Table of Contents

State/Territory Name: Michigan

State Plan Amendment (SPA) #: 26-0100

This file contains the following documents in the order listed:

1) Approval Letter
2) Summary Form (with 179-like data)
3) Approved SPA Page

MI - Submission Package - MI2026MS0001O - (MI-26-0100) - Eligibility

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th Street, Room 355
Kansas City, MO 64106

Center for Medicaid & CHIP Services

November 10, 2026

Meghan E. Groen
Chief Deputy Director
Michigan Department of Health and Human Services
400 S. Pine Street, 7th Floor
Lansing, MI 48933

Re: Approval of State Plan Amendment MI-26-0100

Dear Director Groen,

On August 13, 2026, the Centers for Medicare and Medicaid Services (CMS) received Michigan State Plan Amendment (SPA) MI-26-0100 to update the State Plan in compliance with section 1903(v)(5) of the Social Security Act, added by section 71109 of Public Law (P.L.) 119-21. Beginning October 1, 2026, section 1903(v)(5) generally limits federal financial participation for Medicaid, with limited exceptions, to U.S. citizens and U.S. nationals, lawful permanent residents, Cuban/Haitian entrants, Compact of Free Association migrants, and lawfully residing pregnant women, and children under age 21, as elected by the State under the CHIPRA 214 option.

We approve Michigan State Plan Amendment (SPA) MI-26-0100 with an effective date of October 01, 2026.

If you have any questions regarding this amendment, please contact Christine Davidson at 312-886-3642 or christine.davidson@cms.hhs.gov.

Sincerely,

Megan K. Buck

Director, Division of Program Operations

Center for Medicaid & CHIP Services

MI - Submission Package - MI2026MS0001O - (MI-26-0100) - Eligibility

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MI2026MS0001O | MI-26-0100

CMS-10434 OMB 0938-1188

Package Header

Package ID MI2026MS0001O
SPA ID MI-26-0100
Submission Type Official
Initial Submission Date 8/13/2026
Approval Date 11/10/2026
Effective Date N/A
Superseded SPA ID N/A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 - Summary

MEDICAID | Medicaid State Plan | Eligibility | MI2026MS0001O | MI-26-0100

Package Header

Package ID MI2026MS0001O
SPA ID MI-26-0100
Submission Type Official
Initial Submission Date 8/13/2026
Approval Date 11/10/2026
Effective Date N/A
Superseded SPA ID N/A

SPA ID and Effective Date

SPA ID MI-26-0100

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Citizenship and Noncitizen Eligibility	10/1/2026	MI-24-0110

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MI2026MS0001O | MI-26-0100

Package Header

Package ID MI2026MS0001O

SPA ID MI-26-0100

Submission Type Official

Initial Submission Date 8/13/2026

Approval Date 11/10/2026

Effective Date N/A

Superseded SPA ID N/A

Executive Summary

Summary Description Including Goals and Objectives The purpose of this SPA is to enact changes made by Section 71109 of the H.R.1 legislation by CMS. This section makes changes to the immigration statuses eligible to receive full coverage Medicaid. The only statuses that will be eligible to receive full coverage Medicaid are Legal permanent residents, Cuban and Haitian entrants, and Compacts of Free Association (COFA) migrants, and lawfully residing children and pregnant women who the state has elected to cover. All other immigration statuses will be restricted to the emergency services only benefit plan.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2027	$-16400000
Second	2028	$-16400000

Federal Statute / Regulation Citation

Section 1903(v)(5) of the Social Security Act (the Act), added by Public Law (P.L.) 119-21

