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State/Territory Name: Michigan

State Plan Amendment (SPA) #: 16-0015

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
Chicago Regional Office
233 N. Michigan
Suite 600
Chicago, Illinois 60601



March 16, 2017

Chris Priest, State Medicaid Director
Medical Services Administration
Michigan Department of Health and Human Services
400 South Pine Street, P.O. Box 30479
Lansing, Michigan 48909-7979

ATTN: Erin Black

Dear Mr. Priest:

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

- Transmittal #: 16-0015: Guardianship Fee Update
- Effective Date: December 1, 2016
- Approval Date: March 15, 2017

If you have any questions, please contact Keri Toback at (312) 353-1754 or keri.toback@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Erin Black, MDHHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

16 - 0015

2. STATE:

Michigan

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

December 1, 2016

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:

42 CFR 435.733, 435.832

7. FEDERAL BUDGET IMPACT:

a. FFY 2017 \$1,465,900

b. FFY 2018 \$1,746,900

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Page 4

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):

Attachment 2.6-A, Page 4

10. SUBJECT OF AMENDMENT:

Updates the guardianship fee deduction per State appropriation boilerplate.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

Chris Priest, Director

Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Chris Priest

14. TITLE:

Director, Medical Services Administration

15. DATE SUBMITTED:

December 20, 2016

16. RETURN TO:

Medical Services Administration
Actuarial Division - Federal Liaison
Capitol Commons Center - 7th Floor
400 South Pine
Lansing, Michigan 48933

Attn: Erin Black

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

December 20, 2016

18. DATE APPROVED:

March 15, 2017

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

December 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPE NAME:

Ruth A. Hughes

22. TITLE:

Associate Regional Administrator

23. REMARKS:

Citation	Condition or Requirement								
435.725	B. <u>Post-Eligibility Treatment of Institutionalized Individuals</u>								
435.733	<p>The following amounts are deducted from gross income when computing the application of an individual's or couple's income to the cost of institutional care:</p> <p>1. <u>Personal Needs Allowance</u></p> <p style="margin-left: 40px;">a. Aged, blind, disabled— Individuals <u>\$ 30 plus *</u> Couples <u>\$ 60 plus *</u></p> <p style="margin-left: 40px;">For the following individuals with greater need—</p> <p style="margin-left: 40px;">b. AFDC related— Children <u>\$ 30 plus *</u> Adults <u>\$ 30 plus *</u></p> <p style="margin-left: 40px;">c. Individuals under age 21 covered in this plan as specified in Item B.7. of Attachment 2.2-A \$ _____</p>								
435.832									
435.725									
435.733	<p>2. For maintenance of the non-institutionalized spouse only. The amount must be based on a reasonable assessment of need but must not exceed the highest of—</p> <table style="margin-left: 40px;"> <tr> <td>SSI level</td> <td>\$ _____</td> </tr> <tr> <td>SSP level</td> <td>\$ _____</td> </tr> <tr> <td>Medically need level</td> <td>\$ <u>**</u> _____</td> </tr> <tr> <td>Other as follow</td> <td>\$ _____</td> </tr> </table>	SSI level	\$ _____	SSP level	\$ _____	Medically need level	\$ <u>**</u> _____	Other as follow	\$ _____
SSI level		\$ _____							
SSP level	\$ _____								
Medically need level	\$ <u>**</u> _____								
Other as follow	\$ _____								
435.832									

*Any income over \$30 (\$60 for couples) for guardianship fees paid for court-appointed guardians up to a maximum amount of \$83 per month for actual guardianship fees.

**Applicable protected income level for one person (see Supplement 1).