MI - Submission Package - MI2022MS0004O - (MI-23-0110) - Eligibility

Summary

Reviewable Units News Related Actions



CMS-10434 OMB 0938-1188

Package Information

Package ID MI2022MS0004O

Program Name N/A

SPA ID MI-23-0110

Version Number 1

Submitted By Erin Black

Submission Type Official

State MI

Region Chicago, IL

Package Status Submitted

Submission Date 4/20/2023

Regulatory Clock 90 days remain

Review Status Review 1

MEDICAID | Medicaid State Plan | Eligibility | MI2022MS0004O | MI-23-0110

Package Header

Package ID MI2022MS0004O

Submission Type Official

Approval Date N/A

Superseded SPA ID N/A

Reviewable Unit Instructions

State Information

State/Territory Name: Michigan Department of Health and

Human Services

SPA ID MI-23-0110

Initial Submission Date 4/20/2023

Effective Date N/A

Submission Component

State Plan Amendment

Medicaid

○ CHIP

MEDICAID | Medicaid State Plan | Eligibility | MI2022MS0004O | MI-23-0110

Package Header

Package ID MI2022MS0004O

Submission Type Official

Approval Date N/A

Superseded SPA ID N/A

Reviewable Unit Instructions

Initial Submission Date 4/20/2023

Effective Date N/A

SPA ID MI-23-0110

SPA ID and Effective Date

SPA ID MI-23-0110

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	7/1/2023	MI-16-0100
Individuals Eligible for Family Planning Services	7/1/2023	MI-16-0100

Page Number of the Superseded Plan Section or Attachment (If Applicable):

MEDICAID | Medicaid State Plan | Eligibility | MI2022MS0004O | MI-23-0110

Package Header

Package ID MI2022MS0004O

Submission Type Official

Approval Date N/A

Superseded SPA ID N/A

Reviewable Unit Instructions

SPA ID MI-23-0110

Initial Submission Date 4/20/2023

Effective Date N/A

Executive Summary

Summary Description Including To provide authority for access to family planning for Michiganders who do not qualify under the income eligibility for Goals and Objectives Healthy Michigan or traditional Medicaid but have incomes below 200% of the federal poverty level (195% of the federal poverty level with a 5% income disregard).

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$900000
Second	2024	\$4500000

Federal Statute / Regulation Citation

1902(a)(10)(A)(ii)(XXI) of Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No iter	ms available

MEDICAID | Medicaid State Plan | Eligibility | MI2022MS0004O | MI-23-0110

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Submission Type Official

Approval Date N/A

Superseded SPA ID N/A

Reviewable Unit Instructions

Governor's Office Review

O No comment

O Comments received

O No response within 45 days

Other

SPA ID MI-23-0110

Initial Submission Date 4/20/2023

Effective Date N/A

Describe Farah Hanley, Senior Chief Deputy

Director for Health

Michigan Department of Health and

Human Services

Submission - Medicaid State Plan MEDICAID | Medicaid State Plan | Eligibility | MI2022MS0004O | MI-23-0110

CMS-10434 OMB 0938-1188

The submission	includes	the fo	llowing:
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	Administration
X	Eligibility

☐ Income/Resource Methodologies

☐ Income/Resource Standards

Mandatory Eligibility Groups

X Optional Eligibility Groups

Reviewable Unit Name	Included in Another Source Type Submission Package	
Optional Eligibility Groups	(CONVERTED	

☐ Non-Financial Eligibility

Eligibility and Enrollment Processes

Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | MI2022MS00040 | MI-23-0110

Package Header

Other issue

Package ID MI2022MS0004O **SPA ID** MI-23-0110 Submission Type Official Initial Submission Date 4/20/2023 Effective Date N/A Approval Date N/A Superseded SPA ID N/A **Reviewable Unit Instructions** Indicate whether public comment was solicited with respect to this submission. O Public notice was not federally required and comment was not solicited Public notice was not federally required, but comment was solicited O Public notice was federally required and comment was solicited Indicate how public comment was solicited: $\overline{\mathbf{X}}$ Newspaper Announcement Name of Paper: Date of Publication: Locations covered: Multiple 4/11/2023 Multiple Publication in state's administrative record, in accordance with the administrative procedures requirements ☐ Email to Electronic Mailing List or Similar Mechanism ☐ Website Notice ☐ Public Hearing or Meeting Other method Upload copies of public notices and other documents used **Date Created** Tearsheet for Family Planning - Flint Journal 4/20/2023 9:05 AM EDT Upload with this application a written summary of public comments received (optional) Name **Date Created** No items available Indicate the key issues raised during the public comment period (optional) Access Quality Cost Payment methodology Eligibility Benefits Service delivery

