

An Overview of Michigan Requirements and Options under the Affordable Care Act and its Potential Impact on People with Disabilities

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Requirements of the Affordable Care Act

1. No-Wrong Door Applications and the Need to Align Health Plans and Provider Networks
2. Michigan must use Modified Adjusted Gross Income (MAGI) when calculating income eligibility for most Medicaid eligibility categories
3. The State must expand Medicaid to cover young adults up to age 26, with no income or asset test, if they were in foster care and receiving Medicaid on their eighteenth birthday (Effective January 1, 2014)
4. Adult Health Quality Measures

Options and Opportunities Under the Affordable Care Act

5. Michigan has the Option to expand Medicaid to cover individuals with income under 133% of the federal poverty level (FPL), with no asset limit effective January 1, 2014)
6. The state has more options for providing presumptive eligibility to low-income individuals
7. Michigan has the option, beginning in 2014, of providing a “Basic Health Program” to people with incomes between 133% and 200% of the federal poverty level [“FPL”], as well as immigrants legally present in the U.S. with incomes below 133% FPL, with federal funding equal to 95% of the premium tax credits and cost sharing subsidies that would have been paid Basic Health enrollees if they had been enrolled in qualified health plans through the Exchange
8. Opportunities to Offer More Long Term Care Services and Supports at Home and in the Community
9. Options to Pay for Health Homes for People with Chronic Conditions
10. Demonstration Programs for Provider Payment Models
11. Option to Integrate Services for Persons Dually Eligible for Medicaid and Medicare



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