



Children's Special
Health Care Services

www.michigan.gov/cshcs

CSHCS Expanding Eligibility to Age 26

Frequently Asked Questions

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

A: *Eligibility expansion was approved to begin October 1, 2023. CSHCS began processing enrollments and renewals on January 1, 2024. 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 with a current medical report on file and that 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*

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

A: *Letters were sent to families notifying them of the expansion starting 10/01/2023 through 01/31/2024. CSHCS will send additional letters to families based on their current eligibility status to notify them of what is required to enroll/extend coverage.*

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

A: *Yes*

8. **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 provided for 3 months to allow the client time to apply for Medicaid. Coverage will be extended once CSHCS is notified the client has applied for Medicaid.*

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

A: *If the medical report CSHCS has 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.*

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

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

11. 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 client's 26th birthday.*

12. 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.*

13. 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.*

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

A: *CSHCS is currently accepting medical reports for initial eligibility, renewal and/or to extend coverage for clients 21-25.*

15. 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 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 resort. Providers MUST accept CSHCS payment as payment in full.**