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | MI2022MS00040 | MI-23-0110

Package Header

Package ID MI2022MS0004O **SPA ID** MI-23-0110 Submission Type Official Initial Submission Date 4/20/2023 Effective Date N/A Approval Date N/A Superseded SPA ID N/A **Reviewable Unit Instructions** One or more Indian Health Programs or Urban Indian Organizations This state plan amendment is likely to have a direct effect on Indians, furnish health care services in this state Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan. Yes Yes O No O No The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA. Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission: Solicitation of advice and/or Tribal consultation was conducted in the following manner: All Indian Health Programs All Urban Indian Organizations States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below: X All Indian Tribes Date of consultation: Method of consultation: 10/11/2022 Letter of Notification to Tribal Chairs and Health Directors 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. Name **Date Created** 11/7/2022 1:49 PM EST L 22-54 Indicate the key issues raised (optional) Access Quality Cost Payment methodology Eligibility Benefits Service delivery Other issue

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MI2022MS0004O | MI-23-0110

Package Header

Package ID MI2022MS0004O

Submission Type Official

Approval Date N/A

Superseded SPA ID MI-16-0100

System-Derived

Reviewable Unit Instructions

A. Options for Coverage

The state	provides	Modicaid to	cnocified	antional	ground of	individuals.
THE State	DIOVIGES	weulcalu tu	Specified	ODLIOHAI	5100D2 01	IIIuiviuuais.

-		-	
6 Y	'es		No
- Y	es	()	N

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

SPA ID MI-23-0110

Initial Submission Date 4/20/2023

Effective Date 7/1/2023

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type 😯
Optional Coverage of Parents and Other Caretaker Relatives	Ø			0	NEW
Reasonable Classifications of Individuals under Age 21	P			0	NEW
Children with Non-IV-E Adoption Assistance	P			0	CONVERTED
Independent Foster Care Adolescents	P			0	CONVERTED
Optional Targeted Low Income Children	P			0	CONVERTED
Individuals above 133% FPL under Age 65	P	X		0	CONVERTED
Individuals Needing Treatment for Breast or Cervical Cancer	Ø			0	NEW
Individuals Eligible for Family Planning Services	Ø	X	X	0	NEW
Individuals with Tuberculosis	ø			0	NEW
Individuals Electing COBRA Continuation Coverage	P			0	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type 🛭
Individuals Eligible for but Not Receiving Cash Assistance	P			0	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type ②
Individuals Eligible for Cash Except for Institutionalization	9			0	NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules	Ø			0	NEW
Optional State Supplement Beneficiaries	ø			0	NEW
Individuals in Institutions Eligible under a Special Income Level	ø			0	NEW
PACE Participants	ø			0	NEW
Individuals Receiving Hospice	9			0	NEW
Children under Age 19 with a Disability	9			0	NEW
Age and Disability- Related Poverty Level	9			0	NEW
Work Incentives	ø			0	NEW
Ticket to Work Basic	Ø			0	NEW
Ticket to Work Medical Improvements	9			0	NEW
Family Opportunity Act Children with a Disability	9			0	NEW
Individuals Receiving State Plan Home and Community-Based Services	®			0	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers	9			0	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MI2022MS0004O | MI-23-0110

Package Header

Package ID MI2022MS0004O

Submission Type Official

Approval Date N/A

Superseded SPA ID MI-16-0100

System-Derived

SPA ID MI-23-0110

Initial Submission Date 4/20/2023

Effective Date 7/1/2023

Reviewable Unit Instructions

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

O Yes • No

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MI2022MS0004O | MI-23-0110

Package Header

Package ID MI2022MS0004O

Submission Type Official

Approval Date N/A

Superseded SPA ID MI-16-0100

System-Derived

Reviewable Unit Instructions

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

SPA ID MI-23-0110

Initial Submission Date 4/20/2023

Effective Date 7/1/2023

N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | MI2022MS0004O | MI-23-0110

Individuals, regardless of gender, who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services.

