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State/Territory Name: MI

State Plan Amendment (SPA) #: 18-0012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

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



December 26, 2018

Kathy Stiffler, Acting State 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 #: 18-0012: Guardianship Fee
- Effective Date: November 1, 2018
- Approval Date: December 20, 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

cc: Erin Black, MDHHS

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

1. TRANSMITTAL NUMBER: 18 - 0012	2. STATE: Michigan
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE November 1, 2018	

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

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 435.733, 435.832

7. FEDERAL BUDGET IMPACT:
a. FFY 2018 (\$838,688)
b. FFY 2019 (\$907,266)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 2.6-A, Page 4

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):
Attachment 2.6-A, Page 4

10. SUBJECT OF AMENDMENT:

Updates the guardianship fee deduction per State appropriation boilerplate.

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:
Kathleen Stiffler, Acting Director
Medical Services Administration

12. REGIONAL AGENCY OFFICIAL:

13. TYPED NAME:
Kathleen Stiffler

14. TITLE:
Acting Director, Medical Services Administration

15. DATE SUBMITTED:
November 13, 2018

16. RETURN TO:

Medical Services Administration
Actuarial Division - Federal Liaison
Capitol Commons Center - 7th Floor
400 South Pine
Lansing, Michigan 48933

Attn: Erin Black

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

November 13, 2018

18. DATE APPROVED:

December 20, 2018

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

November 1, 2018

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPE NAME:

Ruth A. Hughes

22. TITLE:

Associate Regional Administrator

23. REMARKS:

Revision: HCFA-PM-91-4 (BPD)
August 1991

Citation	Condition or Requirement
435.725	B. <u>Post-Eligibility Treatment of Institutionalized Individuals</u>
435.733	The following amounts are deducted from gross income when computing the application of an individual's or couple's income to the cost of institutional care:
435.832	
	1. Personal Needs Allowance
	a. Aged, blind, disabled— Individuals <u>\$ 30 plus *</u> Couples <u>\$ 60 plus *</u>
	For the following individuals with greater need—
	b. AFDC related— Children <u>\$ 30 plus *</u> Adults <u>\$ 30 plus *</u>
	c. Individuals under age 21 covered in this plan as specified in Item B.7. of Attachment 2.2-A \$ _____
435.725	2. For maintenance of the non-institutionalized spouse only. The amount must be based on a reasonable assessment of need but must not exceed the highest of—
435.733	
435.832	
	SSI level \$ _____
	SSP level \$ _____
	Medically need level \$ <u>**</u> _____
	Other as follow \$ _____

*Any income over \$30 (\$60 for couples) for guardianship fees paid for court-appointed guardians up to a maximum amount of \$83 per month for actual guardianship fees.

**Applicable protected income level for one person (see Supplement 1).

TN NO.: 18-0012

Approval Date: 12/20/18

Effective Date: 11-01-2018

Supersedes

TN No.: 17-0010