

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
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

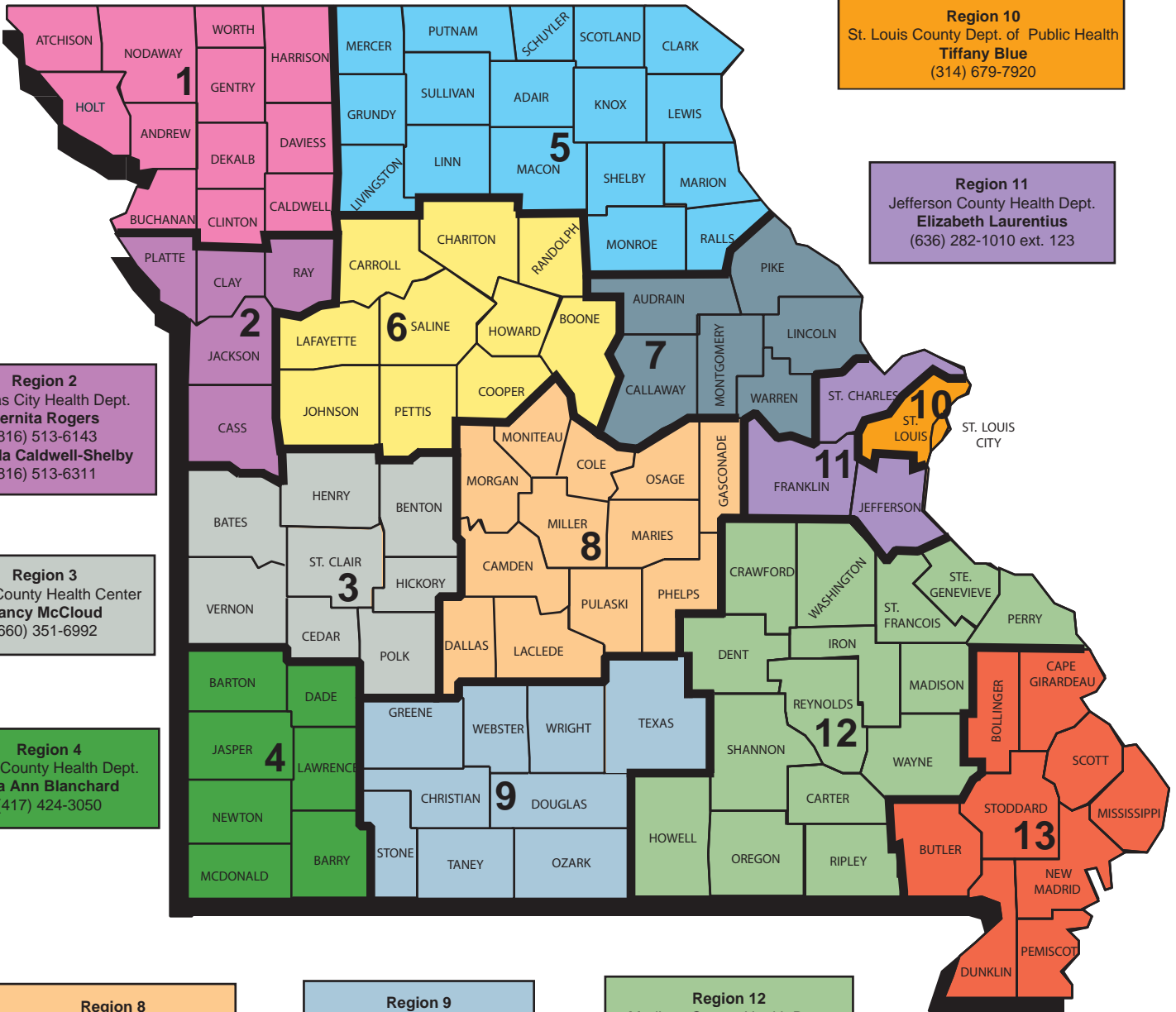
Region 4
 Dade County Health Dept.
Lea Ann Blanchard
 (417) 424-3050

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.