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## **Table of Contents**

**State/Territory Name: Michigan**

**State Plan Amendment (SPA) #: 16-0110: Eligibility Process**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Companion Letter
- 3) CMS 179 Form
- 4) Approved SPA Pages

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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January 11, 2019

Kathy Stiffler, Acting 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 Ms. Stiffler:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Michigan's State Plan Amendment (SPA) 16-0110, Changes to Medicaid Application. This amendment proposes to revise the Michigan Bridges alternative online, and Michigan Department of Health and Human Services (MDHHS) paper applications used to apply for multiple human service programs.

We have received via email an updated S94 indicating the state's use of an alternative application for multiple human services programs. We acknowledge the state attempted to upload the updated S94 to MMDL on January 11, 2019, but the upload to MMDL failed. We understand the state will correct this error as soon as possible after approval. This SPA is acceptable. Therefore, we are approving a revised version of the applications that were submitted with SPA 16-0110 with an effective date of March 1, 2016, and acknowledge Michigan implemented different versions of these applications prior to SPA approval.

Please note that accompanying the approval of SPA 16-0110 is an enclosed companion letter regarding the need for Michigan to make modifications to the Michigan Bridges online multi-benefits application and the MDHHS paper application. Michigan will implement revised alternative online and paper applications addressing CMS concerns by the dates listed in the companion letter. Michigan will provide updated dates for completion of outstanding changes within 60 days of approval of this SPA.

Ms. Stiffler  
Page 2

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

- Transmittal #: 16-0110: Eligibility Process
- Effective: March 1, 2016
- Approved: January 11, 2019

If you have any questions, please contact Keri Toback at (312) 353-1754 or [Keri.Toback@cms.hhs.gov](mailto:Keri.Toback@cms.hhs.gov).

Sincerely,

/s/

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

Enclosures

Cc: Jaqueline Coleman  
Erin Black

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



January 11, 2019

Kathy Stiffler, Acting 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 Ms. Stiffler:

This letter is being sent as a companion to Centers for Medicare & Medicaid Services (CMS) approval of state plan amendment (SPA) 16-0110, which was submitted to CMS on March 31, 2016. Our review of this submission included a review of the Michigan Bridges alternative online, and Michigan Department of Health and Human Services (MDHHS) paper applications used to apply for multiple human services.

Michigan is currently using interim Michigan Bridges alternative online, and MDHHS paper applications. Within 60 days of approval of this SPA, Michigan will provide updated dates indicating when it will implement revised alternative online and paper applications incorporating the changes listed below:

**Michigan SPA 16-0110 Changes to Medicaid Application Companion Letter Exhibit 1**

	<b>Necessary changes to the Online Application:</b>	<b>Date by which changes will be completed (state to fill in) missing dates within 60 days of SPA approval):</b>
<b>1</b>	<p>The state will revise the instructions regarding providing a Social Security Number to align with the exceptions to not providing an Social Security Number at 435.910(h), and replace them with the following:</p> <p>Michigan provided this new suggested text: A Social Security Number should be provided for all individuals applying, if the individual has one. If the individual does not have a Social Security Number, leave this box blank. If you need help applying for a Social Security Number call us at 855-276-4627.</p>	

2	<p>The state will remove instructions indicating that benefits may be reduced or denied to otherwise eligible individuals if a Social Security Number is not provided, and replace them with the following:</p> <p>Michigan provided this new suggested text: A Social Security Number should be provided for all individuals applying, if the individual has one. If the individual does not have a Social Security Number, leave this box blank. If you need help applying for a Social Security Number call us at 855-276-4627.</p>	
3	<p>The application requests an individual’s primary race, and this is a required field when an applicant selects multiple races. The state indicates this questions is required due to requirements in the account transfer payload to send only one option for race. CMS has confirmed that the AT payload can accept multiple race options. Additionally, applicants may not be required to respond to questions about race/ethnicity. The state will remove the question asking for an applicant’s primary race.</p>	
4	<p>The state will change the application to allow an applicant to indicate if he/she is a veteran or active duty member of the US military, in addition to the applicant’s spouse or parent.</p>	
5	<p>The application provides an inaccurate definition of qualified non-citizen. The state will provide an accurate definition of “qualified non-citizen” to include the following: Lawful Permanent Resident (LPR/Green Card holder); Asylee; Refugee; Cuban/Haitian Entrant; Paroled into the U.S. for at least one year; Conditional Entrant Granted before 1980; Amerasians; Battered Spouse, Child and Parent; Iraqi/Afghan Special Immigrants ; Victim of Trafficking and his/her Spouse, Child, Sibling or Parent; Granted Withholding of Deportation or Withholding of Removal.</p>	
6	<p>The state will confirm if it will make changes to the application to include instructions explaining which immigration statuses are considered lawfully present for the Federally Facilitated Exchange, or if it will revise the language in the instructions that limit eligible statuses to “qualified non-citizen” immigration statuses. A complete list of immigration statuses considered to be lawfully present, are found here:  <a href="https://www.healthcare.gov/immigrants/immigration-status/">https://www.healthcare.gov/immigrants/immigration-status/</a></p>	

