

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-14-0180

Proposed Effective Date

04/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435.222; 1902(a)(10)(A)(ii)(I) and (V)

Federal Budget Impact

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

Subject of Amendment

The SPA provides continued coverage for pregnant teenagers.

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:

Last Revision Date:

Submit Date:

Medicaid State Plan Eligibility: General Information

State/Territory name: Michigan
Transmittal Number: MI-14-0180

General Information:

Submission Title:

short (under 100 characters) label used to identify this submission in the web application

Coverage for Pregnant Teenagers (MI 14-0180)

Description:

The SPA provides continued coverage for pregnant teenagers.

Populations Covered:

Mandatory Coverage:

- Parents and Other Caretaker Relatives
- Pregnant Women
- Infants and Children under Age 19
- Adult Group
- Former Foster Care Children

Options for Coverage:

- Individuals above 133% FPL
- Optional Coverage of Parents and Other Caretaker Relatives
- Reasonable Classification of Individuals under Age 21
- Children with Non IV-E Adoption Assistance
- Optional Targeted Low Income Children
- Individuals with Tuberculosis
- Independent Foster Care Adolescents
- Individuals Eligible for Family Planning Services

Medicaid State Plan Eligibility: File Management Summary

State/Territory name: Michigan
 Transmittal Number: MI-14-0180

Type of SPA	Form Code	Form Name/Description	Uploaded?
MAGI-Based Eligibility Groups	S14	AFDC Income Standard	no
MAGI-Based Eligibility Groups	S14T	Income Standards - Territories	no
MAGI-Based Eligibility Groups	S25	Mandatory: Parents and Other Caretakers	no
MAGI-Based Eligibility Groups	S28	Mandatory: Pregnant Women	no
MAGI-Based Eligibility Groups	S28T	Mandatory: Pregnant Women - Territories	no
MAGI-Based Eligibility Groups	S30	Mandatory: Infants and Children Under Age 19	no
MAGI-Based Eligibility Groups	S30T	Mandatory: Infants and Children Under Age 19 - Territories	no
MAGI-Based Eligibility Groups	S32	Mandatory: Individuals Below 133% of the FPL	no
MAGI-Based Eligibility Groups	S33	Mandatory: Former Foster Care Children up to age 26	no
MAGI-Based Eligibility Groups	S50	Optional: Individuals Above 133% of the FPL	no
MAGI-Based Eligibility Groups	S51	Optional: Optional Parents and Caretakers	no
MAGI-Based Eligibility Groups	S52	Optional: Reasonable Classifications of Individuals	yes
MAGI-Based Eligibility Groups	S53	Optional: Non IV-E Adoption Assistance	no
MAGI-Based Eligibility Groups	S54	Optional: Optional Targeted Low Income Children	no
MAGI-Based Eligibility Groups	S55	Optional: Tuberculosis	no
MAGI-Based Eligibility Groups	S57	Optional: Foster Care Adolescents - Chafee	no
MAGI-Based Eligibility Groups	S59	Optional: Family Planning	no
Eligibility Process	S94	Single streamlined application or alternative, Renewals, Coordination for enrollment and eligibility (agreements with Exchanges)	no
MAGI Income Methodology	S10	Designates the income options the state is electing in 2014 (e.g. how pregnant women are counted, reasonably predictable changes in income, cash support, how full-time students are counted)	no
Single State Agency	A1-3	Addresses single state agencies delegation of appeals and determinations	no
Residency	S88	State affirms residency regulations and addresses interstate agreements and temporary absence	no

Type of SPA	Form Code	Form Name/Description	Uploaded?
Citizenship & Immigration Status	S89	State affirms citizenship regulations, specifies reasonable opportunity options, and specifies policy options related to immigrant eligibility	no
Hospital Presumptive Eligibility	S21	State specifies options for presumptive eligibility conducted by hospitals	no

Form S14: AFDC Income Standards

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S14T: Income Standards - Territories

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S25: Eligibility Groups - Mandatory Coverage: Parents and Other Caretaker Relatives

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S28: Eligibility Groups - Mandatory Coverage: Pregnant Women

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form S28T: Mandatory: Pregnant Women - Territories

Form Description:

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Support Documents

Document

Form S30: Eligibility Groups - Mandatory Coverage: Infants and Children under Age 19

Form Description:

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Support Documents

Document

Form S30T: Mandatory: Infants and Children Under Age 19 - Territories

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S32: Eligibility Groups - Mandatory Coverage: Adult Group

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S33: Eligibility Groups - Mandatory Coverage: Former Foster Care Children

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

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Form S50: Eligibility Groups - Options for Coverage: Individuals above 133% FPL

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

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Form S51: Eligibility Groups - Options for Coverage: Optional Coverage of Parents and Other Caretaker Relatives

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form S52: Eligibility Groups - Options for Coverage: Reasonable Classification of Individuals under Age 21

Form Description: S52 - Eligibility Groups - Options for Coverage: Reasonable Classification of Individuals under Age 21

Uploaded Form: Date Uploaded: 06/16/2014
 S52 Pregnant Teens 6-16-14.pdf

Support Documents

Document

Form S53: Eligibility Groups - Options for Coverage: Children with Non IV-E Adoption Assistance

Form Description:

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Date Uploaded:

Support Documents

Document

Form S54: Eligibility Groups - Options for Coverage: Optional Targeted Low Income Children

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S55: Eligibility Groups - Options for Coverage: Individuals with Tuberculosis

Form Description:

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Date Uploaded:

Support Documents

Document

Form S57: Eligibility Groups - Options for Coverage: Independent Foster Care Adolescents

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S59: Eligibility Groups - Options for Coverage: Individuals Eligible for Family Planning Services

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S94: General Eligibility Requirements: Eligibility Process

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S10: MAGI-Based Income Methodologies

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form A1-3: Medicaid Administration: Single State Agency

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S88: Non-Financial Eligibility: State Residency

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S89: Non-Financial Eligibility: Citizenship and Non-Citizen Eligibility

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S21: Presumptive Eligibility by Hospitals

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage
Reasonable Classification of Individuals under Age 21 **S52**

42 CFR 435.222
1902(a)(10)(A)(ii)(I)
1902(a)(10)(A)(ii)(IV)

Reasonable Classification of Individuals under Age 21 - The state elects to cover one or more reasonable classifications of individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.222.

Yes No

The state attests that it operates this eligibility group in accordance with the following provisions:

- Individuals qualifying under this eligibility group must qualify under a reasonable classification by meeting the following criteria:
 - Be under age 21, or a lower age, as defined within the reasonable classification.
 - Have household income at or below the standard established by the state, if the state has an income standard for the reasonable classification.
 - Not be eligible and enrolled for mandatory coverage under the state plan.
- MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered at least one reasonable classification under this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age.

Yes No

The state also covered at least one reasonable classification under this group in the Medicaid state plan as of March 23, 2010 with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age.

Yes No

Reasonable Classifications Covered in the Medicaid State Plan as of March 23, 2010

- The state attaches the approved pages from the Medicaid state plan as of March 23, 2010 to indicate the age groups, reasonable classifications, and income standards used at that time for this eligibility group.

An attachment is submitted.

Current Coverage of All Children under a Specified Age



Medicaid Eligibility

The state covers all children under a specified age limit, equal to or higher than the age limit and/or income standard used in the Medicaid state plan as of March 23, 2010, provided the income standard is higher than the current mandatory income standard for the individual's age. The age limit and/or income standard used must be no higher than any age limit and/or income standard covered in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Higher income standards may include the disregard of all income.

Yes No

Indicate below the age under which all children are covered under this eligibility group, based on a specific age group used previously in the Medicaid state plan or under a Demonstration, which is equal to or higher than the age group for coverage of all children in the Medicaid state plan as of March 23, 2010.

Under age 21 Under age 20 Under age 19 Under age 18

Enter the income standard used for this age group. The standard must be higher than the mandatory income standard for the individual's age, not more restrictive than that used in the Medicaid state plan as of March 23, 2010 and not less restrictive than that used in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Income standard used

Minimum income standard

The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.

Maximum income standard

No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Yes No

The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:

The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

The state's effective income level for this classification of children under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Medicaid Eligibility

The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

A percentage of the federal poverty level: %

The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.

The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.

Other dollar amount

Income standard chosen

Individuals qualify under this classification under the following income standard:

The minimum standard.

The maximum income standard.

If not chosen as the maximum income standard, the state's effective income level for this classification under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this classification in the state plan as of March 23, 2010, converted to a MAGI equivalent.



