

**Bulletin Number:** MMP 24-10

**Distribution:** All Providers

**Issued:** April 5, 2024

**Subject:** Children's Special Health Care Services (CSHCS) Eligibility Expansion up to Age 26

**Effective:** As Indicated

**Programs Affected:** CSHCS

The purpose of this policy is to expand Children's Special Health Care Services (CSHCS) eligibility up to age 26 for those otherwise medically eligible, for whom eligibility would have previously ended at age 21.

CSHCS covers over 2,700 medical diagnoses that are chronic and severe in nature, requiring care by a medical or surgical subspecialist. Diagnosis alone does not guarantee medical eligibility for CSHCS. Effective October 1, 2023, 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 26; or
  - Age 26 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.

CSHCS beneficiaries medically eligible for enrollment up to age 26 will have access to all CSHCS services and supports needed for their eligible diagnosis(es). CSHCS covers services that are medically necessary, related to the beneficiary's qualifying diagnosis(es), and ordered by the beneficiary's CSHCS authorized specialist(s) or subspecialist(s). Those services can include general/enhanced dental supports, respite, case management/care coordination, insurance premium payment, and speech/physical/occupational therapies. Eligibility for services is based on an individual's qualifying diagnosis(es) and needs. Not all CSHCS beneficiaries will be eligible for all services.

CSHCS can offer retroactive coverage up to six months from time of enrollment. For those over the age of 21 and meeting retroactive eligibility criteria prior to the time of enrollment, CSHCS can issue retroactive coverage back to, but not earlier than October 1, 2023. 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](mailto: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 800-292-2550. Atypical Providers may phone toll-free 800-979-4662.

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## Approved



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