

# Children and Youth with Special Health Care Needs (CYSHCN) Program



## Description

The CYSHCN Program provides assistance statewide for individuals from birth to age 21 who have or are at increased risk for a 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 CYSHCN Program provides limited funding for medically necessary diagnostic and treatment services for individuals whose families also meet financial eligibility guidelines.

## Eligibility

The participant must:

- Be a Missouri resident
- Be birth to age 21
- Have an eligible special health care need (conditions such as Cerebral Palsy, Cystic Fibrosis, Cleft Lip and Palate, Hearing Disorders, Hemophilia, Paraplegia, Quadriplegia, Seizures, Spina Bifida, and Traumatic Brain Injury)
- Meet financial eligibility guidelines for funded services (family income at or below 185% of the Federal Poverty Guidelines)

## Services

The CYSHCN Program provides two primary services:

- Service coordination is provided to all participants, regardless of financial status.
  - ◆ Outreach/Identification and Referral/Application
  - ◆ Eligibility Determination
  - ◆ Assessment of Needs
  - ◆ Resource identification, referral and access
  - ◆ Family support
  - ◆ Service Plan Development/Implementation
  - ◆ Monitoring and Evaluation
  - ◆ Transition/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.

Special Health Care Needs  
PO Box 570  
Jefferson City, MO 65102-0570



Phone: (573) 751-6246  
Toll-free: (800) 451-0669  
<http://health.mo.gov/living/families/shcn/>

# Missouri Department of Health and Senior Services

## Section for Community Health Services and Initiatives

### Bureau of Special Health Care Needs

#### Children and Youth with Special Health Care Needs (CYSHCN) Program

#### Service Coordination Contact Information

**Region 1**  
 Kansas City Health Dept.  
**Bernita Rogers**  
 (816) 513-6143  
**Belinda Caldwell-Shelby**  
 (816) 513-6311

**Region 5**  
 Ralls County Health Dept.  
**Maekayla Wiler**  
 (573) 985-7121

**Region 6**  
 Saline County Health Dept.  
**Beth Thomason**  
 (660) 886-9091

**Region 7**  
 Saline County Health Dept.  
**Kara Walton**  
 (636) 358-9747

**Region 10**  
 St. Louis County Dept. of Public Health  
**Vacant**  
 (314) 615-0469  
**Tiffany Blue**  
 (314) 679-7920

**Region 11**  
 Jefferson County Health Dept.  
**Elizabeth Laurentius**  
 (636) 282-1010 ext. 123

**Region 2**  
 Kansas City Health Dept.  
**Bernita Rogers**  
 (816) 513-6143  
**Belinda Caldwell-Shelby**  
 (816) 513-6311

**Region 3**  
 Henry County Health Center  
**Nancy McCloud**  
 (660) 351-6992

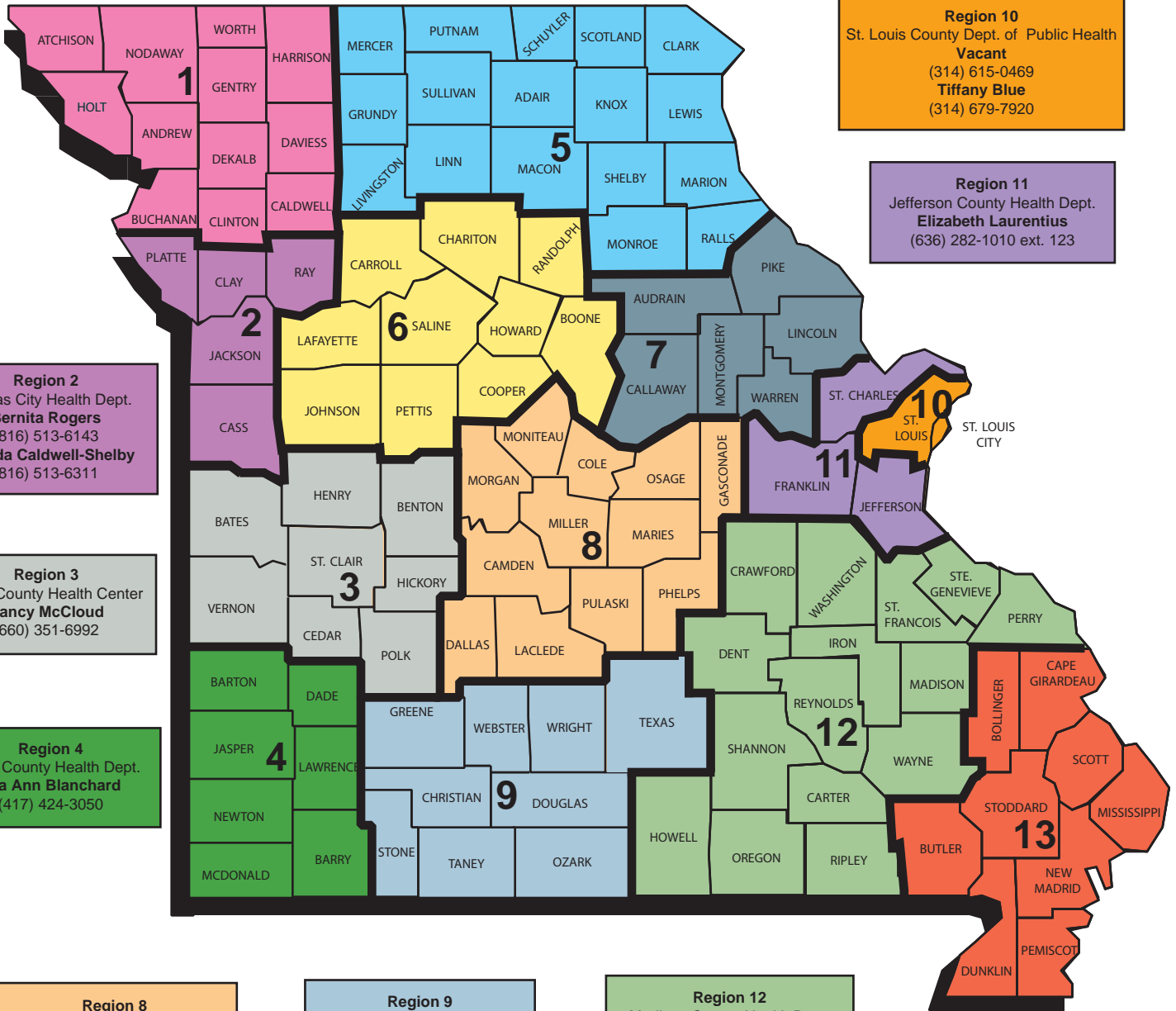
**Region 4**  
 Dade County Health Dept.  
**Lea Ann Blanchard**  
 (417) 424-3050