Medicaid Eligibility

The income standard used for this classification is:

- A percentage of the federal poverty level: %
- The state's TANF payment standard, not converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.
- The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.
- The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.
- Other dollar amount

Current Coverage of Reasonable Classifications Covered in the Medicaid State Plan as of March 23, 2010

The state covers reasonable classifications of children previously covered in the Medicaid state plan as of March 23, 2010, with income standards higher than the current mandatory income standard for the age group. Age limits and income standards are equal to or higher than the Medicaid state plan as of March 23, 2010, but no higher than any age limit and/or income standard for this classification covered in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Higher income standards may include the disregard of all income.

- Yes No

Indicate the reasonable classifications of children that were covered in the state plan in effect as of March 23, 2010 with income standards higher than the mandatory standards used for the child's age, using age limits and income standards that are not more restrictive than used in the state plan as of as March 23, 2010 and are not less restrictive than used in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Current Coverage of Reasonable Classifications Covered in the Medicaid State Plan as of March 23, 2010

Reasonable Classifications of Children				S11
<input type="checkbox"/>	Individuals for whom public agencies are assuming full or partial financial responsibility.			
<input type="checkbox"/>	Individuals in adoptions subsidized in full or part by a public agency			
<input type="checkbox"/>	Individuals in nursing facilities, if nursing facility services are provided under this plan			
<input type="checkbox"/>	Individuals receiving active treatment as inpatients in psychiatric facilities or programs, if such services are provided under this plan			
<input checked="" type="checkbox"/>	Other reasonable classifications			
	Name of classification	Description	Age Limit	
+	Pregnant Women	Pregnant Women Under age 21	Under age 21	X



Medicaid Eligibility

Enter the income standard used for these classifications. The income standard must be higher than the mandatory standard for the child's age. It may be no lower than the income standard used in the state plan as of March 23, 2010 and no higher than the highest standard used in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

[Click here once S11 form above is complete to view the income standards form.](#)

Other Reasonable Classifications Previously Covered

The state covers reasonable classifications of children not covered in the Medicaid state plan as of March 23, 2010, but covered under the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013 with an income standard higher than the current mandatory income standard for the age group.

Yes No

Additional new age groups or reasonable classifications covered

If the state has not elected to cover the Adult Group (42 CFR 435.119), it may elect to cover additional new age groups or reasonable classifications that have not been covered previously. If the state covers the Adult Group, this additional option is not available, as the standard for the new age groups or classifications is lower than that used for mandatory coverage.

The state does not cover the Adult Group and elects the option to include in this eligibility group additional age groups or reasonable classifications that have not been covered previously in the state plan or under a Medicaid 1115 Demonstration. Any additional age groups or reasonable classifications not previously covered are restricted to the AFDC income standard from July 16, 1996, not converted to a MAGI-equivalent standard.

Yes No

There is no resource test for this eligibility group.

PRA Disclosure Statement

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.

Medicaid State Plan Eligibility: Tribal Input

State/Territory name: Michigan
Transmittal Number: MI-14-0180

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this State.

- This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.
- The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.

Complete the following information regarding any tribal consultation conducted with respect to this submission:

Tribal consultation was conducted in the following manner. States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- Indian Tribes
- Indian Health Programs
- Urban Indian Organization

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Document	
Please provide a short description of this support document: Michigan's Tribal Notification Letter dated June 24, 2013. The State has not received any questions or comments regarding this notification.	
Uploaded Document Name:	Date Uploaded:
Tribal Letter L-13-34 6-24-13.pdf	

Indicate the key issues raised in Indian consultative activities:

- Access

Summarize Comments

	▲ ▼
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Summarize Response

	▲ ▼
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- Quality

Summarize Comments

	▲ ▼
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Summarize Response

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Cost

Summarize Comments

[Empty text box with scroll arrows]

Summarize Response

[Empty text box with scroll arrows]

Payment methodology

Summarize Comments

[Empty text box with scroll arrows]

Summarize Response

[Empty text box with scroll arrows]

Eligibility

Summarize Comments

[Empty text box with scroll arrows]

Summarize Response

[Empty text box with scroll arrows]

Benefits

Summarize Comments

[Empty text box with scroll arrows]

Summarize Response

[Empty text box with scroll arrows]

