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## **Table of Contents**

**State/Territory Name: Michigan**

**State Plan Amendment (SPA) #: 18-0500**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
233 N. Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519



## **Regional Operations Group**

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February 22, 2019

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 #: 18-0500: Copayment Changes
- Effective: October 1, 2018
- Approval Date: February 20, 2019

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

Sincerely,

/s/

Ruth A. Hughes  
Deputy Director  
Division of Medicaid Field Operations North

Enclosure

Cc: Erin Black

# Medicaid Premiums and Cost Sharing

## Medicaid Premiums and Cost Sharing: General Information, Public Notice and Comment

State/Territory name: **Michigan**  
Transmittal Number: **MI-18-0500**

### General Information:

#### Submission Title:

*short (under 100 characters) label used to identify this submission in the web application*

MI Cost Sharing - Copay Adjustments (18-0500)

#### PDFs superseded by this SPA

(Include Transmittal Number):

MI-16-0500

#### Description:

This State Plan Amendment (SPA) is being submitted to exempt certain groups from Medicaid Copayment responsibilities and address general cost sharing provisions.

### Public Notice and Comment:

- ☒ Public notice has been conducted prior to the SPA submission pursuant to 42 CFR 447.57(c).

Indicate how the public notice was issued and public comment was solicited:

- ☒ Newspaper Announcement (in newspapers with wide circulation)

Newspaper

- ☐ Formal notice and comment in accordance with the state's administrative procedures

Date of Publication:

(mm/dd/yyyy)

- ☐ Agency Website Notice  
☐ Public Hearing or Meeting  
☐ Media specifically designed to reach racial, ethnic and linguistic minorities  
☐ Other method

Upload copies of public notices, documents, or other information providing evidence of the methods selected above.

Document	
Uploaded Document Name:	Date Uploaded:
Original Public Notice_Medicaid Cost Sharing Exceptions 2014.pdf	
Uploaded Document Name:	Date Uploaded:
Cost Sharing Public Notice - September 2015.pdf	
Uploaded Document Name:	Date Uploaded:
C5-Clip GR.pdf	
Uploaded Document Name:	Date Uploaded:
D4-Clip Kalamazoo.pdf	
Uploaded Document Name:	Date Uploaded:
P7-Clip Flint.pdf	
TN: 18-0500 Michigan	
Approval Date: February 20, 2019 Effective Date: October 1, 2018	

<b>Document</b>
<b>Uploaded Document Name:</b> <div>P7-Clip Saginaw.pdf</div>
<b>Date Uploaded:</b> <div></div>

Provide a written summary of public comments received and how the state incorporated them into the design of its premium or cost sharing proposal.

## Medicaid Premiums and Cost Sharing: File Management Summary

State/Territory name: **Michigan**  
Transmittal Number: **MI-18-0500**

Type of SPA	Form Code	Form Name/Description	Uploaded?	
Cost Sharing	G1	Cost Sharing Requirements	yes	
Cost Sharing	G2a	Cost Sharing Amounts - Categorically Needy Individuals	yes	
Cost Sharing	G2b	Cost Sharing Amounts - Medically Needy Individuals	yes	
Cost Sharing	G2c	Cost Sharing Amounts - Targeting	yes	
Cost Sharing	G3	Cost Sharing Limitations	yes	

## Medicaid Premiums and Cost Sharing: File Management Detail

### Form G1: Cost Sharing Requirements

Form Description: 

G1, Cost Sharing Requirements

Uploaded Form: 

G1 Cost Sharing Requirements 2016 08 10 UPDATED .pdf

**Date Uploaded:**

#### Support Documents

**Document**

### Form G2a: Cost Sharing Amounts - Categorically Needy Individuals

Form Description: 

G2a, Cost Sharing Amounts - Categorically Needy

Uploaded Form: 

G2a Template 2-1-19.pdf

**Date Uploaded:**

#### Support Documents

**Document**

TN: 18-0500  
Michigan

Approval Date: February 20, 2019  
Effective Date: October 1, 2018

## Form G2b: Cost Sharing Amounts - Medically Needy Individuals

Form Description:

G2b - Cost Sharing Amounts Medically Needy Individuals

Uploaded Form:

Date Uploaded:

G2b Cost Sharing Amounts - Medically Needy DRAFT 3 23 16.pdf

Support Documents

Document

## Form G2c: Cost Sharing Amounts - Targeting

Form Description:

G2c - Cost Sharing Amounts - Targeting

Uploaded Form:

Date Uploaded:

G2c Template 2-1-19.pdf

Support Documents

Document

## Form G3: Cost Sharing Limitations

Form Description:

G3, Cost Sharing Limitations

Uploaded Form:

Date Uploaded:

G3 Cost Sharing Limitation 2016 07 27 DRAFT.pdf

Support Documents

Document

Please provide a short description of this support document:

Current state plan Section 4 Page 56a that is being superseded. Contents are deleted and replaced with "reserved" as directed. All of the pages are uploaded in G3 due to overlap.

Uploaded Document Name:

Date Uploaded:

Section 4 page 56a.docx

Please provide a short description of this support document:

Current state plan Section 4 Page 56c that is being superseded. Contents are deleted and replaced with "reserved" as directed. All of the pages are uploaded in G3 due to overlap.

Uploaded Document Name:

Date Uploaded:

Section 4 page 56c.docx

Document
<p>Please provide a short description of this support document:</p> <p>Current state plan Section 4 Page 56d that is being superseded. Contents are deleted and replaced with "reserved" as directed. All of the pages are uploaded in G3 due to overlap.</p>
<p><b>Uploaded Document Name:</b></p> <p>Section 4 page 56d.docx</p> <p><b>Date Uploaded:</b></p>
<p>Please provide a short description of this support document:</p> <p>Current state plan Section 4 Page 56e that is being superseded. Contents are deleted and replaced with "reserved" as directed. All of the pages are uploaded in G3 due to overlap.</p>
<p><b>Uploaded Document Name:</b></p> <p>Section 4 page 56e.docx</p> <p><b>Date Uploaded:</b></p>
<p>Please provide a short description of this support document:</p> <p>Current state plan Section 4 Page 56f that is being superseded. Contents are deleted and replaced with "reserved" as directed. All of the pages are uploaded in G3 due to overlap.</p>
<p><b>Uploaded Document Name:</b></p> <p>Section 4 page 56f.docx</p> <p><b>Date Uploaded:</b></p>
<p>Please provide a short description of this support document:</p> <p>Current state plan Section 4.18-A Page 1 that is being superseded. Page is deleted as directed. All of the pages are uploaded in G3 due to overlap.</p>
<p><b>Uploaded Document Name:</b></p> <p>Attachment 4.18-A-page 1-formatted.docx</p> <p><b>Date Uploaded:</b></p>
<p>Please provide a short description of this support document:</p> <p>Current state plan Section 4.18-A Page 2 that is being superseded. Page is deleted as directed. All of the pages are uploaded in G3 due to overlap.</p>
<p><b>Uploaded Document Name:</b></p> <p>Attachment 4.18-A-page 2-formatted.docx</p> <p><b>Date Uploaded:</b></p>
<p>Please provide a short description of this support document:</p> <p>Current state plan Section 4.18-A Page 3 that is being superseded. Page is deleted as directed. All of the pages are uploaded in G3 due to overlap.</p>
<p><b>Uploaded Document Name:</b></p> <p>Attachment 4.18-A-page 3-formatted.docx</p> <p><b>Date Uploaded:</b></p>
<p>Please provide a short description of this support document:</p> <p>Current state plan Section 4.18-C Page 1 that is being superseded. Page is deleted as directed. All of the pages are uploaded in G3 due to overlap.</p>
<p><b>Uploaded Document Name:</b></p> <p>Attachment 4.18-C-page1-formatted.docx</p> <p><b>Date Uploaded:</b></p>
<p>Please provide a short description of this support document:</p> <p>Current state plan Section 4.18-C Page 2 that is being superseded. Page is deleted as directed. All of the pages are uploaded in G3 due to overlap.</p>
<p><b>Uploaded Document Name:</b></p> <p>Attachment 4.18-C-page 2-formatted.docx</p> <p><b>Date Uploaded:</b></p>

