

MI - Submission Package - MI2024MS0001O - (MI-24-0120) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Approval Letter](#) [News](#) [Related Actions](#)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

June 21, 2024

Elizabeth Hertel
Director, Department of Health and Human Services
Michigan Department of Health and Human Services
400 S Pine
Lansing, MI 48909

Re: Approval of State Plan Amendment MI-24-0120

Dear Elizabeth Hertel,

On March 28, 2024, the Centers for Medicare and Medicaid Services (CMS) received Michigan State Plan Amendment (SPA) MI-24-0120, in which the state proposed to disregard, under the authority of section 1902(r)(2) of the Social Security Act, assistance received from guaranteed income programs.

We approve Michigan State Plan Amendment (SPA) MI-24-0120 with an effective date(s) of January 01, 2024.

If you have any questions regarding this amendment, please contact Keri Rosenbloom-Toback at keri.toback@cms.hhs.gov

Sincerely,
James G. Scott
Director, Division of Program Operations
Center for Medicaid & CHIP Services

MI - Submission Package - MI2024MS0001O - (MI-24-0120) - Eligibility

- Summary
- Reviewable Units
- Versions
- Correspondence Log
- Approval Letter
- News
- Related Actions

CMS-10434 OMB 0938-1188

Package Information

Package ID	MI2024MS0001O	Submission Type	Official
Program Name	N/A	State	MI
SPA ID	MI-24-0120	Region	Chicago, IL
Version Number	3	Package Status	Approved
Submitted By	Erin Black	Submission Date	3/28/2024
Package Disposition		Approval Date	6/21/2024 2:39 PM EDT

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID MI2024MS0001O
Submission Type Official
Approval Date 06/21/2024
Superseded SPA ID N/A

SPA ID MI-24-0120
Initial Submission Date 3/28/2024
Effective Date N/A

State Information

State/Territory Name: Michigan

Medicaid Agency Name: Michigan Department of Health and Human Services

Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID MI-24-0120

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Medically Needy Income Level	1/1/2024	92-04,94-05,92-15
Handling of Excess Income (Spenddown)	1/1/2024	91-30,92-03
Medically Needy Resource Level	1/1/2024	06-02
Mandatory Eligibility Groups	1/1/2024	MI-23-0100
Qualified Medicare Beneficiaries	1/1/2024	06-02,06-06,08-13,13-015
Specified Low Income Medicare Beneficiaries	1/1/2024	06-02,06-06,08-13,13-015
Qualifying Individuals	1/1/2024	06-02,06-06,08-13,13-015
Optional Eligibility Groups	1/1/2024	MI-23-0110
Individuals Eligible for but Not Receiving Cash Assistance	1/1/2024	06-02,06-06,08-13
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules	1/1/2024	06-06,08-13,13-015
Individuals in Institutions Eligible under a Special Income Level	1/1/2024	06-02,13-015
Age and Disability-Related Poverty Level	1/1/2024	06-02,08-13,13-015
Ticket to Work Basic	1/1/2024	06-02,08-13,13-015
Medically Needy Pregnant Women	1/1/2024	06-02,06-06,08-13
Medically Needy Children under Age 18	1/1/2024	06-02,06-06,08-13
Medically Needy Reasonable Classifications of Individuals under Age 21	1/1/2024	06-02,06-06,08-13
Medically Needy Parents and Other Caretaker Relatives	1/1/2024	06-02,06-06,08-13
Medically Needy Populations Based on Age, Blindness or Disability	1/1/2024	06-02,06-06,08-13

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

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Update the Less Restrictive Income Methodologies Under 1902(r)(2) to disregard payments received from a guaranteed income program as income and resources.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

Federal Statute / Regulation Citation

42 C.F.R. §§435.601. 1902(r)(2) of the Social Security Act.

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID MI2024MS0001O
Submission Type Official
Approval Date 06/21/2024
Superseded SPA ID N/A

SPA ID MI-24-0120
Initial Submission Date 3/28/2024
Effective Date N/A

Governor's Office Review

- ☐ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☒ Other

Describe Meghan Groen, Director
Behavioral and Physical Health and
Aging Services Administration
Michigan Department of Health and
Human Services

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

CMS-10434 OMB 0938-1188

The submission includes the following:

☐ Administration

☒ Eligibility

☐ Income/Resource Methodologies

☒ Income/Resource Standards

☐ AFDC Income Standards

☒ Medically Needy Income Level

Reviewable Unit Name	Included in Another Source Type Submission Package
Medically Needy Income Level	APPROVED

☒ Handling of Excess Income (Spenddown)

Reviewable Unit Name	Included in Another Source Type Submission Package
Handling of Excess Income (Spenddown)	APPROVED

☒ Medically Needy Resource Level

Reviewable Unit Name	Included in Another Source Type Submission Package
Medically Needy Resource Level	APPROVED

