

**MEDICAID POLICY INFORMATION SHEET**

**Policy Analyst:** Jennifer Baumann

**Phone Number:** 517-241-8862

Initial

Public Comment

Final

**Brief description of policy:**

The purpose of this policy is to temporarily suspend income reviews conducted at the time of Children's Special Health Care Services (CSHCS) application and renewal. Form MSA-0738, Income Review/Payment Agreement, is required at application/renewal for all families/individuals who are not eligible for Medicaid, wards of the county or state, living in a foster home or private placement agency, in a court-appointed guardianship, or deceased (retroactive coverage), and requires families/individuals to self-declare income. During the federally declared Public Health Emergency (PHE) only, CSHCS will accept self-declared income and will not conduct periodic and random income reviews.

**Reason for policy (problem being addressed):**

To reduce barriers to CSHCS coverage/renewal, CSHCS will temporarily suspend the requirement for families/individuals to verify their self reported income.

**Budget implication:**

budget neutral

will cost MDHHS \$ , and (select one) budgeted in current appropriation

will save MDHHS \$

**Is this policy change mandated per federal requirements?**

No

**Does policy have operational implications on other parts of MDHHS?**

No

**Does policy have operational implications on other departments?**

No

**Summary of input:**

controversial

acceptable to most/all groups

limited public interest/comment

**Supporting Documentation:**

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Public Notice Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide status:	If yes, Submission Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	
Date:                      Approval                      Date:	

<b>DRAFT FOR PUBLIC COMMENT</b>		
	<b>Michigan Department of Health and Human Services</b>	<b>Project Number:</b> 2120-CSHCS <b>Date:</b> August 30, 2021

**Comments Due:** October 4, 2021  
**Proposed Effective Date:** Immediately  
**Direct Comments To:** Jennifer Baumann  
**Address:**  
**E-Mail Address:** [BaumannJ@michigan.gov](mailto:BaumannJ@michigan.gov)  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

<p><b>Policy Subject:</b> COVID-19 Response: Suspending Periodic Income Reviews for Children’s Special Health Care Services (CSHCS) Beneficiaries</p> <p><b>Affected Programs:</b> CSHCS</p> <p><b>Distribution:</b> All Providers</p> <p><b>Summary:</b> This policy will temporarily suspend income reviews conducted at the time of CSHCS application and renewal. Form MSA-0738, Income Review/Payment Agreement, is required at application/renewal for all families/individuals who are not eligible for Medicaid, wards of the county or state, living in a foster home or private placement agency, in a court-appointed guardianship, or deceased (retroactive coverage), and requires families/individuals to self-declare income. During the federally declared Public Health Emergency (PHE) only, CSHCS will accept self-declared income and will not conduct periodic and random income reviews.</p> <p><b>Purpose:</b> To reduce barriers to CSHCS coverage and renewal, families/individuals will not be required to verify self declared income during the federally declared PHE.</p> <p><b>Cost Implications:</b> Budget Neutral</p> <p><b>Potential Hearings &amp; Appeal Issues:</b> None.</p>
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<b>State Plan Amendment Required:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>If yes, date submitted:</b> Requested by Practioner	<b>Public Notice Required:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Submitted date:</b>
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**Tribal Notification:** Yes  No  - **Date:** \_\_\_\_\_

**THIS SECTION COMPLETED BY RECEIVER**

<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>No Comments</b>
<input type="checkbox"/> <b>Disapproved</b>	<input type="checkbox"/> <b>See Comments Below</b>
	<input type="checkbox"/> <b>See Comments in Text</b>

<b>Signature:</b> _____	<b>Phone Number</b> _____
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**Signature Printed:** \_\_\_\_\_

<b>Bureau/Administration</b> <i>(please print)</i> _____	<b>Date</b> _____
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**Bulletin Number:** MSA 21-12

**Distribution:** All Providers

**Issued:** August 30, 2021

**Subject:** COVID-19 Response: Suspending Periodic Income Reviews for Children's Special Health Care Services (CSHCS) Beneficiaries

**Effective:** Immediately

**Programs Affected:** Children's Special Health Care Services (CSHCS)

This policy temporarily suspends periodic and random income reviews conducted by CSHCS at the time of application and renewal. Form MSA-0738, Income Review/Payment Agreement, is required at application/renewal for all families/individuals who are not eligible for Medicaid, are wards of the county or state, are living in a foster home or private placement agency, are in a court-appointed guardianship, or are deceased (retroactive coverage), and requires families/individuals to self-declare income. During the federally declared Public Health Emergency (PHE) only, CSHCS will accept self-declared income and will not conduct periodic and random income reviews. All other requirements of CSHCS financial determinations remain unchanged.

### **Public Comment**

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Jennifer Baumann, Policy Specialist, via e-mail at [BaumannJ@michigan.gov](mailto:BaumannJ@michigan.gov).

Please include "Covid-19 Response: Suspending Periodic Income Reviews for CSHCS" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

### **Manual Maintenance**

Information is time-limited and will not be incorporated into any policy or procedure manuals.

## 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](mailto:ProviderSupport@michigan.gov). When you submit questions, 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.

## Approved

A handwritten signature in black ink, appearing to read 'K. Massey', followed by a horizontal line extending to the right.

Kate Massey, Director  
Medical Services Administration