Package Header

Package ID MI2022MS0004O

Initial Submission Data 4/20/2022

Submission Type Official

Initial Submission Date 4/20/2023

Approval Date N/A

Effective Date 7/1/2023

SPA ID MI-23-0110

Superseded SPA ID MI-16-0100

User-Entered

Reviewable Unit Instructions

The state covers the family planning eligibility group in accordance with the following provisions:

A. Characteristics

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

- 1. Are not pregnant
- 2. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan
- 3. Are not otherwise eligible for and enrolled in optional full Medicaid coverage under the state plan
- 4. Have household income that does not exceed the income standard established by the state for this group

MEDICAID | Medicaid State Plan | Eligibility | MI2022MS0004O | MI-23-0110

Package Header

Package ID MI2022MS0004O

Submission Type Official

Approval Date N/A

Superseded SPA ID MI-16-0100

User-Entered

SPA ID MI-23-0110

Initial Submission Date 4/20/2023

Effective Date 7/1/2023

Reviewable Unit Instructions

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

Ye

○ No

MEDICAID | Medicaid State Plan | Eligibility | MI2022MS0004O | MI-23-0110

Package Header

Package ID MI2022MS0004O

Submission Type Official

Approval Date N/A

Superseded SPA ID MI-16-0100

User-Entered

Reviewable Unit Instructions

C. Income Standard Used

1. The state uses the same income standard for all individuals covered.

Yes

○ No

2. The income standard for this eligibility group is:

195.00% FPL

SPA ID MI-23-0110

Initial Submission Date 4/20/2023

Effective Date 7/1/2023

MEDICAID | Medicaid State Plan | Eligibility | MI2022MS0004O | MI-23-0110

Package Header

Package ID MI2022MS0004O

Submission Type Official

Approval Date N/A

Superseded SPA ID MI-16-0100

User-Entered

Reviewable Unit Instructions
D. Financial Methodologies
1. MAGI-based methodologies are used in calculating household income. Except as described in this section, for information on the methodology use for this group, please refer as necessary to MAGI-Based Methodologies, completed by the state.
2. The state uses the same financial methodology for all individuals covered.
• Yes
○ No
3. In determining eligibility for this group, the state includes the following household members:
a. All household members
O b. Only the individual
4. In determining eligibility for this group, the state increases the family size by one, counting the individual as two
○ Yes
⊙ No
5. In determining eligibility for this group, the state counts the income of:
a. All household members
O b. Only the individual

SPA ID MI-23-0110

Initial Submission Date 4/20/2023

Effective Date 7/1/2023

MEDICAID | Medicaid State Plan | Eligibility | MI2022MS0004O | MI-23-0110

Package Header

Package ID MI2022MS0004O

Submission Type Official

Approval Date N/A

Superseded SPA ID MI-16-0100

User-Entered

Reviewable Unit Instructions

SPA ID MI-23-0110

Initial Submission Date 4/20/2023

Effective Date 7/1/2023

E. Basis for Income Standard - Maximum Income Standard

X 1. The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards an the determination of the maximum income standard to be used for this eligibility group.

2. The state's maximum income standard for this eligibility group is the highest of the following:

💿 a. The state's current effective income level for the Pregnant Women eligibility gro	oup (42 CFR 435.116) under the
Medicaid state plan.	

- Ob. The state's current effective income level for pregnant women under a Medicaid 1115 Demonstration.
- 🔾 c. The state's current effective income level for Targeted Low-Income Pregnant Women under the CHIP state plan.
- Od. The state's current effective income level for pregnant women under a CHIP 1115 Demonstration.
- 3. The amount of the maximum income standard is:

195.00% FPL

F. Family Planning Benefits

Benefits for this eligibility group are limited to family planning and related services described in the Benefit and Payments section of the state plan.

G. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

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PUBLIC NOTICES

program implementation will create the Medicaid family planning state plan eligibility group for all individuals with incomes at or below 195% of the federal poverty level. Plan First benefits will be clude a specified set of services for family planning and family planning-related services, including:

Initial and annual physical exams relating to reproduc-tive health and family plan-ning options, including con-traceptives, education, and coversities.

traceptives, education, and counseling.

Breast and cervical cancer screenings.

Sexually transmitted infections and HIV screening and the traction.

