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State/Territory Name: Michigan

State Plan Amendment (SPA) #: 14-0009

This file contains the following documents in the order listed:

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

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



April 2, 2015

Stephen Fitton, Medicaid Director
Medical Services Administration
Federal Liaison Unit
Michigan Department of Community Health
400 South Pine
Lansing, Michigan 48933

ATTN: Erin Black

Dear Mr. Fitton:

Enclosed for your records is an approved copy of the following State Plan Amendment:

- Transmittal #: 14-009- Freedom to work
- Effective: April 1, 2014

If you have any questions, please contact Leslie Campbell at (312) 353-1557 or Leslie.Campbell@cms.hhs.gov.

Sincerely,

/s/

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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 14 - 009	2. STATE: Michigan
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH FINANCING ADMINISTRATION DEPARTMENT OF HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2014	

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(10)(A)(ii)(XV) and (XVI)	7. FEDERAL BUDGET IMPACT: a. FFY 2014 _____ \$ 0 b. FFY 2015 _____ \$ 0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A, Pages 12d and 12o	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.6-A, Pages 12d and 12o
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10. SUBJECT OF AMENDMENT:
This SPA brings the State Plan into compliance with changes implemented by State law.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Stephen Fitton, Director
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Medical Services Administration Actuarial Division Capitol Commons Center - 7th Floor 400 South Pine Street Lansing, Michigan 48933 Attn: Loni Hackney
13. TYPED NAME: Stephen Fitton	
14. TITLE: Director, Medical Services Administration	
15. DATE SUBMITTED: June 30, 2014	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: June 30 2014	18. DATE APPROVED: April 2, 2015
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2014	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPE NAME: Vernon Johnson	22. TITLE: Associate Regional Administrator
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

Eligibility Conditions and Requirements

<u>Citation</u>	<u>Condition or Requirement</u>
1902(a)(10)(A) (ii)(XV) of the Act	<p>(ii) Working Individuals with Disabilities - Basic Coverage Group TWWIA</p> <p>In determining financial eligibility for working individuals with disabilities under this provision, the following standards and methodologies are applied:</p> <p><input type="checkbox"/> The agency does not apply any income or resource standard.</p> <p><input checked="" type="checkbox"/> The agency applies the following income and/or resource standard(s):</p> <p>Income Limit: Individual's total countable income cannot exceed 250% of current federal poverty level guidelines.</p> <p>Resource Limit: Individual's total countable assets cannot exceed the resource limit described in 1905(p)(1)(C).</p>

TN NO.: 14-009

Approval Date: April 2, 2015

Effective Date: 04-01-2014

Supersedes

TN No.: 04-03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

Eligibility Conditions and Requirements

Citation

Sections 1902(a)(10)(A)
(ii)(XV), (XVI), and 1916(g)
of the Act (cent)

Condition or Requirement

Premiums and Other Cost-Sharing Charges

For the Basic Coverage Group and the Medical Improvement Group, the agency's premium or other cost-sharing charges, and how they are applied, are described below.

No premium will be assessed for individuals with income less than 138% of the FPL.

A premium of up to 7.5% per month of income for individuals with income between 138% of the FPL and the statutory limit described in 1916(g)(2) and subject to the mandatory increases in section 215(i)(2)(A)(ii).

Individuals with annual income exceeding the statutory limits described in 1916(g)(2) and subject to the mandatory increases in section 215(i)(2)(A)(ii) will pay a premium of 100% of the average Freedom to Work Program participant cost for an enrolled individual as determined by the Department of Community Health.

TN NO.: 14-009

Approval Date: April 2, 2015 Effective Date: 04-01-2014

Supersedes

TN No.: 04-03