

SILETZ COMMUNITY HEALTH CLINIC SERVICE ELIGIBILITY POLICY

The Clinic's Mission Statement says, **“Dedicated to the Health and Well-being of the Members of the Confederated Tribe of the Siletz Indians and the community of Siletz, Oregon.”** In order to fulfill this mission, the Clinic may need to prioritize and/or limit services based upon eligibility status.

With this mission statement in mind, eligibility for services will be determined based on the following priorities:

1. enrolled members of the Confederated Tribes of Siletz Indians;
2. any verifiable enrolled Native American from any Tribe;
3. any verifiable non-Native adopted, foster or step-child, as long as the child remains a dependent of an eligible Siletz Tribal member up to the age of 19;
4. any Siletz Tribal Employee covered under the Siletz Employee Medical Plan (Coho) ;
5. any non-eligible spouse and child of an enrolled CTSI member provided they have third party insurance coverage and the person lives in or around Siletz
6. any person covered under Medicaid or Medicare Part B provided they live in or around the community of Siletz;
7. any spouse or child of a patient who is enrolled at the Clinic provided they have third party insurance coverage and provided the person lives in or around Siletz
8. any spouse or child of a Tribal employee who is not covered under the Siletz Employee Medical Plan, provided they have third party insurance coverage and the person lives in or around Siletz;
9. special programs such as WIC and educational programs may be open to any member of the community.

Priorities will be set by the availability of services and is subject to change. All Non-Natives who do not have insurance coverage through the Siletz Employee Medical Plan need to write a letter to the Health Director who will make the decision regarding admittance. Exceptions to the eligibility policy require administrative approval and include:

1. Emergency related visits for the benefit of any child (new born through age 18) or persons 65 years of age and older. One visit only (until acute condition is resolved or transfer or care is effected.) The individual must either have third party coverage, or be prepared to pay for any charges incurred at the time of the visit.
2. Emergency related visits of Tribal Employees who have enrolled in the Siletz Employee Medical Plan, but are in the waiting period before coverage becomes effective. The patient must either have other effective third party coverage, or be prepared to pay for any charges incurred at the time of the visit.