

**Bulletin Number:** MSA 07-43

**Distribution:** Local Health Departments

**Issued:** September 1, 2007

**Subject:** CSHCS Travel Assistance Reimbursement Process

**Effective:** October 1, 2007

**Programs Affected:** Children's Special Health Care Services

Children's Special Health Care Services (CSHCS) clients may be eligible for in-state and/or out-of-state travel reimbursement if Michigan Department of Community Health (MDCH) has determined that the client meets specified criteria as described in the Children's Special Health Care Services Chapter (Travel Assistance Section) of the Michigan Medicaid Provider Manual. Travel assistance must be authorized on the Client Transportation Authorization and Invoice (MSA-0636) form. Authorization is given for up to one month per form.

CSHCS clients who are authorized for travel assistance must request reimbursement by submitting the completed MSA-0636 according to the instructions described on the form. Receipts are required for all reimbursable expenditures except mileage. Requests for travel reimbursement must be received by MDCH within 90 days following the month authorized on the MSA-0636 to be considered for payment.

### 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, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

### Approved



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