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State/Territory Name: Michigan

State Plan Amendment (SPA) #: 17-0100

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

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



March 19, 2018

Kathy Stiffler
Acting Medicaid Director
Medical Services Administration
Michigan Department of Health and Human Services
400 South Pine Street, P.O. Box 30479
Lansing, Michigan 48909-7979

ATTN: Erin Black

Dear Ms. Stiffler:

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

- Transmittal #: 17-0100: Eligibility Redeterminations
- Effective: November 1, 2017
- Approval Date: March 13, 2018

If you have any questions, please contact Keri Toback at (312) 353-1754 or keri.toback@cms.hhs.gov.

Sincerely,

/s/

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

Enclosures

Approval Notice

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Date: 03/13/2018

Head of Agency: Nick Lyon

Title/Dept : Director, Department of Health and Human Services

Address 1: 400 S Pine

Address 2:

City : Lansing

State: MI

Zip: 48909

MACPro Package ID: MI2017MS0001O

SPA ID: MI-17-0100

Subject

Approval of MI17-0100 Eligibility Redeterminations

Dear Nick Lyon

This is an informal communication that will be followed with an official communication to the State's Medicaid Director.

The Centers for Medicare and Medicaid Services (CMS) is pleased to inform you that we are recommending approval for your request for updating language to reflect federal guidance.

Reviewable Unit	Effective Date
MAGI-Based Methodologies	11/1/2017

This SPA updated language to reflect federal guidance related to the Medicaid eligibility redetermination process. This update does not impact the current eligibility redetermination process.

Sincerely,

Ruth Hughes

ARA

Approval Documentation

Name	Date Created	Type
No items available		

Package Information

Package ID MI2017MS0001O
Program Name N/A
SPA ID MI-17-0100
Version Number 3
Submitted By Erin Black
Package Disposition



Submission Type Official
State MI
Region Chicago, IL
Package Status Approved
Submission Date 12/18/2017
Approval Date 3/13/2018 6:18 PM EDT

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MI2017MS0001O | MI-17-0100

Not Started

In Progress

Complete

Package Header

Package ID MI2017MS0001O
Submission Type Official
Approval Date 3/13/2018
Superseded SPA ID N/A

SPA ID MI-17-0100
Initial Submission Date 12/18/2017
Effective Date N/A

State Information

State/Territory Name: Michigan**Medicaid Agency Name:** Michigan Department of Health and Human Services

Submission Component

☒ State Plan Amendment☒ Medicaid☐ CHIP

Submission Type

☒ Official Submission Package☐ Draft Submission Package**Allow this official package to be viewable by other states?**☐ Yes☒ No

Key Contacts

Name	Title	Phone Number	Email Address
Black, Erin	Federal Liaison, Medical Services Administration	(517)284-1192	blacke@michigan.gov

SPA ID and Effective Date

SPA ID MI-17-0100

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
MAGI-Based Methodologies	11/1/2017	13-0110

Executive Summary

Summary Description Including Goals and Objectives Updates language to reflect federal guidance related to the Medicaid eligibility redetermination process. This update does not impact the current eligibility redetermination process.

Dependency Description

Description of any dependencies between this submission package and any other submission package undergoing review

Disaster-Related Submission

This submission is related to a disaster☐ Yes☒ No

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2018	\$0
Second	2019	\$0

Federal Statute / Regulation Citation

1902(e)(14) 42 CFR 435.603

Governor's Office Review

- ☐ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☒ Other

Describe Kathleen Stiffler, Acting Director
Medical Services Administration

Authorized Submitter

The following information will be provided by the system once the package is submitted to CMS.

Name of Authorized Submitter Erin Black

Phone number 5172841192

Email address blacke@michigan.gov

Authorized Submitter's Signature Erin Black

☐ I hereby certify that I am authorized to submit this package on behalf of the Medicaid Agency.

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | MI2017MS0001O | MI-17-0100

Not Started

In Progress

Complete

Package Header

Package ID MI2017MS0001O

SPA ID MI-17-0100

Submission Type Official

Initial Submission Date 12/18/2017

Approval Date 3/13/2018

Effective Date N/A

Superseded SPA ID N/A

Indicate whether public comment was solicited with respect to this submission.