Sterilization services.
 Family-planning-related laboratory services.
 Medical, diagnostic and treatment services that are determined to be necessary during a family planning visit, such as treatment for sexually transmitted infections or diseases, and cervical cancer vaccinations.

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testing. Sterilization services.

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WAY Academy-Flint Campus, a tuition, free public-school Academy, serving students and their family announces 2023-2024 open for enrollment for grades 7 through 12. WAY Academy Flint located 817 E. Kearsley St. Flint, MI 48503. Students and their families may enroll Starting April 16th to May 17, 2023. In addition, interested students and their families may contact the WAY Academy by calling 810-412-8655. This school is a public-school academy authorized by Lake State University (LSSU) according to the Michigan Revise School Code. It has an open enrollment policy and does not discriminate based on intellectual or physical abilities, achievement, or aptitude, religion, race, or gender. Random selection drawing, In the event, students' enrollments applications exceed the available space a random selection drawing, In the event, students' enrollments applications exceed the available space a random 597 Main St., Belleville, MI 48111. The random selection drawing in accordance with a Michigan revise school code and chartering contract provisions with Lake State University will be partered to the properties of the contract provisions with Lake State University will be partered to the properties of the contract provisions with Lake State University will be partered to the properties of the contract provisions with Lake State University will be partered to the public Morkypoo puppies . Adorable puppies ready for new homes vaccinated HEALTH GUARANTEED nonshedding 750.00 and up 1-616-443-6004

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PUBLIC NOTICES

Announcement Proclamation I Ronald E. E. Barnes Bey; Whose Address Is 2125 Crocker Ave. Flint, Michigan 48503. Proclaim My Free National Name At Moorish Science Temple Of America.

According To The Rules, Usage Of Such Of Moorish Science Temple Of America.

The Moorish Science Temple
Of America, Deriving Is Power And Authority From The
Great Koran Of Mohammad
To Propagate The Faith, And
Extend The Learning And
Truth Of The Great Prophet
Of Alli In America.

To Anoint And Appoint And Consecrate Missionaries Of The Prophet And To Estab-lish The Faith Of Mohammad

Notice of Project Plan Public Hearing

The Village of Otisville will hold a public hearing on the proposed WWTP Lagoons project for the purpose of re-ceiving comments from in-terested persons

proposed WWTP Lagoons project for the purpose of receiving comments from interested persons.

The special meeting will be on April 24, 2023 at 7:00 pm at the Village of Otisville, Tom Bess, Jr. Council Chambers: Location 300 East Street, Otisville, MI 48463.

The purpose of the proposed project is to provide a reliable outlet and drying facility for post-treatment biosolids after the wastewater treatment process has been completed.

Project construction will involve loading mechanisms, greenhouses, and heated floors to dry biosolids.

Impacts of the proposed project include minor construc-tion impacts and an increase in truck traffic near 11205 Gale Road Road, in exchange for a more reliable outlet for the biosolids with a higher degree of treatment.

The estimated cost to users for the proposed project will be approximately \$300.00 per year for 30 years per each sanitary sewer account. However, some of the costs may be covered under the existing rates and the community may be eligible for loan forgiveness.

Copies of the plan detailing the proposed project are available for inspection at the following location: Vil-lage of Otisville, 300 East Street, Otisville, MI 48463.

Written comments received before the special meeting record is closed on April 24, 2023, will receive responses in the final project plan. Written comments should be sent to:

Kathy Martini, Clerk Village of Otisville

Otisville, MI 48463

Public Notice Michigan Department of Health and Human Services Behavioral and Physical Health and Aging Services Administration

Family Planning State Plan Amendment Request The Michigan Department of Health and Human Services (MDHHS) plans to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS) to implement the Plan First family planning Medicaid eligibility group. The anticipated effective date for the Plan First family planning eligibility group and coverage SPA is July 1, 2023. The estimated gross cost to the State of Michigan is \$6.0 million per year.

The SPA for the Plan First

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STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES LANSING

ELIZABETH HERTEL DIRECTOR

GRETCHEN WHITMER
GOVERNOR

October 11, 2022

NAME TITLE ADDRESS CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Plan First! New Family Planning Eligibility Group

This letter, in compliance with Section 1902(a)(73) and Section 2107(e)(1)(C) of the Social Security Act, serves as notice to all Tribal Chairs and Health Directors of the intent by the Michigan Department of Health and Human Services (MDHHS) to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS).