**Region 8**  
 Morgan County Health Center  
**Julie Enboden**  
 (573) 378-0234

**Region 9**  
 Wright County Health Dept.  
**Natalia Moncada-Harris**  
 (417) 741-7791 ext. 3

**Region 12**  
 Madison County Health Dept.  
**Janell Ward-Rehkop**  
 (573) 783-2747 ext. 3008

**Region 13**  
 Butler County Health Dept.  
**Beverly Hargrove**  
 (573) 785-1013



## CYSHCN SCREENER

The CYSHCN Screener is the first tool utilized when determining an individual's eligibility for the CYSHCN Program. Individuals who answer yes to all three parts of at least one screener question may be eligible to receive service coordination services (at minimum) from the Bureau of Special Health Care Needs (SHCN).

For more information or to make a referral, contact SHCN at **(800) 451-0669** or return the completed CYSHCN Screener to:

**Bureau of Special Health Care Needs**  
**P.O. Box 570**  
**Jefferson City, MO 65102**  
**FAX: 573-751-6237**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Address: \_\_\_\_\_

Responsible Party: \_\_\_\_\_ Responsible Party Phone: \_\_\_\_\_

Printed name of person completing Screener: \_\_\_\_\_ Date: \_\_\_\_\_

1. Does the individual currently need or use **medicine prescribed by a doctor** (other than vitamins)?  
 Yes → Go to Question 1a       No → Go to Question 2
  - 1a. Is this because of a physical disability or medical condition?  
 Yes → Go to Question 1b       No → Go to Question 2
  - 1b. Is this a condition that has lasted or is expected to last for at least 12 months?  
 Yes       No
  
2. Does the individual need or use **more medical care** than is usual for most individuals of the same age?  
 Yes → Go to Question 2a       No → Go to Question 3
  - 2a. Is this because of a physical disability or medical condition?  
 Yes → Go to Question 2b       No → Go to Question 3
  - 2b. Is this a condition that has lasted or is expected to last for at least 12 months?  
 Yes       No
  
3. Is the individual **limited or prevented** in any way in their ability to do the things most individuals of the same age can do?  
 Yes → Go to Question 3a       No → Go to Question 4
  - 3a. Is this because of a physical disability or medical condition?  
 Yes → Go to Question 3b       No → Go to Question 4
  - 3b. Is this a condition that has lasted or is expected to last for at least 12 months?  
 Yes       No
  
4. Does the individual need or get **special therapy**, such as physical, occupational or speech therapy?  
 Yes → Go to Question 4a       No
  - 4a. Is this because of a physical disability or medical condition?  
 Yes → Go to Question 4b       No
  - 4b. Is this a condition that has lasted or is expected to last for at least 12 months?  
 Yes       No

*To avoid duplication of service, individuals receiving service coordination from another agency are not eligible to receive Service Coordination only.*