Service delivery

Summarize Comments

[Empty text box with scroll arrows]

Summarize Response

[Empty text box with scroll arrows]

Other Issue



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

RICK SNYDER
GOVERNOR

JAMES K. HAVEMAN
DIRECTOR

June 24, 2013

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: The Submission of a MICHild State Plan Amendment (SPA) and a Medicaid SPA regarding the Modified Adjusted Gross Income eligibility changes

This letter, in compliance with Section 6505 of the Affordable Care Act, serves as notice of intent to all Tribal Chairs and Health Directors of the request by the Michigan Department of Community Health (MDCH) to submit a MICHild SPA and a Medicaid SPA regarding Modified Adjusted Gross Income (MAGI) eligibility changes in accordance with the Affordable Care Act (ACA).

Through these SPAs, MDCH will change how MICHild and Medicaid eligibility is determined from the current methodology to the new ACA required MAGI method. This methodology will be applied to all MICHild and Medicaid eligibility categories as required by the ACA.

You may submit comments regarding this Notice of Intent to msapolicy@michigan.gov. If you would like to discuss the Notice of Intent, please contact Mary Anne Tribble, Medicaid Liaison to the Michigan Tribes. Mary Anne can be reached at (517) 241-7185 or via e-mail at tribblem1@michigan.gov.

There is no public hearing scheduled for these SPAs.

Sincerely,

Stephen Fitton, Director
Medical Services Administration

cc: Leslie Campbell, Region V, CMS
Pamela Carson, Region V, CMS
Ashley Tuomi, MHPA, Executive Director, American Indian Health and Family Services of Southeastern Michigan
L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc.
Jenny Jenkins, Acting Area Director, Indian Health Service - Bemidji Area Office
Mary Anne Tribble, MDCH

**Distribution List for L 13-34
June 24, 2013**

Mr. Kurt Perron, Tribal Chairman, Bay Mills Indian Community
Ms. Laurel Keenan, Health Director, Bay Mills (Ellen Marshall Memorial Center)
Mr. Alvin Pedwaydon, Tribal Chairman, Grand Traverse Band Ottawa & Chippewa Indians
Ms. Loi Chambers, Health Director, Grand Traverse Band Ottawa/Chippewa
Mr. Kenneth Meshigaud, Tribal Chairman, Hannahville Indian Community
Ms. G. Susie Meshigaud, Health Director, Hannahville Health Center
Mr. W. Chris Swartz, President, Keweenaw Bay Indian Community
Ms. Carole LaPointe, Health Director, Keweenaw Bay Indian Community - Donald Lapointe Health/Educ Facility
Mr. James Williams, Jr., Tribal Chairman, Lac Vieux Desert Band of Lake Superior Chippewa Indians
Ms. Terry Fox, Health Director, Lac Vieux Desert Band
Mr. Larry Romanelli, Ogema, Little River Band of Ottawa Indians
Mr. Robin Carufel, Health Director, Little River Band of Ottawa Indians
Mr. Dexter McNamara, Tribal Chairman, Little Traverse Bay Band of Odawa Indians
Ms. Sharon Sierzputowski, Health Director, Little Traverse Bay Band of Odawa
Mr. DK Sprague, Tribal Chairman, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)
Ms. Phyllis Davis, Health Director, Match-E-Be-Nash-She-Wish Potawatomi
Mr. Homer Mandoka, Vice Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians
Health Director, Huron Potawatomi Inc.- Tribal Health Department
Mr. Matt Wesaw, Tribal Chairman, Pokagon Band of Potawatomi Indians
Mr. Arthur Culpepper, Health Director, Pokagon Potawatomi Health Services
Mr. Dennis V. Kequom Sr, Tribal Chief, Saginaw Chippewa Indian Tribe
Ms. Gail George, Health Director, Nimkee Memorial Wellness Center
Mr. Aaron Payment, Tribal Chairman, Sault Ste. Marie Tribe of Chippewa Indians
Ms. Bonnie Culfa, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

CC: Leslie Campbell, Region V, CMS
Pamela Carson, Region V, CMS
Ashley Tuomi, MHPA, Executive Director, American Indian Health and Family Services of Southeastern Michigan
L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc.
Jenny Jenkins, Acting Area Director, Indian Health Service - Bemidji Area Office
Mary Anne Tribble, MDCH