

Distribution: All Provider 04-10

Issued: August 1, 2004

Subject: Update to Children's Special Health Care Services Chapter

Effective: September 1, 2004

Programs Affected: Children's Special Health Care Services (CSHCS)

This bulletin transmits an update to the application process and financial determination described in the Children's Special Health Care Services chapter of the Michigan Medicaid Provider Manual.

Effective September 1, 2004, non-parent legal guardians and otherwise legally responsible parties are not required to submit their personal financial information to CSHCS or enter into a payment agreement for CSHCS coverage on the client for whom they are legally responsible.

A client/family may have no more than two outstanding years of incomplete or unpaid payment agreements. The client/family will not receive CSHCS coverage under a third year of a payment agreement until the oldest payment agreement amount has been met.

CSHCS coverage may continue even though the client/family acquired two outstanding years of incomplete or unpaid payment agreements in the following circumstances:

- Death of the client -- unpaid balance forgiven;
- Client has Medicaid coverage for the new third year -- unpaid balance forgiven;
- Client's/family's financial circumstances have changed and the income level no longer requires a payment agreement (below 250% of the FPL) -- unpaid balance forgiven.

When the client reaches the age of majority or otherwise becomes emancipated, outstanding payment agreements remain with the family who entered into the original agreements. Further payments on the current year payment agreement are terminated for the family within 30 days of notification to CSHCS that the client has reached age 18.

Manual Maintenance

Retain this bulletin for future reference.

Questions

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

Approved

A handwritten signature in black ink that reads "Paul Reinhart". The signature is written in a cursive, flowing style.

Paul Reinhart, Director
Medical Services Administration