

## **Table of Contents**

**State/Territory Name: MI**

**State Plan Amendment (SPA) #: 13-0140-MM2**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages
- 4) Additional Attachments that are part of the state plan

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



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February 10, 2014

Stephen Fitton, Medicaid Director  
Medical Services Administration  
Michigan Department of Community Health  
400 South Pine Street, P.O. Box 30479  
Lansing, Michigan 48909-7979

RE: Michigan SPA 13-0140-MM2

Dear Mr. Fitton:

Enclosed is an approved copy of Michigan's (MI) state plan amendment (SPA) MI 13-0140-MM2, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 12, 2013. SPA MI 13-0140-MM2 incorporates the MAGI-based eligibility process requirements, including the single streamlined application, into Michigan's Medicaid state plan in accordance with the Affordable Care Act. The effective date of this SPA is October 1, 2013.

The approval of SPA MI 13-0140-MM2 includes approval of the state's alternative single streamlined paper application. The State is also using an interim alternative single streamlined online application and by December 31, 2014 will implement a revised alternative single streamlined online application that addresses CMS concerns outlined in the companion letter issued with this SPA approval.

Enclosed is a copy of the following S94 state plan pages and attachments to be incorporated within a separate section at the end of Michigan's approved state plan:

- S94, pages S94-1, S94-2
- Attachment 1 - Michigan Alternative Streamlined Application for Health Coverage & Help Paying Costs
- Attachment 2 – Statement of use with respect to the alternative single streamlined online application
- Attachment 3 – Statement of use with respect to the coordination of eligibility and enrollment

In addition, enclosed is a summary of state plan pages which are superseded by MI SPA 13-0140-MM2, which should also be incorporated into a separate section in the front of the state plan.

- Superseding Pages of State Plan Material, 13-0140-MM2

CMS appreciates the significant amount of work your staff dedicated to preparing this State Plan amendment. For technical assistance with your online application, please contact Dena Greenblum at (410) 786-8684 or [dena.greenblum@cms.hhs.gov](mailto:dena.greenblum@cms.hhs.gov). If you have any questions concerning this SPA, please contact Leslie Campbell at 312 353-1557 or by email at [Leslie.Campbell@cms.hhs.gov](mailto:Leslie.Campbell@cms.hhs.gov).

Sincerely,

/s/

Verlon Johnson  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

# Medicaid State Plan Eligibility: 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-13-0140 - MM2

**Proposed Effective Date**

10/01/2013 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

42 CFR 435, Subpart J and M

**Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

**Subject of Amendment**

Establishes the application the State will use for individuals who apply for coverage that may be eligible based on the MAGI standard.

**Governor's Office Review**

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:

Stephen Fitton, Director  
Medical Services Administration

**Signature of State Agency Official**

**Submitted By:** Loni Hackney

**Last Revision Date:** Feb 5, 2014

**Submit Date:** Nov 12, 2013

DATE RECEIVED: November 12, 2013	DATE APPROVED: February 10, 2014
PLAN APPROVED – ONE COPY ATTACHED	
EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2014	SIGNATURE OF REGIONAL OFFICIAL: /s/
TYPED NAME: Verlon Johnson	TITLE: Associate Regional Administrator
REMARKS:	



# Medicaid Eligibility

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

## General Eligibility Requirements Eligibility Process

S94

42 CFR 435, Subpart J and Subpart M

### Eligibility Process

- The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.

#### Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard.

- The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act

- An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.

An attachment is submitted.

- An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

An attachment is submitted.

Indicate which application the agency uses for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard:

- The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.

An attachment is submitted.

- An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.

An attachment is submitted.

The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person.

The agency also accepts applications by other electronic means:

- Yes    No



# Medicaid Eligibility

Indicate the other electronic means below:

	Name of Method	Description	
+	Local Office Kiosks	Self-contained kiosks are located in the lobby of all local offices. In addition to the availability of the kiosks, each county has a 'lobby management plan' which includes a 'lobby navigator.' The lobby navigators are available to assist applicants should they require assistance with the online application and/or require assistance related to the paper application.	X

- The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.

Parents and Other Caretaker Relatives

Pregnant Women

Infants and Children under Age 19

### Redetermination Processing

- Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:
- Once every 12 months
  - Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency
- If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional
- information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.
- Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):
- Once every 12 months
  - Once every 6 months
  - Other, more often than once every 12 months

### Coordination of Eligibility and Enrollment

- The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between
- Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

### PRA Disclosure Statement



# Medicaid Eligibility

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 0938-1148. 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.

**COORDINATION OF ELIGIBILITY AND ENROLLMENT**

**TRANSMITTAL NUMBER:**

13-0140 MM2

**STATE:**

Michigan

Notwithstanding the final checked statement on page 2, the single state agency has not entered into an agreement with the Federally-facilitated Marketplace to date. The single state agency will make a good faith effort to enter into a memorandum of agreement with the Federally-facilitated Marketplace before May 1, 2014. At such time the agreement is signed, it will be incorporated by reference into this attachment

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

13-0140-MM2

**STATE:**

Michigan

**PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:**

S94 – Eligibility Process

**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):**

Section 2, Page 10, section 2.1(a), TN #92-1, Effective  
Date:10-01-91, Approved: 09-11-92  
Section 2, Page 11a, section 2.1(d), TN #91-30,  
Effective Date: 10-01-91, Approved: 07-06-92

**USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION**

Paper Application       Online Application

**TRANSMITTAL NUMBER:**

MI-13-0140-MM2

**STATE:**

Michigan

Through December 31, 2014, the state is using an interim alternative single streamlined application. After December 31, 2014, the state will use a revised alternative single streamlined application. The revised application will address the issues outlined in the CMS letter, which was issued with the approval of this state plan amendment, concerning the state's application. The revised application will be incorporated by reference into the state plan.