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MI2026MS0001O | MI-26-0100

Package Header

Package ID MI2026MS0001O

SPA ID MI-26-0100

Submission Type Official

Initial Submission Date 8/13/2026

Approval Date 11/10/2026

Effective Date N/A

Superseded SPA ID N/A

Governor's Office Review

- ○ No comment
- ○ Comments received
- ○ No response within 45 days
- ◉ Other

Describe Meghan E. Groen
Chief Deputy Director
Health Services

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 11/16/2026 1:49 PM EST

MI - Submission Package - MI2026MS0001O - (MI-26-0100) - Eligibility

Medicaid State Plan Eligibility

Non-Financial Eligibility

Citizenship and Noncitizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MI2026MS0001O | MI-26-0100

CMS-10434 OMB 0938-1188

Package Header

Package ID	MI2026MS0001O	**SPA ID**	MI-26-0100
Submission Type	Official	**Initial Submission Date**	8/13/2026
Approval Date	11/10/2026	**Effective Date**	10/1/2026
Superseded SPA ID	MI-24-0110		
	System-Derived		

☑ The state provides Medicaid to citizens and nationals of the United States and certain noncitizens who meet all other Medicaid eligibility requirements under the state plan, including for coverage for individuals for whom federal financial participation (FFP) is available consistent with section 1903(v)(5) of the Social Security Act (the Act) ("FFP-eligible noncitizens"), and during a reasonable opportunity period pending verification of their citizenship, U.S. national, or satisfactory immigration status.

A. Citizens, Nationals and FFP-Eligible Noncitizens

☑ The state provides Medicaid eligibility to individuals who meet all eligibility requirements in the State, including who are residents of 1 of the 50 states, the District of Columbia, or a territory of the United States and:

1. Who are U.S. citizens or nationals of the United States; or

2. Who are FFP-eligible noncitizens in an immigration status or category listed in section 1903(v)(5) of the Act and are not restricted by section 403 of PRWORA (8 U.S.C. § 1613):

i. Lawful Permanent Residents (LPRs)--Section 1903(v)(5)(B)(ii) of the Act

ii. Cuban/Haitian entrants—Section 1903(v)(5)(B)(iii) of the Act

iii. Compact of Free Association (COFA) migrants—Section 1903(v)(5)(B)(iv) of the Act

and

3. Who have declared themselves to be citizens or nationals of the United States or noncitizens having satisfactory immigration status, during a reasonable opportunity period, pending verification of their U.S. citizenship, U.S. national, or satisfactory immigration status consistent with requirements of sections 1903(x), 1137(d), and 1902(ee) of the Act and regulations at 42 C.F.R. §§ 435.406, 407, 911, and 956.

The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.

a. The agency provides for an extension of the reasonable opportunity period for noncitizens if the noncitizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.

◉ Yes

○ No

☑ b. When a reasonable opportunity period is provided, the agency furnishes benefits to otherwise eligible individuals on the following date:

The date benefits are furnished is:

◉ i. The date of the application containing the declaration of U.S. citizenship, U.S. national, or satisfactory immigration status.

○ ii. The first day of the month of application.

Citizenship and Noncitizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MI2026MS0001O | MI-26-0100

Package Header

Package ID	MI2026MS0001O	**SPA ID**	MI-26-0100
Submission Type	Official	**Initial Submission Date**	8/13/2026
Approval Date	11/10/2026	**Effective Date**	10/1/2026
Superseded SPA ID	MI-24-0110		
	System-Derived		

B. Optional Coverage of All FFP-Eligible Noncitizens

The state provides Medicaid coverage to LPRs, Cuban/Haitian entrants, and COFA migrants whose eligibility is not restricted by section 403 of PRWORA (8 U.S.C. § 1613) and meet all other eligibility requirements in the state plan.

- (•) Yes
- ( ) No

Citizenship and Noncitizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MI2026MS0001O | MI-26-0100

Package Header

Package ID	MI2026MS0001O	**SPA ID**	MI-26-0100
Submission Type	Official	**Initial Submission Date**	8/13/2026
Approval Date	11/10/2026	**Effective Date**	10/1/2026
Superseded SPA ID	MI-24-0110		
	System-Derived		

C. Coverage of Lawfully Residing Individuals

The state elects the option to provide Medicaid coverage to lawfully residing pregnant women and/or children in the United States, as provided in section 1903(v)(4) of the Act who meet all other eligibility requirements in the state plan.

