

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

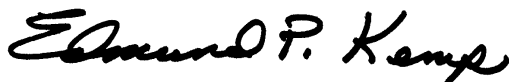
NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.



Director, Program Policy Division  
Bureau of Medicaid Policy and Actuarial Services

**Project Number:** 0947-CSHCS      **Comments Due:** December 3, 2009      **Proposed Effective Date:** December 1, 2009

**Mail Comments to:** Cindy Linn  
Children's Special Health Care Services  
320 S. Walnut St. 6<sup>th</sup> Floor  
Lansing, Michigan 48913

**Telephone Number:** (517) 241-8862

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**E-mail Address:** LinnC@michigan.gov

**Policy Subject:** Children's Special Health Care Services (CSHCS) Payment Agreement Changes and Benefit Reductions

**Affected Programs:** CSHCS

**Distribution:** Local Health Departments, Medical Suppliers, Physicians, Non-Emergency Medical Transportation Providers

**Policy Summary:**

1. Clients/families with income levels at or below 200% of the Federal Poverty Level (FPL) will have a CSHCS payment agreement unless the individual covered by CSHCS is enrolled in Medicaid, Women, Infants and Children Program (WIC), or MICHild.
2. Travel is not covered for CSHCS-only clients.
3. Incontinent supplies listed are not covered by the CSHCS Benefit Plan.

**Purpose:** Mandated by the Appropriations Act as part of the fiscal year (FY) 2010 budget (Public Act 131).

**Bulletin:** MSA 09-57

**Distribution:** Local Health Departments, Medical Suppliers, Physicians, Ambulance, Non-Emergency Medical Transportation Providers

**Issued:** November 3, 2009

**Subject:** Children's Special Health Care Services (CSHCS) Payment Agreement Changes and Benefit Reductions

**Effective:** December 1, 2009

**Programs Affected:** CSHCS

## 1. Payment Agreement Changes

Effective December 1, 2009, as required by Public Act 131 of 2009 (Appropriations Act), individuals enrolling in CSHCS or renewing their CSHCS coverage who have a family income at or below 200% of the Federal Poverty Level (FPL) are no longer exempt from having a CSHCS payment agreement. Individuals who receive full Medicaid coverage, who are enrolled in the Women, Infants, and Children Program (WIC) or MICHild continue to be exempt from having a CSHCS payment agreement. This change will not affect current CSHCS enrollees who do not have a payment agreement until the time of client's CSHCS renewal period. The updated Payment Agreement Guide (MSA-0738-B) reflecting the new payment agreement tier is attached.

Clients/families that have a change in income level to 200% FPL or below will no longer be eligible for forgiveness of payment agreement balance(s) unless the individual receiving CSHCS coverage also receives full Medicaid coverage, or becomes enrolled in WIC or MICHild. Clients/families may contact CSHCS for forgiveness of payment agreement balance(s) once enrollment in Medicaid, WIC, or MICHild is completed.

## 2. Travel Benefit Reduction

Effective December 1, 2009, as required by the Appropriations Act, in-state and out-of-state travel are only covered for CSHCS clients who also have Medicaid coverage. CSHCS will no longer reimburse for mileage, lodging, air travel, miscellaneous travel expenses, or non-emergency medical transportation for CSHCS-only clients. Current prior authorizations for CSHCS-only clients are considered null and void as of the effective date of the policy change. Reimbursement for travel will not be made for dates of service on or after December 1, 2009, even if the service had been prior authorized. Emergency ambulance transportation will continue to be covered for all CSHCS clients if the service is related to the CSHCS qualifying diagnosis. Ambulance providers must be authorized by CSHCS to be reimbursed for services rendered to a CSHCS client. (Refer to CSHCS Authorized Providers section of this chapter.)

