

CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS (CYSHCN) PROGRAM DESCRIPTION

The Children and Youth with Special Health Care Needs (CYSHCN) Program provides assistance statewide for individuals from birth to age 21 who have or are at increased risk for a disease, defect or medical condition that may hinder their normal physical growth and development and who require more medical services than children and youth generally. The Program focuses on early identification and service coordination for individuals who meet medical eligibility guidelines. As payer of last resort, the Program provides limited funding for medically necessary diagnostic and treatment services for individuals whose families also meet financial eligibility guidelines.

Service coordination facilitates, implements, coordinates, monitors, and evaluates services and outcomes, and encourages participants/families to develop skills needed to function at their maximum level of independence.

Eligibility

To be eligible for Program services, the participant must:

- Be a resident of the State of Missouri,
- Be under age twenty-one (21),
- Have an eligible special health care need, and
- Meet financial eligibility guidelines for funded services.

Services

The Program provides two primary services:

- Program service coordination, which includes:
 - Outreach activities and early identification of participants,
 - Eligibility determination,
 - Assessment of needs,
 - Coordination of services through resource identification and referral,
 - Family support,
 - Service plan development/implementation,
 - Monitoring and evaluation,
 - Transition to community-based services, and
 - Closure.
- Limited funding for medically necessary diagnostic and treatment services for participants whose families meet financial eligibility guidelines.
 - Funded services may include but are not limited to: doctor visits, emergency care, inpatient hospitalization, outpatient surgery, prescription medication, diagnostic testing, orthodontia and prosthodontia (cleft lip/palate only), therapy (physical, occupational, speech and respiratory), durable medical equipment, orthotics, hearing aids, specialized formula, and incontinence supplies.

CYSHCN is payer of last resort. The Service Coordinator will assist the participant/family with resource identification and referral. All third party liability must be exhausted prior to accessing CYSHCN funds.