

PAYMENT AGREEMENT GUIDE

Children's Special Health Care Services

Michigan Department of Health and Human Services

This guide does not apply if the client has active full Medicaid, MICHild or Healthy Michigan Plan. If you checked any box in #7 on the MSA-0738, a payment for this client may not be required once documentation is verified.

This chart will give you the yearly payment agreement enrollment fee amount your family is required to pay to receive coverage by the Children's Special Health Care Services (CSHCS) program. If you have questions or need help, please contact a CSHCS representative at your local health department or call 1-800-359-3722.

INSTRUCTIONS: Use the information you put on your Income Review/Payment Agreement form MSA-0738:

- Find the column for the **Family size**. Family size is the number you put on line #8 of the MSA-0738 form.
- 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 Enrollment Fee amount**.
- Put the **Yearly Payment Agreement Enrollment Fee 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 enrollment fee is \$120.00 (see chart below), your CSHCS coverage will be for 90 days. You will be required to also apply for Medicaid, MICHild, Healthy Kids or Healthy Michigan Plan coverage which provide additional comprehensive coverage. You must apply for Medicaid/MICHild/Healthy Kids/Healthy Michigan Plan for your CSHCS coverage to go beyond 90 days. If you do not apply in that 90 days, CSHCS coverage will end.

You will still be responsible for any CSHCS payment agreement enrollment fee that you sign even if CSHCS coverage is voluntarily ended, services are not used, the client ages out of the program, or the client moves out of the State of Michigan. CSHCS payments are non-refundable.

FAMILY SIZE / INCOME RANGE														
Family of 0-1	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6	Family of 7	Family of 8	Family of 9	Family of 10	Family of 11	Family of 12	Family of 13	Family of 14	Yearly Payment
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$120.00
\$31,299	\$42,299	\$53,299	\$64,299	\$75,299	\$86,299	\$97,299	\$108,299	\$119,299	\$130,299	\$141,299	\$152,299	\$163,299	\$174,299	
\$31,300	\$42,300	\$53,300	\$64,300	\$75,300	\$86,300	\$97,300	\$108,300	\$119,300	\$130,300	\$141,300	\$152,300	\$163,300	\$174,300	\$192.00
\$39,125	\$52,875	\$66,625	\$80,375	\$94,125	\$107,875	\$121,625	\$135,375	\$149,125	\$162,875	\$176,625	\$190,375	\$204,125	\$217,875	
\$39,126	\$52,876	\$66,626	\$80,376	\$94,126	\$107,876	\$121,626	\$135,376	\$149,126	\$162,876	\$176,626	\$190,376	\$204,126	\$217,876	\$372.00
\$46,950	\$63,450	\$79,950	\$96,450	\$112,950	\$129,450	\$145,950	\$162,450	\$178,950	\$195,450	\$211,950	\$228,450	\$244,950	\$261,450	
\$46,951	\$63,451	\$79,951	\$96,451	\$112,951	\$129,451	\$145,951	\$162,451	\$178,951	\$195,451	\$211,951	\$228,451	\$244,951	\$261,451	\$732.00
\$62,600	\$84,600	\$106,600	\$128,600	\$150,600	\$172,600	\$194,600	\$216,600	\$238,600	\$260,600	\$282,600	\$304,600	\$326,600	\$348,600	
\$62,601	\$84,601	\$106,601	\$128,601	\$150,601	\$172,601	\$194,601	\$216,601	\$238,601	\$260,601	\$282,601	\$304,601	\$326,601	\$348,601	\$1,476.00
\$78,250	\$105,750	\$133,250	\$160,750	\$188,250	\$215,750	\$243,250	\$270,750	\$298,250	\$325,750	\$353,250	\$380,750	\$408,250	\$435,750	
\$78,251 no ceiling	\$105,751 no ceiling	\$133,251 no ceiling	\$160,751 no ceiling	\$188,251 no ceiling	\$215,751 no ceiling	\$243,251 no ceiling	\$270,751 no ceiling	\$298,251 no ceiling	\$325,751 no ceiling	\$353,251 no ceiling	\$380,751 no ceiling	\$408,251 no ceiling	\$435,751 no ceiling	\$2,964.00