

**16.2 RELATIONSHIP WITH THE CHILDREN WITH SPECIAL HEALTH CARE NEEDS PROGRAM (CSHCN) (Formerly Office of Handicapped Children)**

A child may be simultaneously eligible for and receiving services from the Medicaid Program and the Children with Special Health Care Needs Program (CSHCN). Therefore a child may be a CSHCN recipient when he applies for a Division of Family Assistance (DFA) Program.

**NOTE:** When an applicant’s eligibility for, or enrollment in, this program is pending, he must not be refused the right to apply for DFA Programs due to his pending status with the CSHCN Program, but must be evaluated for any or all DFA Programs.

**A. NON-CSHCN RECIPIENTS WHO ARE APPLICANTS FOR DFA PROGRAMS**

During the application process, when a Worker refers a child to the CSHCN Program, he gives the applicant the CSHCN-1 application form. A referral to the CSHCN Program must include the Medicaid eligibility status. If Medicaid is approved, the eligibility dates are given and, if denied, the reason for the denial is given.

If the child is approved for CSHCN and the Medicaid eligibility status changes from the time of referral, the CSHCN Program is updated by telephone and the reason for the change is given.

Any time a Worker determines that a child may benefit from CSHCN services, the Worker makes a referral by telephone at (304) 558-5388 or toll-free at 1-800-642-9704 or 1-800-642-8522. The eligibility determination for CSHCN services is made by a CSHCN Specialty Consultant. Covered medical conditions are listed below:

| COVERED MEDICAL CONDITIONS |                                      |
|----------------------------|--------------------------------------|
| Bones (problems with)      | Joints or Muscles                    |
| Cerebral Palsy             | Kidney / Urological Conditions       |
| Cleft Lip / Palate         | Myelodysplasia / Spina Bifida        |
| Cystic Fibrosis            | Neurological & Seizure conditions    |
| Hearing Loss               | Plastic Surgery (certain conditions) |
| Heart Defects              | Sickle Cell Anemia                   |

Specific Medicaid Requirements

| SOME NON - COVERED MEDICAL CONDITIONS |                                       |
|---------------------------------------|---------------------------------------|
| Acute Fractures                       | Cosmetic Surgery                      |
| ADHD                                  | Dental Treatment (certain conditions) |
| Asthma                                | Diabetes                              |
| Autism                                | Hemophilia                            |
| Childhood Malignancies                | Mental or Behavior Diagnosis          |

B. CSHCN RECIPIENTS WHO ARE APPLICANTS FOR MEDICAID

When a CSHCN recipient applies for Medicaid, the Worker must notify the CSHCN Program by telephone regarding the eligibility decision. If Medicaid was approved, the eligibility dates are given and if denied, the reason for the denial is given.

When a CSHCN recipient's Medicaid AG is closed, the CSHCN Program is notified by telephone and the reason for the closure is given.

The Children with Special Health Care Needs Program may be contacted at:

Children with Special Care Needs  
 Office of Maternal, Child and Family Health  
 West Virginia Bureau for Public Health  
 350 Capitol Street, Room 427  
 Charleston, WV 25301-3714

Toll-Free - 1-800-642-9704 or 1-800-642-8522  
 OR (304) 558-5388