

Bulletin Number: HASA 22-14

Distribution: All Providers

Issued: June 1, 2022

Subject: Children's Special Health Care Services (CSHCS) Eligibility for Adults Over 21 Years of Age

Effective: As Indicated

Programs Affected: CSHCS

The purpose of this policy is to expand eligibility for CSHCS to include adults age 21 and older with inherited red blood cell disorders commonly known as sickle cell disease.

CSHCS covers over 2,700 medical diagnoses that are handicapping in nature and require care by a medical or surgical subspecialist. Diagnosis alone does not guarantee medical eligibility for CSHCS. Effective October 1, 2021, to be medically eligible, the individual must:

- Have at least one of the CSHCS qualifying diagnoses;
- Be within the age limits of the program:
 - Under the age of 21; or
 - Age 21 and older with cystic fibrosis, hereditary coagulation defects commonly known as hemophilia, or hereditary red blood cell disorders commonly known as sickle cell disease; and
- Meet the medical evaluation criteria during the required medical review period as determined by a MDHHS medical consultant regarding the level of severity, chronicity and need for treatment.

For those age 21 and older with a diagnosis of sickle cell disease wishing to enroll in CSHCS, a medical report and CSHCS application (MSA-0737) are required. Individuals should contact their local health department CSHCS representative for assistance with this process. Beneficiaries currently enrolled in CSHCS with a diagnosis of sickle cell disease who reach age 21 will have their coverage extended and can renew coverage through the annual renewal process.

CSHCS beneficiaries who are enrolled with a diagnosis of sickle cell disease are eligible to receive specialty medical treatment and general dental treatment related to the CSHCS qualifying diagnosis. All other policy standards for eligibility, application, and financial determination remain unchanged.

Manual Maintenance

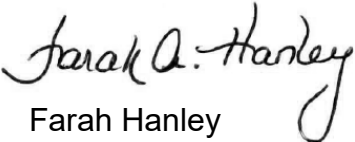
Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved


Farah Hanley
Chief Deputy for Health