7	The state will remove questions asking if an individual is a Victim of Trafficking, a seasonal farmworker, and a migrant farmworker.	January 26, 2019
8	The state has confirmed it has changed the application and marked as “optional” the questions asking if an individual is a victim of domestic violence. <i>(Please provide date change was implemented, and documentation verifying this change.)</i>	
9	The state has explained the question asking whether an individual is a refugee/asylee on the Special Circumstances page is asked of anyone in the household, including applicants and non-applicant household members. Because applicants have an opportunity to indicate asylee/refugee status in the immigration eligibility section, the state will remove the question since it is not needed for eligibility or administration of the state plan, and individuals not seeking coverage for themselves who are included in an applicant’s or beneficiary’s household to determine eligibility of such applicant or beneficiary may not be required to provide information about their citizenship, nationality or immigration status.	
10	The state confirmed that the question, “Does anyone in your household have a disability or a physical/emotional/mental condition?” will not be shown to non-applicants.	January 26, 2019
11	Michigan confirmed that the question, “Was anyone in foster care when they turned 18?” will not be shown to non-applicants.	January 26, 2019
12	Michigan confirmed the pregnancy due date question will be marked optional.	January 26, 2019
13	“Is anyone currently enrolled in health coverage (even if not applying)” is not required for those not applying for coverage unless applicants are covered under those individuals’ plans. CMS understands that the state is using this question to ensure that dependent children, even if not applying, currently have coverage. As shown, this question is not narrowly tailored for this purpose. Michigan will share a draft of the modified question with CMS prior to implementing changes to the application, and will provide a timeline of when the changes will be implemented.	
14	CMS recommends the state include on its application notice of fair hearing rights consistent with 42 CFR 431.206(c)(2), when the agency does not determine eligibility with	

	reasonable promptness required at 42 CFR 431.220(a)(1), within the 45/90 day timeframe consistent with 42 CFR section 435.912(c)(3). CMS is considering developing guidance and states may be required to implement these changes in the future.	
	<b>Necessary changes to the Paper Application and Corresponding Information Booklet by Reference:</b>	<b>Date by which changes will be completed (state to fill in):</b>
<b>15</b>	<p>The state will revise the instructions regarding providing a Social Security Number to align with the exceptions to not providing a Social Security Number at 435.910(h), and replace them with the following:</p> <p>Michigan provided this new suggested text: A Social Security Number should be provided for all individuals applying, if the individual has one. If the individual does not have a Social Security Number, leave this box blank. If you need help applying for a Social Security Number call us at 855-276-4627.</p>	
<b>16</b>	<p>The state will remove instructions indicating that benefits may be reduced or denied to otherwise eligible individuals if a Social Security Number is not provided, and replace them with the following:</p> <p>Michigan provided this new suggested text: A Social Security Number should be provided for all individuals applying, if the individual has one. If the individual does not have a Social Security Number, leave this box blank. If you need help applying for a Social Security Number call us at 855-276-4627.</p>	
<b>17</b>	<p>The application contains an inaccurate definition of qualified non-citizen. The state will revise the definition of qualified non-citizen to be consistent with the online application to include the following: Lawful Permanent Resident (LPR/Green Card holder); Asylee; Refugee; Cuban/Haitian Entrant; Paroled into the U.S. for at least one year; Conditional Entrant Granted before 1980; Amerasians; Battered Spouse, Child and Parent; Iraqi/Afghan Special Immigrants ; Victim of Trafficking and his/her Spouse, Child, Sibling or Parent; Granted Withholding of Deportation or Withholding of Removal</p>	
<b>18</b>	<p>The state will confirm if it will make changes to the application to include instructions explaining which</p>	

