

# 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



Individuals who are deaf,  
hard-of-hearing, or have a  
speech disability can dial  
711 or 1-800-735-2966.