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State/Territory Name: MI

State Plan Amendment (SPA) #: 09-019

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages



CENTERS for MEDICARE & MEDICAID SERVICES

JAN 08 2010

**Stephon Fitton, Director
Medical Services Administration
Federal Liaison Unit
Michigan Department of Community Health
400 South Pine
Lansing, Michigan 48933**

ATTN: Nancy Bishop

Dear Mr. Fitton:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #09-019 - 6 Month Home Maintenance Disregard
-- Effective October 1, 2009

If you have any questions, please contact Leslie Campbell by telephone at (312) 353-1557 or by e-mail at Leslie.Campbell@cms.hhs.gov .

Sincerely,

Verlon Johnson
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

09 - 19

2. STATE:

Michigan

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2009

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435.832(d)
42 CFR 435.725(d), *etc.*

7. FEDERAL BUDGET IMPACT:

a. FFY 10 \$ -0-
b. FFY 11 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, page 5

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 2.6-A, page 5

10. SUBJECT OF AMENDMENT:

6 month home maintenance disregard

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Paul Reinhart, Director
Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Stephen Fitton

14. TITLE:

Acting Director, Medical Services Administration

15. DATE SUBMITTED:

November 6, 2009

16. RETURN TO:

Medical Services Administration
Program/Eligibility Policy Division - Federal Liaison Unit
Capitol Commons Center - 7th Floor
400 South Pine
Lansing, Michigan 48933

Attn: Nancy Bishop

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

November 6, 2009

18 DATE APPROVED:

January 8, 2010

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2009

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPE NAME:

Verlon Johnson

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Eligibility Conditions and Requirements

Citation

Condition or Requirement

B. Post-Eligibility Treatment of Institutionalized Individuals (continued)

3. For children, each family member:

AFDC level \$ _____
Medically needy level \$ see Supplement 1
Other as follows \$ _____

4. Amounts for incurred medical expenses not subject to payment by a third party:

a. Health insurance premiums, deductibles and co-insurance charges;

b. Necessary medical or remedial care not covered under the Medicaid plan (Reasonable limits on amounts are described in Supplement 3 to Attachment 2.6-A).

5. An amount for maintenance of a single individual's home (includes apartments) for not longer than 6 months, if a physician has certified he or she is likely to return home within that period.

☒ Yes. Amount for maintenance of home \$: an accurately calculated Shelter allowance up to a maximum of \$2,610.00 per month.

☐ No

1902(1) of the Act

6. SSI benefits paid under section 1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital or NF.

TN NO.: 09-19

Approval Date: JAN 08 2010 Effective Date: 10/01/2009

Supersedes
TN No.: 92-03