	immigration statuses are considered lawfully present for the FFE, or if it will revise the language in the instructions that limit eligible statuses to “qualified non-citizen” immigration statuses. A complete list of immigration statuses considered to be lawfully present, are found here: <a href="https://www.healthcare.gov/immigrants/immigration-status/">https://www.healthcare.gov/immigrants/immigration-status/</a>	
<b>19</b>	The state has confirmed it has changed the application to mark as “optional” the questions asking if an individual is a victim of domestic violence. <i>(Please provide date change was implemented, and documentation verifying this change.)</i>	
<b>20</b>	The state will remove questions asking if an individual is a Victim of Trafficking, a seasonal farmworker, and a migrant farmworker.	January 26, 2019
<b>21</b>	The state has explained the question asking whether an individual is a refugee/asylee on the Special Circumstances page is asked of anyone in the household, including applicants and non-applicant household members. Because applicants have an opportunity to indicate asylee/refugee status in the immigration eligibility section, the state will remove the question since it is not needed for eligibility or administration of the state plan, and individuals not seeking coverage for themselves who are included in an applicant’s or beneficiary’s household to determine eligibility of such applicant or beneficiary may not be required to provide information about their citizenship, nationality or immigration status.	

Please submit the revised Michigan Bridges alternative online, and MDHHS paper applications to CMS for review upon completion of each change identified above. We continue to be available to provide technical assistance. If you have any questions about your applications, please contact Keri Toback at (312) 353-1754 or [Keri.Toback@cms.hhs.gov](mailto:Keri.Toback@cms.hhs.gov).

Sincerely,

/s/

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

Cc: Erin Black  
Jaqueline Coleman

## 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-16-0110

Proposed Effective Date

03/01/0016 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435, Subpart J and M

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2016	\$0.00
Second Year	2017	\$0.00

Subject of Amendment

Updates 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:

Chris Priest, Director  
Medical Services Administration

**Signature of State Agency Official**

**Submitted By:**

**Erin Black**

**Last Revision Date:**

**Mar 31, 2016**

**Submit Date:**

**Jan 10, 2019**

# Medicaid State Plan Eligibility

## Medicaid State Plan Eligibility: General Information

State/Territory name: **Michigan**  
 Transmittal Number: **MI-16-0110**

### General Information:

#### Submission Title:

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

Eligibility Process (MI 16-0110)

#### PDFs superseded by this SPA

(Include Transmittal Number):

#### Description:

Single streamlined application or alternative, renewals, coordinatoin for enrollment and eligibility.

## Medicaid State Plan Eligibility: File Management Summary

State/Territory name: **Michigan**  
 Transmittal Number: **MI-16-0110**

Type of SPA	Form Code	Form Name/Description	Uploaded?
MAGI-Based Eligibility Groups	S14	AFDC Income Standard	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	S30	Mandatory: Infants and Children Under Age 19	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

Type of SPA	Form Code	Form Name/Description	Uploaded?
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	no
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)	yes
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
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
Marriage Policy	S12	Medicaid Eligibility Marriage Policy	no

## Medicaid State Plan Eligibility: File Management Detail

### Form S14: AFDC Income Standards

TN No.: MI 16-0110  
Michigan

Approval Date: January 11, 2019  
Effective Date: March 1, 2016

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

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

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Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

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### Form S28: Eligibility Groups - Mandatory Coverage: Pregnant Women

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Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

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

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Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

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### Form S32: Eligibility Groups - Mandatory Coverage: Adult Group

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Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

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

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Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

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

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Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

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

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Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

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

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Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

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

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Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

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

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Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

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

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Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

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

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Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

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

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Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

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### Form S94: General Eligibility Requirements: Eligibility Process

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Form Description:

Uploaded Form:

Date Uploaded: 10/20/2013

Support Documents

Document

**Document**

Please provide a short description of this support document:

