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State/Territory Name: Michigan

State Plan Amendment (SPA)#: 24-0001

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 22, 2024

Meghan E. Groen
Senior Deputy Director
Behavioral and Physical Health and Aging Services Administration
Michigan Department of Health and Human Services
400 S Pine St 7th Fl
Lansing, MI 48933-2250

Re: Michigan State Plan Amendment (SPA) 24-0001

Dear Director Groen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0500. This SPA eliminates the MiChild Premium Payment.

We conducted our review of your submittal according to the statutory requirements at Sections 1916 and 1916A of the Social Security Act and 42 CFR 447.55. We hereby inform you that Medicaid State plan amendment 24-0001 is approved effective January 1, 2024. We are enclosing the CMS-179 and the amended plan pages.

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

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Erin Black

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
24 — 0001

2. STATE
MI

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

3. PROPOSED EFFECTIVE DATE
January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
Sections 1916 and 1916A of SSA and 42 CFR 447.55

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$0
b. FFY 2025 \$0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.18-F, Pages 1 through 2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.18-F, Pages 1 through 4 (TN# 15-0015)

9. SUBJECT OF AMENDMENT
This SPA eliminates the MIChild premium.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL


11. TYPED NAME
Meghan Groen

12. TITLE
Senior Deputy Director

13. DATE SUBMITTED
January 16, 2024

15. RETURN TO
Behavioral and Physical Health and Aging Services Administration
Office of Strategic Partnerships & Medicaid Administrative Services – Federal Liaison
Capitol Commons Center – 7th Floor
400 South Pine
Lansing, Michigan 48933

Attn: Erin Black

FOR CMS USE ONLY

16. DATE RECEIVED 01/16/2024

17. DATE APPROVED 03/19/2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
01/01/2024

19. SIGNATURE


20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE
Director, Division of Program Operations

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

It should be noted that States can select one or more options in imposing premiums.

A. For groups of individuals with family income at or below 100 percent of the FPL:

1. Premiums

a. X / No premiums will be imposed for individuals with family income at or below 100 percent of the FPL.

 / Other (specify the premium amounts by group and income level).

B. For groups of individuals with family income above 100 percent but below 150 percent of the FPL:

1. Premiums

A X No premiums may be imposed for individuals with family income above 100 percent but below 150 percent of the FPL.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

C. For groups of individuals with family income above 150 percent of the FPL:

1. Premiums

- a. No premiums are imposed.
- b. Premiums are imposed under section 1916A of the Act as follows (specify the premium amount by group and income level.

D. Period of determining aggregate 5 percent cap

Specify the period for which the 5 percent maximum would be applied.

/ Quarterly

/ Monthly

TN No. 24-0001

Approval Date: 03/19/2024

Effective Date: 1/01/2024

Supersedes:

TN No. 15-0015

CMS-101090 (09/06)