

## CSHCS Expanding Eligibility to Age 26 Frequently Asked Questions

1. **Q:** When will the eligibility expansion go into effect?

**A:** *Eligibility expansion is approved to begin October 1, 2023. However, we anticipate that it will take up to six months to make the necessary computer system updates for this expansion. Whenever possible, CSHCS enrollment will be backdated to 10/01/2023 for anyone determined to be eligible as of 10/01/2023.*

2. **Q:** Will eligibility for all conditions be expanded to age 26?

**A:** *Yes, eligibility for all CSHCS covered conditions will be expanded to age 26.*

3. **Q:** Will CSHCS benefits such as Transportation/Lodging assistance and Insurance Premium Payment be available for clients up to age 26?

**A:** *Yes, these benefits are available for clients up to age 26 meeting the eligibility criteria for these benefits. Not all CSHCS clients are eligible for these benefits.*

4. **Q:** Will members who aged out at 21 prior to October 1, 2023, be re-enrolled?

**A:** *Clients that have a current medical report on file, and have not reached their financial review date, will be automatically re-enrolled. Coverage will begin 10/01/2023. Clients that do not have a current medical report on file and are beyond their financial review date, will need to submit additional documentation and will not be automatically re-enrolled.*

5. **Q:** Will coverage continue for currently enrolled clients who turn 21 after Oct. 1, 2023?

**A:** *Yes, although as stated above for Q.1, it may take a few months to update the computer systems. In some instances, during the next few months, coverage might end when the client turns 21 but then coverage will be re-instated and backdated so that there is no lapse in coverage.*

6. **Q:** How/when will families be notified?

**A:** *Letters will be sent to families notifying them of the expansion on 10/01/2023. We will send additional letters to families based on their current eligibility status notifying them of what is required to enroll/extend coverage.*

7. **Q:** What should we be telling families who have children who are about to age out? Can we tell them eligibility is expanding?

**A:** *Share with families that CSHCS eligibility will be extended to age 26 for all CSHCS covered conditions. If they are interested in staying enrolled in CSHCS, send in required documents for renewal.*

8. **Q:** Will clients who have CSHCS coverage only (no Medicaid) be required to complete a payment agreement contract?

**A:** *Yes*

9. **Q:** Will new CSHCS enrollees be required to apply for Medicaid? Will Temporary Eligibility Periods (TEP) also be required?

**A:** *Just like current clients, new and renewal clients who fall in the lowest payment agreement tier will be required to apply for Medicaid and will be placed in a TEP. CSHCS enrollment will be given for 3 months to allow the client time to apply for Medicaid. Coverage will be extended once CSHCS is notified that the client has applied for Medicaid.*

**10. Q:** Will a new medical report be required to extend CSHCS coverage?

**A:** *If the medical report we have on file is not current, a new medical report will be required. Contact your Local Health Department to determine if a current medical report is on file.*

**11. Q:** Can a medical report be provided by a Primary Care Physician for initial eligibility? For Renewal?

**A:** *No, a medical report from a sub-specialist containing a diagnosis, treatment plan, and signature is required for initial eligibility and renewal of CSHCS coverage.*

**12. Q:** Will eligibility end one day prior to the member's 26th birthday or will they be eligible throughout the year they are 26?

**A:** *Coverage will automatically end one day prior to the clients 26<sup>th</sup> birthday.*

**13. Q:** Are clients with Sickle Cell Disease, Hemophilia, or Cystic Fibrosis impacted by this expansion?

**A:** *No, clients with Sickle Cell Disease, Hemophilia, or Cystic Fibrosis are currently eligible for CSHCS regardless of age and therefore their CSHCS eligibility is not impacted by this expansion.*

**14. Q:** Are the medical and/or financial eligibility requirements changing for CSHCS due to the expansion?

**A:** *No, the eligibility requirements for CSHCS are not changing. Individuals must be medically eligible to enroll in CSHCS. The same requirements regarding financial obligations will also apply.*

**15. Q:** When can medical reports be submitted for initial eligibility, renewal and/or to extend coverage for those between ages 21-25?

**A:** *We anticipate accepting medical reports for the expansion beginning 01/01/2024. Medical reports received prior to 01/01/24 cannot be processed and will need to be re-submitted. If the 01/01/24 date changes, either to an earlier or later date, we will disseminate this information via an updated FAQ document.*

**16. Q:** How does a physician become a CSHCS authorized provider?

**A:** *To become a CSHCS authorized provider:*

- 1. Enroll as a Medicaid Enrolled Provider. Contact Provider Enrollment at: [providerenrollement@michigan.gov](mailto:providerenrollement@michigan.gov) for more information.**
- 2. Submit a medical report as a treating sub-specialist for a CSHCS qualifying condition to determine client eligibility. Reports can be sent via fax to 517-335-9491.**

**\*\* CSHCS is the payor of last resorts. Providers MUST accept CSHCS payment as payment in full.**