
Table of Contents

State/Territory Name: Michigan

State Plan Amendment (SPA) #: 14-0009

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

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



April 2, 2015

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

ATTN: Erin Black

Dear Mr. Fitton:

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

- Transmittal #: 14-009- Freedom to work
- Effective: April 1, 2014

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

Sincerely,

/s/

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

Enclosures

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

1. TRANSMITTAL NUMBER:

14 - 009

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

April 1, 2014

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:

1902(a)(10)(A)(ii)(XV) and (XVI)

7. FEDERAL BUDGET IMPACT:

a. FFY 2014 \$ 0

b. FFY 2015 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Pages 12d and 12o

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 2.6-A, Pages 12d and 12o

10. SUBJECT OF AMENDMENT:

This SPA brings the State Plan into compliance with changes implemented by State law.

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:

Stephen Fitton, Director

Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Stephen Fitton

14. TITLE:

Director, Medical Services Administration

15. DATE SUBMITTED:

June 30, 2014

16. RETURN TO:

Medical Services Administration

Actuarial Division

Capitol Commons Center - 7th Floor

400 South Pine Street

Lansing, Michigan 48933

Attn: Loni Hackney

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: June 30 2014

18. DATE APPROVED: April 2, 2015

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2014

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPE NAME: Verlon Johnson

22. TITLE: 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

1902(a)(1O)(A)
(ii)(XV) of the Act

(ii) Working Individuals with Disabilities - Basic Coverage Group
TWWIIA

In determining financial eligibility for working individuals with disabilities under this provision, the following standards and methodologies are applied:

☐ The agency does not apply any income or resource standard.

☒ The agency applies the following income and/or resource standard(s):

Income Limit:

Individual's total countable income cannot exceed 250% of current federal poverty level guidelines.

Resource Limit:

Individual's total countable assets cannot exceed the resource limit described in 1905(p)(1)(C).

TN NO.: 14-009

Approval Date: April 2, 2015

Effective Date: 04-01-2014

Supersedes

TN No.: 04-03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

Eligibility Conditions and Requirements

Citation

Sections 1902(a)(10)(A)
(ii)(XV), (XVI), and 1916(g)
of the Act (cent)

Condition or Requirement

Premiums and Other Cost-Sharing Charges

For the Basic Coverage Group and the Medical Improvement Group, the agency's premium or other cost-sharing charges, and how they are applied, are described below.

No premium will be assessed for individuals with income less than 138% of the FPL.

A premium of up to 7.5% per month of income for individuals with income between 138% of the FPL and the statutory limit described in 1916(g)(2) and subject to the mandatory increases in section 215(i)(2)(A)(ii).

Individuals with annual income exceeding the statutory limits described in 1916(g)(2) and subject to the mandatory increases in section 215(i)(2)(A)(ii) will pay a premium of 100% of the average Freedom to Work Program participant cost for an enrolled individual as determined by the Department of Community Health.

TN NO.: 14-009

Approval Date: April 2, 2015 ____ Effective Date: 04-01-2014

Supersedes

TN No.: 04-03