(•) Yes

( ) No

[x] 1. Pregnant women

[x] 2. Individuals under a specified age:

(•) a. Individuals under age 21

( ) b. Individuals under age 20

( ) c. Individuals under age 19

3. An individual is considered to be lawfully residing in the United States if he or she is lawfully present and otherwise meets the eligibility requirements in the state plan.

4. An individual is considered to be lawfully present in the United States if they are:

a. A qualified noncitizen as defined in 8 U.S.C. 1641(b) and (c);

b. A noncitizen in a valid nonimmigrant status, as defined in 8 U.S.C. 1101(a)(15) or otherwise under the immigration laws (as defined in 8 U.S.C. 1101(a)(17));

c. A noncitizen who has been paroled into the United States in accordance with 8 U.S.C.1182(d)(5) for less than 1 year, except for an individual paroled for prosecution, for deferred inspection or pending removal proceedings;

d. A noncitizen who belongs to one of the following classes:

i. Granted temporary resident status in accordance with 8 U.S.C.1160 or 1255a, respectively;

ii. Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. §1254a, and individuals with pending applications for TPS who have been granted employment authorization;

iii. Granted employment authorization under 8 CFR 274a.12(c);

iv. Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;

v. Under Deferred Enforced Departure (DED) in accordance with a decision made by the President;

vi. Granted Deferred Action status;

vii. Granted an administrative stay of removal under 8 CFR 241;

viii.Beneficiary of approved visa petition who has a pending application for adjustment of status;

e. Is an individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C.1231,or under the Convention Against Torture who:

i. Has been granted employment authorization; or

ii. Is under the age of 14 and has had an application pending for at least 180 days;

f. Has been granted withholding of removal under the Convention Against Torture;

g. Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C.1101(a)(27)(J);

h. Is lawfully present in American Samoa under the immigration laws of American Samoa; or

i. Is a victim of severe trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. 106-386, as amended (22 §U.S.C. 7105(b)).

j. Exception: An individual with deferred action under the Department of Homeland Security's deferred action for the childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, shall not be considered to be lawfully present with respect to any of the above categories in paragraphs (a) through (i) of this definition.

[x] k. Other

Description:

Description: Exceptions: Individuals granted an administrative stay of removal under 8 CFR 241, described under C.4.d.vii., above, are not considered to be lawfully present; Individuals granted employment authorization under 8 CFR 274a.12(c)(35) and (c)(36), described under paragraph C.4.d.iii, are not considered to be lawfully present unless they have an immigration status considered lawfully present under paragraph 4.a. through i.

Citizenship and Noncitizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MI2026MS0001O | MI-26-0100

Package Header

Package ID	MI2026MS0001O	**SPA ID**	MI-26-0100
Submission Type	Official	**Initial Submission Date**	8/13/2026
Approval Date	11/10/2026	**Effective Date**	10/1/2026
Superseded SPA ID	MI-24-0110		
	System-Derived		

D. Emergency Coverage

☑ Regardless of whether an individual has a satisfactory immigration status for full Medicaid benefits, the state assures that it provides care and services that are necessary for the treatment of an emergency medical condition as defined in 1903(v)(3) of the Act, not related to the care and services for an organ transplant procedure, (commonly referred to as "emergency Medicaid"), to the following individuals who meet all Medicaid eligibility requirements, except are not required to have verified U.S. citizenship or satisfactory immigration status and/or present an SSN:

1. LPRs subject to the five-year waiting period described in 8 U.S.C. § 1613(a) and who have not met the five-year waiting period;

2. All other noncitizens who are not FFP-eligible noncitizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in accordance with section 1903(v)(4) of the Act.

E. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 11/16/2026 1:46 PM EST