

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

This guide does not apply if the client has full Medicaid, 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: Use the information you put on your Income Review/Payment Agreement form (MSA-0738):

- 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.
- Put the Yearly Payment Agreement Amount from the chart below on line # 10 of the MSA-0738.
- Clients 18 or older are legal adults; therefore only their income is considered for line #9 and #10 of the MSA-0738.
- If your yearly payment agreement is \$120.00 (see chart below) your CSHCS coverage will be for 90 days. You will be required to also apply for insurance from Medicaid or the Children's Health Insurance Program (MICHild) for your CSHCS coverage to go beyond 90 days. If you do not apply for comprehensive coverage from Medicaid or MICHild in that 90 days, CSHCS coverage will end. You will still be responsible for any CSHCS payment agreement that you sign even if CSHCS coverage ends. Ninety (90) day coverage does not apply to adult clients. If you have questions please call 1-800-359-3722 for information.

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.

FAMILY SIZE / INCOME RANGE CHART					YEARLY PAYMENT AGREEMENT AMOUNT
Family of 0-1	Family of 2	Family of 3	Family of 4	Family of 5	
\$0.00 - \$23,339	\$0.00 - \$31,459	\$0.00 - \$39,579	\$0.00 - \$47,699	\$0.00 - \$55,819	\$120.00
\$23,340 - \$29,175	\$31,460 - \$39,325	\$39,580 - \$49,475	\$47,700 - \$59,625	\$55,820 - \$69,775	\$192.00
\$29,176 - \$35,010	\$39,326 - \$47,190	\$49,476 - \$59,370	\$59,626 - \$71,550	\$69,776 - \$83,730	\$372.00
\$35,011 - \$46,680	\$47,191 - \$62,920	\$59,371 - \$79,160	\$71,551 - \$95,400	\$83,731 - \$111,640	\$732.00
\$46,681 - \$58,350	\$62,921 - \$78,650	\$79,161 - \$98,950	\$95,401 - \$119,250	\$111,641 - \$139,550	\$1,476.00
\$58,351 - no ceiling	\$78,651 - no ceiling	\$98,951 - no ceiling	\$119,251 - no ceiling	\$139,551 - no ceiling	\$2,964.00