Securing approval for this SPA would provide access to family planning for Michiganders who do not qualify under the income eligibility for Healthy Michigan or traditional Medicaid but have incomes below 200% of the federal poverty level (195% of the federal poverty level with a 5% income disregard). It is expected that Tribal members and other Native Americans not currently eligible for these services would benefit from this coverage if this SPA is approved by CMS.

MDHHS is pursuing an amendment to its Medicaid State Plan to add a Family Planning Medicaid Group that will provide coverage for family planning services for people with incomes up to 200% of the federal poverty level – currently \$36,620 annually for a household of two. Under the change, approximately 25,000 additional Michiganders would have access to these critically important family planning services.

Approval of the SPA would provide family planning coverage to additional women, men and families, including:

- Initial and annual physical exams relating to reproductive health and family planning options, including patient education and counseling.
- Breast and cervical cancer screenings.
- Sexually transmitted infections and HIV screening and testing.
- Sterilization services.
- Family-planning-related laboratory services.

 Medical, diagnostic and treatment services that are determined to be necessary during a family planning visit, such as treatment for sexually transmitted infections or diseases or cervical cancer vaccinations.

There is no public hearing scheduled for this SPA. Input regarding this SPA is highly encouraged, and comments regarding this notice of intent may be submitted to Lorna Elliott-Egan, MDHHS Liaison to the Michigan tribes. Lorna can be reached at 517-512-4146, or via email at Elliott-EganL@michigan.gov. Please provide all input by November 26, 2022.

In addition, MDHHS is offering to set up group or individual consultation meetings to discuss the Amendment, according to the tribes' preference. Consultation meetings allow tribes the opportunity to address any concerns and voice any suggestions, revisions, or objections to be relayed to the author of the proposal. If you would like additional information or wish to schedule a consultation meeting, please contact Lorna Elliott-Egan at the telephone number or email address provided above.

MDHHS appreciates the continued opportunity to work collaboratively with you to care for the residents of our state.

An electronic copy of this letter is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Sincerely,

Farah Hanley

Sarah a. Harley

Chief Deputy Director for Health

CC: Keri Toback, CMS Nancy Grano, CMS

Chasity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan

Daniel Frye, Director, Indian Health Service - Bemidji Area Office

Lorna Elliott-Egan, MDHHS

Distribution List for L 22-54 October 11, 2022

Ms. Whitney Gravelle, President, Bay Mills Indian Community

Ms. Audrey Breakie, Health Director, Bay Mills (Ellen Marshall Memorial Center)

Mr. David M. Arroyo, Chairman, Grand Traverse Band Ottawa & Chippewa Indians

Ms. Doris Winslow, Health Director, Grand Traverse Band Ottawa/Chippewa

Mr. Kenneth Meshigaud, Tribal Chairman, Hannahville Indian Community

Ms. G. Susie Meshigaud, Health Director, Hannahville Health Center

Ms. Kim Klopstein, President, Keweenaw Bay Indian Community

Ms. Elizabeth Mayo, Interim 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. Sadie Valliere, Health & Human Services Director, Lac Vieux Desert Band

Mr. Larry Romanelli, Ogema, Little River Band of Ottawa Indians

Mr. Daryl Wever, Health Director, Little River Band of Ottawa Indians

Ms. Regina Gasco-Bentley, Tribal Chairman, Little Traverse Bay Band of Odawa Indians

Ms. Jodi Werner, Health Director, Little Traverse Bay Band of Odawa

Mr. Bob Peters, Chairman, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)

Ms. Kelly Wesaw, Health Director, Match-E-Be-Nash-She-Wish Potawatomi

Mr. Jamie Stuck, Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians

Ms. Rosalind Johnston, Health Director, Huron Potawatomi Inc.- Tribal Health Department

Ms. Rebecca Richards, Tribal Chairwoman, Pokagon Band of Potawatomi Indians

Ms. Priscilla Gatties, Interim Health Director, Pokagon Potawatomi Health Services

Ms. Theresa Peters-Jackson, Tribal Chief, Saginaw Chippewa Indian Tribe

Mrs. Karmen Fox, Executive Health Director, Nimkee Memorial Wellness Center

Mr. Austin Lowes, Tribal Vice Chairperson, Sault Ste. Marie Tribe of Chippewa Indians

Mr. Leonid Chugunov, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

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