## 3. Incontinent Supplies Benefit Reduction

Effective December 1, 2009, as required by the Appropriations Act, the following incontinent supplies are not covered by the CSHCS Benefit Plan:

HCPSC Code	Nomenclature
A4335	Incontinence Supply
A4520	Incontinence Garment Any Type X
T4521	Adult Size Brief/Diaper SM X
T4522	Adult Size Brief/Diaper MED X

HCPCS Code	Nomenclature
T4523	Adult Size Brief/Diaper LG X
T4524	Adult Size Brief/Diaper XL X
T4525	Adult Size Pull-On SM X
T4526	Adult Size Pull-On MED X
T4527	Adult Sized Pull-On LG X
T4528	Adult Size Pull-On XL X
T4529	Ped Size Brief/Diaper SM/MED X
T4530	Ped Size Brief/Diaper LG X
T4531	Ped Size Pull-On SM/MED X
T4532	Ped Size Pull-On LG X
T4533	Youth Size Brief/Diaper X
T4534	Youth Size Pull-On X
T4535	Disposable Liner/Shield/ Pad X
T4536	Reusable Pull-On Any Size X
T4541	Large Disposable Underpad X
T4542	Small Disposable Underpad X
T4543	Bariatric Disposable Incontinent Brief/Diaper X
S5199	Personal Care Item, NOS (Incontinent Wipe)

Current prior authorizations are considered null and void as of the effective date of the policy change. Reimbursement for incontinent supplies will not be made for dates of service on or after December 1, 2009, even if the service had been prior authorized.

#### Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments in writing to:

Cindy Linn  
Michigan Department of Community Health  
Children's Special Health Care Services  
320 S. Walnut St. 6<sup>th</sup> Floor  
Lansing, Michigan 48913  
E-mail: [linnc@michigan.gov](mailto:linnc@michigan.gov)

If responding by e-mail, please include "CSHCS Payment Agreement Changes" in the subject line.

#### Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

#### Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

#### APPROVED

  
Stephen Fitton, Acting Director  
Medical Services Administration

## Michigan Department of Community Health Children's Special Health Care Services PAYMENT AGREEMENT GUIDE

**This guide does not apply if the client has Medicaid, WIC, MICHild, or any other exemption in #7 of the Income Review/Payment Agreement form (MSA-0738). No payment is required.**

This chart will give you the amount your family is required to pay to receive coverage by the Children's Special Health Care Services (CSHCS) program.

### INSTRUCTIONS:

You will need to use the information you put on your Income Review/Payment Agreement form (MSA-0738) to use this guide:

- Find the Column for the **Family Size** you put on line #8 of the MSA-0738 **in the chart below**.
- Find the Income Range in this same column that includes the income you put on line #9 of the MSA-0738.
- Follow the row across to the right to find your Yearly Payment Agreement Amount.
- Place the Yearly Payment Agreement Amount from the chart below on line #10 of the Income Review/Payment Agreement (**IRPA**) form (MSA-0738).
- **Clients 18** or older are legal adults; therefore only their income is considered for line #10 of the **IRPA**.

### NOTE:

- If there are more than five (5) people in your family, call 1 (800) 359-3722 for help in determining the payment agreement amount for your family.
- If you need any help, call 1 (800) 359-3722.

<b>FAMILY SIZE / INCOME RANGE CHART</b>					<b>YEARLY PAYMENT AGREEMENT AMOUNT</b>
<b>Family of 1</b>	<b>Family of 2</b>	<b>Family of 3</b>	<b>Family of 4</b>	<b>Family of 5</b>	
\$0.00 - \$21,659	\$0.00 - \$29,139	\$0.00 - \$36,619	\$0.00 - \$44,099	\$0.00 - \$51,579	<b>\$120.00</b>
\$21,660 - \$27,075	\$29,140 - \$36,425	\$36,620 - \$45,775	\$44,100 - \$55,125	\$51,580 - \$64,475	<b>\$192.00</b>
\$27,076 - \$32,490	\$36,426 - \$43,710	\$45,776 - \$54,930	\$55,126 - \$66,150	\$64,476 - \$77,370	<b>\$372.00</b>
\$32,491 - \$43,320	\$43,711 - \$58,280	\$54,931 - \$73,240	\$66,151 - \$88,200	\$77,371 - \$103,160	<b>\$732.00</b>
\$43,321 - \$54,150	\$58,281 - \$72,850	\$73,241 - \$91,550	\$88,201 - \$110,250	\$103,161 - \$128,950	<b>\$1,476.00</b>
\$54,151 - no ceiling	\$72,851 - no ceiling	\$91,551 - no ceiling	\$110,251 - no ceiling	\$128,951 - no ceiling	<b>\$2,964.00</b>