

Bulletin Number: MSA 10-43

Distribution: Local Health Departments

Issued: October 1, 2010

Subject: Changes to Children's Special Health Care Services (CSHCS)
Application/Financial Processes

Effective: November 1, 2010

Programs Affected: CSHCS

Effective November 1, 2010, the following changes will be made to the CSHCS Application/Financial Processes:

1. MICHild/Healthy Kids Application Requirement

CSHCS clients are required to apply for MI Child/Healthy Kids when the Income Review/Payment Agreement (MSA-0738) indicates the client may be eligible for one of these programs based on age, family income, and absence of comprehensive health coverage (when applicable). The Income Review/Payment Agreement is submitted at the time of the initial CSHCS application or renewal. A CSHCS temporary eligibility period (TEP) of 90 days is activated to allow the family time to complete the MICHild/Healthy Kids application process.

Upon notification that the family has completed the MICHild/Healthy Kids application process, CSHCS coverage is extended to complete the full 12-month enrollment period from the initial coverage date (begin date of the TEP), regardless of the MICHild/Healthy Kids eligibility decision. CSHCS coverage terminates at the end of the 90-day TEP if the family fails to submit the application.

Clients who become enrolled in MICHild or Healthy Kids are exempt from having a CSHCS payment agreement. Clients must call the CSHCS Family Phone Line and inform CSHCS of enrollment into MICHild or Healthy Kids to cancel the payment agreement.

2. CSHCS Payment Agreement Exemption

Enrollment in the Women, Infants and Children Program (WIC) no longer impacts CSHCS payment agreement rules. CSHCS clients who are enrolled in WIC are no longer exempt from having a CSHCS payment agreement. This change will not affect current CSHCS/WIC enrollees who do not have a payment agreement until the time of the client's CSHCS renewal period.

Clients enrolled in WIC are no longer eligible for forgiveness of outstanding payment agreement balance(s) based upon their WIC enrollment.

3. CSHCS Payment Agreement Reimbursement

CSHCS clients who acquire full Medicaid or MICHild coverage after enrollment into CSHCS will be reimbursed in full for any money paid toward the CSHCS payment agreement that is in place for the current CSHCS coverage period. CSHCS clients can contact the Family Phone Line or their local health department for assistance.

When a client acquires Medicaid or MICHild coverage after the client reaches the age of majority, the current payment agreement entered into by the family while the client was a minor does not qualify for forgiveness of balance or return of money. The income of the legally independent client is not assessed for a payment agreement until the client's next CSHCS renewal period.

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. 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

A handwritten signature in black ink that reads "Stephen Fitton". The signature is written in a cursive, flowing style.

Stephen Fitton, Director
Medical Services Administration