

## **Table of Contents**

**State/Territory Name: MI**

**State Plan Amendment (SPA) #: 17-0010**

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

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October 5, 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 #: 17-0010: Guardianship Fee Update
- Effective Date: October 1, 2017
- Approval Date: October 5, 2017

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

cc: Erin Black, MDHHS

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

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR HEALTH FINANCING ADMINISTRATION DEPARTMENT OF HUMAN SERVICES	1. TRANSMITTAL NUMBER: 17 - 0010	2. STATE: Michigan
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3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)  
TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
October 1, 2017

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 2018 \$842,140 b. FFY 2019 \$842,140
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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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.6-A, Page 4
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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       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Chris Priest, 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 - Federal Liaison Capitol Commons Center - 7 <sup>th</sup> Floor 400 South Pine Lansing, Michigan 48933
13. TYPED NAME: Chris Priest	Attn: Erin Black
14. TITLE: Director, Medical Services Administration	
15. DATE SUBMITTED: September 25, 2017	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 25, 2017	18. DATE APPROVED: October 5, 2017
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**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2017	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>B. <u>Post-Eligibility Treatment of Institutionalized Individuals</u></b>								
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. Personal Needs Allowance</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>\$ <b>**</b> _____</td> </tr> <tr> <td>Other as follow</td> <td>\$ _____</td> </tr> </table>	SSI level	\$ _____	SSP level	\$ _____	Medically need level	\$ <b>**</b> _____	Other as follow	\$ _____
SSI level		\$ _____							
SSP level	\$ _____								
Medically need level	\$ <b>**</b> _____								
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 \$95 per month for actual guardianship fees.

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