligible for limited funding. Service coordination is provided for community resources.

Based on the review of the diagnosis (ICD code) and supporting medical information, enter the diagnosis in the SHS Information System. It is important to remember the SHS Information System does not determine eligibility of participants. Eligibility is determined by the Service Coordinator, and when necessary, collaboratively with the Program Manager or designee. Only the applicant's/participant's health care professional can make a medical diagnosis and/or assign a diagnosis code. Service Coordinators and SHS staff are not permitted to make a medical diagnosis or assign Program participant diagnosis codes.

If the diagnosis code shows "blank" indicating ineligible or "required" indicating requires a clinical review in the SHS Information System, and the Service Coordinator believes the condition should be eligible, electronic notification along with medical records should be sent to the Program Manager for review.

The participant must have an eligible diagnosis (ICD code) documented on a signed Health Certification Form, in medical records, in CyberAccess, or be seeking an eligible medical diagnosis to be enrolled in the Program. In all instances, the participant must have a condition believed to be an eligible diagnosis. When a definitive diagnosis is not available, the health care provider must provide a general diagnosis reflecting an eligible condition. The general diagnosis is considered "limited" and provides Program eligibility allowing for diagnostic services while a specific condition(s) is being identified.

A Health Certification Form and/or medical information should be obtained from the appropriate health care provider prior to initial enrollment and reviewed annually thereafter to determine continued eligibility. A Health Certification Form must also be obtained if there is a change in the participant's medical condition (i.e. addition or deletion of a diagnosis). If the participant is enrolled for a specific procedure or

condition, continued eligibility beyond the treatment should be evaluated. If eligible for Paid Service enrollment, services must be directly related to the eligible diagnoses.

Participants/families who demonstrate independence in accessing and maintaining needed resources should be evaluated for continued Program participation. When enrolled for specific services, eligibility should be reviewed once the services have been received. Transitioning to a higher degree of independence should be continually assessed and evaluated for effectiveness.