- ☒ Public notice was not federally required and comment was not solicited
- ☐ Public notice was not federally required, but comment was solicited
- ☐ Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | MI2017MS0001O | MI-17-0100

Not Started

In Progress

Complete

Package Header

Package ID MI2017MS0001O

SPA ID MI-17-0100

Submission Type Official

Initial Submission Date 12/18/2017

Approval Date 3/13/2018

Effective Date N/A

Superseded SPA ID N/A

One or more Indian health programs or Urban Indian Organizations
furnish health care services in this state

This state plan amendment is likely to have a direct effect on Indians,
Indian health programs or Urban Indian Organizations

☒ Yes
☐ No

☐ Yes
☒ No

Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations

The SPA is simply updating the State Plan per federal regulation and consistent with our existing redetermination process.

- ☒ Even though not required, the state has solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA
- ☐ The state has not solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

- ☐ All Indian Health Programs
- ☐ All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- ☐ All Indian Tribes

Date of consultation:	Method of consultation:
9/29/2017	Michigan's Tribal Notification letter dated September 29, 2017

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	Type
L 17-41	12/7/2017 4:47 PM EST	

Indicate the key issues raised (optional)

- ☐ Access
- ☐ Quality
- ☐ Cost
- ☐ Payment methodology
- ☐ Eligibility
- ☐ Benefits
- ☐ Service delivery
- ☐ Other issue

Medicaid State Plan Eligibility

MAGI Based Methodologies

MEDICAID | Medicaid State Plan | Eligibility | MI2017MS0001O | MI-17-0100

Not Started

In Progress

Complete

TN No: MI 17-0100
Michigan

Approval Date: 3/13/2018
Effective Date: 11/1/2017

Package Header

Package ID MI2017MS0001O
Submission Type Official
Approval Date 3/13/2018
Superseded SPA ID 13-0110
System-Derived

SPA ID MI-17-0100
Initial Submission Date 12/18/2017
Effective Date 11/1/2017

The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

A. Household Composition

- In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.
- In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:
☐ a. The pregnant woman is counted just as herself.
☐ b. The pregnant woman is counted as herself, plus one.
☒ c. The pregnant woman is counted as herself, plus the number of children she is expected to deliver.
- In establishing household composition under the rules for non-filers set forth at 42 CFR 435.603(f)(3), the state elects the following age for children:
☐ a. Age 19
☒ b. Age 19, or in the case of full-time students, age 21

B. Household Income

Financial eligibility is determined consistent with the following provisions:

- When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.
- When determining eligibility for current beneficiaries, financial eligibility is based on:
☒ a. Current monthly household income and family size
☐ b. Projected annual household income and family size for the remaining months of the current calendar year.
- In determining current monthly or projected annual household income, the state considers reasonably predictable changes in income:
☒ Yes ☐ No

- ☐ a. Include a prorated portion of a reasonably predictable increase in future income and/or family size.

The methodology used by the state to account for and verify such change is:

Increases:

For new applicants and current beneficiaries, individuals who are seasonal workers who know that they will only work for some portion of the year can fill out the projected annual income field on Michigan's application. Michigan considers reasonably predictable future income increases within the upcoming 12 months. The Department takes the seasonal income reported for the next 12 months (inclusive of the month of application) and averages it to arrive at a monthly amount. This income amount is added to any other (non-fluctuating) monthly income that is reported. Michigan verifies attestations of income on an application or renewal in accordance with the state's verification plan.

- ☐ b. Account for a reasonably predictable decrease in future income and/or family size.

The methodology used by the state to account for and verify such change is:

Decreases:

For new applicants and current beneficiaries, individuals who are seasonal workers who know that they will only work for some portion of the year can fill out the projected annual income field on Michigan's application. Michigan considers reasonably predictable future income decreases within the upcoming 12 months. The Department takes the seasonal income reported for the next 12 months (inclusive of the month of application) and averages it to arrive at a monthly amount. This income amount is added to any other (non-fluctuating) monthly income that is reported. Michigan verifies attestations of income on an application or renewal in accordance with the state's verification plan.

- MAGI-based income is calculated using the financial methodologies defined in section 36B(d)(2)(B) of the Internal Revenue Code, except as described at 42 CFR 435.603(e), and without regard to whether an individual expects to file taxes.
- Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.
- In determining the eligibility of an individual using MAGI-based income, the state must subtract an amount equivalent to 5 percentage points of the federal poverty level for the applicable family size only to determine the eligibility of an individual for medical assistance under the eligibility group with the highest income standard using MAGI-based methodologies in the applicable Title of the Act, but not to determine eligibility for a particular eligibility group.
- Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

☐ Yes ☒ No

C. Resource Test

There is no resource test applied to eligibility groups that use MAGI-based methodologies.

D. Additional Information (optional)

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 0938-1188. 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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