Document	
Please provide a short description of this support document:	
Current state plan Section 4.18-C Page 3 that is being superseded. Page is deleted as directed. All of the pages are uploaded in G3 due to overlap.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
Attachment 4.18-C-Page 3-formatted.docx	
Please provide a short description of this support document:	
Current state plan Section 4 Page 54 that is being superseded. Contents are deleted and replaced with "reserved" as directed. All of the pages are uploaded in G3 due to overlap.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
Section 4 page 54.docx	
Please provide a short description of this support document:	
Current state plan Section 4 Page 55 that is being superseded. Contents are deleted and replaced with "reserved" as directed. All of the pages are uploaded in G3 due to overlap.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
Section 4 page 55.docx	
Please provide a short description of this support document:	
Current state plan Section 4 Page 56 that is being superseded. Contents are deleted and replaced with "reserved" as directed. All of the pages are uploaded in G3 due to overlap.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
Section 4 page 56.docx	

## Medicaid Premiums and Cost Sharing: Tribal Input

State/Territory name: **Michigan**  
 Transmittal Number: **MI-18-0500**

- ☒ **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.**
- ☒ **The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.**
- Complete the following information regarding any tribal consultation conducted with respect to this submission: Tribal consultation was conducted in the following manner. States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:***
- ☐ **Indian Tribes**
- ☐ **Indian Health Programs**
- ☐ **Urban Indian Organization**

**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.**

Document	
TN: 18-0500 Michigan	Approval Date: February 20, 2019 Effective Date: October 1, 2018

<b>Document</b>	
Please provide a short description of this support document: Michigan's original Tribal Notification letter dated October 22, 2013.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
L-13-56 Tribal Notification Letter for Cost Sharing.pdf	
Please provide a short description of this support document: Michigan amended Tribal Notificaiton letter dated June 24, 2014.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
L 14-24 Updated Tribal Notification Letter.pdf	
Please provide a short description of this support document: Michigan amended Tribal Notification letter January 30, 2015.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
L_15-11_480362_7 Updated Tribal Notification Letter.pdf	
Please provide a short description of this support document: Michigan amended Tribal Notification letter September 26, 2018.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
L 18-49.pdf	

Indicate the key issues raised in Indian consultative activities:

☐ Access

**Summarize Comments**

**Summarize Response**

☐ Quality

**Summarize Comments**

**Summarize Response**

☐ Cost

**Summarize Comments**

**Summarize Response**

☐ Payment methodology

**Summarize Comments**

**Summarize Response**



☐

Eligibility

Summarize Comments

Summarize Response

☐

Benefits

Summarize Comments

Summarize Response

☐

Service delivery

Summarize Comments

Summarize Response

☐

Other Issue

## Medicaid Premiums and Cost Sharing: 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-18-0500

Proposed Effective Date

10/01/2018 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 447.56

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2019	\$ 642900.00
Second Year	2020	\$ 634200.00

Subject of Amendment

This State Plan Amendment (SPA) is being submitted to exempt certain groups from Medicaid Copayment responsibilities. The original submission date was 12/30/13. In addition, the SPA addresses general cost sharing

Governor's Office Review

TN: 18-0500  
Michigan

Approval Date: February 20, 2019  
Effective Date: October 1, 2018

- ☐ 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:

Kathleen Stiffler, Acting Director  
Medical Services Administration

**Signature of State Agency Official**

<b>Submitted By:</b>	<b>Erin Black</b>
<b>Last Revision Date:</b>	<b>Feb 19, 2019</b>
<b>Submit Date:</b>	<b>Dec 20, 2018</b>