

## **Table of Contents**

**State/Territory Name: MI**

**State Plan Amendment (SPA) #: 16-0100**

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

---



April 21, 2016

Chris Priest, 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 #: 16-0100: Expanded Medicaid eligibility coverage for those affected by Flint water system (Children 0-21 & Pregnant women)
- Effective: March 1, 2016

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

Sincerely,

/s/

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

Enclosures

## 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-16-0100

Proposed Effective Date

03/01/2016

(mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435.218 1902(a)(10)(A)(ii)(XX) 1902(hh)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2016	\$432300.00
Second Year	2017	\$736000.00

Subject of Amendment

This amendment adds Medicaid coverage above 133% up to 400% FPL for children under 21 and pregnant women. This coverage is to further the Flint, Michigan demonstration project authorized under section 1115 of the Act (Project No. 11W 00302/5) and will begin when the demonstration authority is approved and end when the demonstration authority expires. The federal budget impact figures reflect the estimated impact to XIX. The related CHIP SPA will reflect the estimated impact to XXI.

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 1, 2016

Submit Date: Mar 1, 2016

DATE RECEIVED: March 1, 2016	DATE APPROVED: 4/21/16
PLAN APPROVED – ONE COPY ATTACHED	
EFFECTIVE DATE OF APPROVED MATERIAL: March 1, 2016	SIGNATURE OF REGIONAL OFFICIAL: /s/
TYPED NAME: Ruth A. Hughes	TITLE: Associate Regional Administrator
REMARKS:	



# Medicaid Eligibility

State Name: Michigan

OMB Control Number: 0938-1148

Transmittal Number: MI - 16 - 0100

Expiration date: 10/31/2014

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

S50

1902(a)(10)(A)(ii)(XX)  
1902(hh)  
42 CFR 435.218

**Individuals above 133% FPL** - The state elects to cover individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.218.

☒ Yes ☐ No

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

☒ Individuals qualifying under this eligibility group must meet the following criteria:

☒ Are under age 65.

☒ Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

☒ Are not otherwise eligible for and enrolled for optional coverage under the state plan in accordance with section 1902(a)(10)(A)(ii)(I) - (XIX) of the Act, 42 CFR 435, subpart C, based on information available from the application for Medicaid.

☒ Have household income that exceeds 133% FPL but is at or below the standard set by the state.

☒ 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 income standard for this eligibility group is: 400 % FPL

☒ There is no resource test for this eligibility group.

☒ Parents or other caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

☒ Under age 19, or

☐ A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:

☒ Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

☒ Yes ☐ No



# Medicaid Eligibility

- ☒ The presumptive period begins on the date the determination is made.
- ☒ The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

- ☒ Periods of presumptive eligibility are limited as follows:
  - ☐ No more than one period within a calendar year.
  - ☐ No more than one period within two calendar years.
  - ☒ No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
  - ☐ Other reasonable limitation:

The state requires that a written application be signed by the applicant or representative.

- ☒ Yes ☐ No
  - ☒ The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.
  - ☐ The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

**An attachment is submitted.**

- ☒ The presumptive eligibility determination is based on the following factors:
  - ☒ The individual must meet the categorical requirements of 42 CFR 435.218.
  - ☒ Household income must not exceed the applicable income standard described at 42 CFR 435.218.
  - ☒ State residency
  - ☒ Citizenship, status as a national, or satisfactory immigration status
- ☒ The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

## List of Qualified Entities

S17

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:



# Medicaid Eligibility

- ☒ Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- ☐ Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- ☐ Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- ☐ Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- ☐ Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- ☐ Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- ☐ Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- ☐ Is a state or Tribal child support enforcement agency under title IV-D of the Act
- ☐ Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- ☐ Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- ☐ Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- ☒ Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- ☐ Other entity the agency determines is capable of making presumptive eligibility determinations:

- The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.
- ☒

**An attachment is submitted.**

The state elects to phase-in coverage to individuals in this group. The phase-in plan must be reasonable and may not provide Medicaid to higher income individuals without providing Medicaid to lower-income individuals.

☐ Yes ☒ No



# Medicaid Eligibility

## 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.

V.20140415