

# How do I Apply to CSHCS?



## A Guide to Enrolling Your Child in **CHILDREN'S SPECIAL HEALTH CARE SERVICES (CSHCS)**



Oakland County Health Division  
(OCHD)



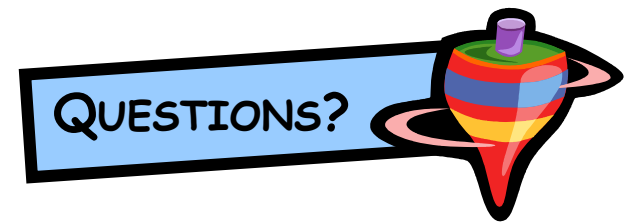
Children's Special Health Care Services (CSHCS) is a program for children and some adults with special health care needs and their families. We help persons with chronic health problems.

Children must have a qualifying medical condition and be 20 years old or under. Persons 21 and over with cystic fibrosis or certain blood clotting disorders also may qualify for services.

CSHCS covers more than 2,000 diagnoses, such as cancer, cerebral palsy, paralysis, hearing loss and many more.

CSHCS will work with you to ensure that you or your child will receive the very best care in a variety of ways, such as coordinating services from multiple providers and coordinating health insurance benefits.

Applying to CSHCS is a three-step process. This brochure takes you through those steps.



If you have questions or would like more information, please call:

**OCHD CSHCS:**  
**(248) 858-0056**

**CSHCS Family Phone Line:**  
**(800) 359-3722**



NOHC  
1200 North Telegraph Rd.  
Bldg.34E  
Pontiac, MI 48341  
Fax Number: (248) 452-2195  
[oakgov.com/health](http://oakgov.com/health)

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The Oakland County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability. States and Federal eligibility requirements may apply for certain programs.



## 1. PRE-APPLICATION



The pre-application process is used to determine if your child's medical condition is eligible for CSHCS coverage. There are two ways to pre-apply.

1. If your child has already been seen by a specialist, contact OCHD CSHCS at (248) 858-0056. The OCHD CSHCS staff will send you a form that you will need to sign and forward to the specialist. OR
2. If your child has not seen a specialist, contact OCHD CSHCS at (248) 858-0056. A public health nurse will help you make arrangements to have your child evaluated by a specialist, at no cost to you.



Once the specialist has completed the forms and submitted the medical report to CSHCS, Medical Consultants will determine if your child medically qualifies for CSHCS.

## 2. APPLICATION

If your child medically qualifies, you will be invited to join the program and application forms will be mailed to you. You must complete the following forms if you wish to enroll your child in the program:

1. Application Form
2. Financial Assessment Form (which needs to be completed annually).

If you need assistance in completing these forms, contact OCHD CSHCS at (248) 858-0056. A staff member will be able to help you.

Once you have completed these forms, you must send them to CSHCS. A review of the financial information will determine if you will need to share in the cost of services.

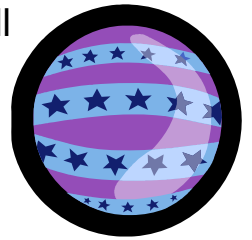


## 3. ENROLLMENT



As soon as your completed application has been received by CSHCS, your child will be entered into the computer system for a coverage period. You will receive a letter notifying you of this.

The letter will provide you with a list of approved specialists and your eligibility year dates.



Your child may see any specialist that accepts CSHCS and no HMO plan is required.

Coverage is renewed each year based on your child's medical eligibility. This is determined by the Medical Consultants at CSHCS and review of your child's medical information submitted by your child's specialist.