Michigan's paper multi-benefit application. This includes screen shots of the application related to adding Medicaid coverage above 133% up to 400% FPL for children under 21 and pregnant women. This coverage is to further the Flint, Michigan

**Uploaded Document Name:**

**Date Uploaded: 01/10/2019**

MDHHS-1171-Paper Multi-benefit Application 10-18.pdf

Please provide a short description of this support document:

Michigan's online multi-benefit application Part 2 of 2. This includes screen shots of the application related to adding Medicaid coverage above 133% up to 400% FPL for children under 21 and pregnant women. This coverage is to further the

**Uploaded Document Name:**

**Date Uploaded: 01/10/2019**

MI Bridges Healthcare Only App 1.26.19 Release Part 2 of 2.pdf

Please provide a short description of this support document:

Michigan's online multi-benefit application Part 1 of 2. This includes screen shots of the application related to adding Medicaid coverage above 133% up to 400% FPL for children under 21 and pregnant women. This coverage is to further the

**Uploaded Document Name:**

**Date Uploaded: 01/10/2019**

MI Bridges Healthcare Only App 1.26.19 Release Part 1 of 2.pdf

Please provide a short description of this support document:

CMS created document - Coordination placeholder

**Uploaded Document Name:**

**Date Uploaded: 01/29/2014**

MI 13-0140 MM2 Coordination Placeholder revised (2-4-14).doc

Please provide a short description of this support document:

CMS created document - Superseding pages

**Uploaded Document Name:**

**Date Uploaded: 01/29/2014**

Michigan 13-0140-MM2 Superseding Pages Document (1-27-14).doc

<b>Document</b>	
Please provide a short description of this support document: Michigan's Application for Health Coverage - DCH-1426	
<b>Uploaded Document Name:</b>	<b>Date Uploaded: 01/09/2019</b>
DCH-1426-Expansion-Application and Appendix A-B-C-D-10-2018.pdf	

### Form S10: MAGI-Based Income Methodologies

Form Description:

Uploaded Form:  **Date Uploaded:**

#### Support Documents

<b>Document</b>
-----------------

### Form A1-3: Medicaid Administration: Single State Agency

Form Description:

Uploaded Form:  **Date Uploaded:**

#### Support Documents

<b>Document</b>
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### Form S88: Non-Financial Eligibility: State Residency

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

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

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Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

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### Form S21: Presumptive Eligibility by Hospitals

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Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

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### Form S12: Medicaid Eligibility Marriage Policy

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Form Description:

Uploaded Form:

Date Uploaded:

**Support Documents**

Document

## Medicaid State Plan Eligibility: Tribal Input

State/Territory name:

Michigan

Transmittal Number:

MI-16-0110

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 6-24-13

**Uploaded Document Name:**

**Date Uploaded: 10/20/2013**

Tribal Notification Letter 6-24-13 (L-13-34).pdf

<b>Document</b>	
Please provide a short description of this support document:	
The attached letter was sent out. A subsequent letter will be issued providing clarification of the actual authority used for implementing the proposed changes. The changes are actually being implemented through a series of state plan amendment and	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
L_16-05_514929_7.pdf	

Indicate the key issues raised in Indian consultative activities:

Access

**Summarize Comments**

**Summarize Response**

Quality

**Summarize Comments**

**Summarize Response**

Cost

**Summarize Comments**

**Summarize Response**

Payment methodology

**Summarize Comments**

**Summarize Response**

Eligibility

**Summarize Comments**

**Summarize Response**

**Benefits**

**Summarize Comments**

**Summarize Response**

**Service delivery**

**Summarize Comments**

**Summarize Response**

**Other Issue**

**Medicaid State Plan Eligibility: Summary Page (CMS 179)**

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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-16-0110

Proposed Effective Date

03/01/2016 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435, Subpart J and M

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2016	\$0.00
Second Year	2017	\$0.00

**Subject of Amendment**

Updates 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:

Chris Priest, Director  
Medical Services Administration

**Signature of State Agency Official**

<b>Submitted By:</b>	<b>Erin Black</b>
<b>Last Revision Date:</b>	<b>Jan 10, 2019</b>
<b>Submit Date:</b>	<b>Mar 31, 2016</b>