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State/Territory Name: MI

State Plan Amendment (SPA) #: 15-0100

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

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Michigan

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

MI-15-0100

Proposed Effective Date

01/01/2016

(mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435; 1902(a)(10)(A)(i) and (ii); 1905(u)(2)(B);

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2016	\$0.00
Second Year	2017	\$0.00

Subject of Amendment

This amendment adds the optional eligibility group targeted low income children category due to the transition from MICHild to Medicaid Expansion. This is an eligibility group the state may elect to cover under its Medicaid program.

Governor's Office Review

- ☐ Governor's office reported no comment
☐ Comments of Governor's office received

Describe:

- ☐ No reply received within 45 days of submittal

- ☒ Other, as specified

Describe:

Chris Priest, Director
Medical Services Administration

Signature of State Agency Official

Submitted By: Erin Black
Last Revision Date: Feb 29, 2016
Submit Date: Dec 16, 2015

Date Received: December 16, 2015	Date Approved: March 3, 2016
Plan Approved – One Copy Attached	
Effective Date of Approved Material: January 1, 2016	Signature of Regional Official: /s/
Typed Name: Ruth A. Hughes	Title: Associate Regional Administrator
Remarks:	

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Chicago Regional Office
233 N. Michigan
Suite 600
Chicago, Illinois 60601



March 3, 2016

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

ATTN: Erin Black

Dear Mr. Priest:

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

- Transmittal #: 15-0100 – MICHild Transition
- Effective: January 1, 2016

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

Sincerely,

/s/
Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures



Medicaid Eligibility

State Name: Michigan

OMB Control Number: 0938-1148

Transmittal Number: MI - 15 - 0100

Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Optional Targeted Low Income Children

S54

1902(a)(10)(A)(ii)(XIV)
42 CFR 435.229 and 435.4
1905(u)(2)(B)

Optional Targeted Low Income Children - The state elects to cover uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.229.

☒ Yes ☐ No

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

- ☒ Individuals qualifying under this eligibility group must not be eligible for Medicaid under any mandatory eligibility group.
- ☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered this eligibility group in the state plan as of December 31, 2013, or under a Medicaid 1115 demonstration as of March 23, 2010 or December 31, 2013.

☐ Yes ☒ No

☒ Individuals are covered under this eligibility group, as follows:

☒ All children under age 18 or 19 are covered:

☒ Under age 19

☐ Under age 18

☐ Reasonable classifications of children are covered.

☒ The income standard used for this eligibility group is higher than the lowest income standard chosen for children in the age group selected above, under the mandatory Infants and Children under Age 19 eligibility group.

The income standard used is:

☐ 200% FPL.

☒ A percentage of the FPL which may exceed the Medicaid Applicable Income Level, defined in section 2110(b)(4) of the Act, but by no more than 50 percentage points:

% FPL

☒ There is no resource test for this eligibility group.

☒ Presumptive Eligibility

Presumptive eligibility for this group depends upon the selection of presumptive eligibility for the Infants and Children

☒ under Age 19 eligibility group. If presumptive eligibility is done for that group, it is done for this group under the same provisions.



Medicaid Eligibility

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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