☒ Mandatory Eligibility Groups

Reviewable Unit Name	Included in Another Source Type Submission Package
Mandatory Eligibility Groups	APPROVED

☒ Optional Eligibility Groups

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

☐ Non-Financial Eligibility

☐ Eligibility and Enrollment Processes

☐ Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- ☒ Public notice was not federally required and comment was not solicited
- ☐ Public notice was not federally required, but comment was solicited
- ☐ Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	N/A
Superseded SPA ID	N/A		

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- ☒ Yes
- ☐ No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- ☒ Yes
- ☐ 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:

- ☒ All Indian Tribes

Date of consultation:	Method of consultation:
3/25/2024	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	
L 24-10	3/28/2024 2:16 PM EDT	

Indicate the key issues raised (optional)

- ☐ Access
- ☐ Quality
- ☐ Cost
- ☐ Payment methodology
- ☐ Eligibility
- ☐ Benefits
- ☐ Service delivery
- ☐ Other issue

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	92-04,94-05,92-15		
	User-Entered		

A. Income Level Used

1. The state employs a single income level for the medically needy.
2. The income level varies based on differences between shelter costs in urban and rural areas.

- ☒ Yes
- ☐ No

The areas in which the level varies are:

Name of area:	Description:
Shelter Area VI	Based on AFDC payment standards, Shelter Area VI Consists of the following counties: Genesee, Ingham, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw.
Shelter Area III	Based on AFDC payment standards, Shelter Area III consists of the following counties: Alcona, Benzie, Cheboygan, Crawford, Dickinson, Gladwin, Hillsdale, Jackson, Kalkaska, Mackinac, Mason, Missaukee, Montcalm, Muskegon, Newaygo, Ogemaw, Sanilac, Wexford.
Shelter Area IV	Based on AFDC payment standards, Shelter Area IV Consists of the following counties: Allegan, Alpena, Antrim, Berrien, Branch, Calhoun, Cass, Charlevoix, Clare, Emmet, Gratiot, Ionia, Isabella, Marquette, Montmorency, Roscommon, St. Joseph, Shiawassee, Tuscola, Wayne.
Shelter Area I	Based on AFDC payment standards, Shelter Area I consists of the following counties: Alger, Baraga, Gogebic, Huron, Iron, Keweenaw, Luce, Mecosta, Menominee, Presque Isle, Schoolcraft.
Shelter Area II	Based on AFDC payment standards, Shelter Area II consists of the following counties: Arenac, Chippewa, Delta, Houghton, Iosco, Lake, Manistee, Oceana, Ontonagon, Osceola, Oscoda.
Shelter Area V	Based on AFDC payment standards, Shelter Area V Consists

Name of area:	Description: of the following counties: Barry, Bay, Clinton, Eaton, Grand Traverse, Kalamazoo, Kent, Lapeer, Leelanau, Lenawee, Midland, Otsego, Ottawa, Saginaw, Van Buren.
---------------	---

3. The level used is:

Shelter Area VI

Household size	Standard
1	\$408.00
2	\$541.00
3	\$567.00
4	\$593.00
5	\$689.00
6	\$822.00
7	\$898.00
8	\$974.00
9	\$1050.00
10	\$1126.00

The state uses an additional incremental amount for larger household sizes.

☒ Yes
☐ No

Incremental Amount:
\$76.00

The dollar amounts increase automatically each year

☐ Yes
☒ No

Shelter Area III

Household size	Standard
1	\$350.00
2	\$475.00
3	\$512.00
4	\$548.00
5	\$644.00
6	\$777.00
7	\$853.00
8	\$929.00
9	\$1005.00
10	\$1081.00

The state uses an additional incremental amount for larger household sizes.

☒ Yes
☐ No

Incremental Amount:
\$76.00

The dollar amounts increase automatically each year

☐ Yes
☒ No

Shelter Area IV

Household size	Standard
1	\$375.00
2	\$500.00

The state uses an additional incremental amount for larger household sizes.

☒ Yes
☐ No

Incremental Amount:
\$76.00

Household size	Standard
3	\$532.00
4	\$563.00
5	\$659.00
6	\$792.00
7	\$868.00
8	\$944.00
9	\$1020.00
10	\$1096.00

The dollar amounts increase automatically each year

☐ Yes

☒ No

Shelter Area I

Household size	Standard
1	\$341.00
2	\$458.00
3	\$493.00
4	\$528.00
5	\$624.00
6	\$757.00
7	\$833.00
8	\$909.00
9	\$985.00
10	\$1061.00

The state uses an additional incremental amount for larger household sizes.

☒ Yes

☐ No

Incremental Amount:

\$76.00

The dollar amounts increase automatically each year

☐ Yes

☒ No

Shelter Area II

Household size	Standard
1	\$341.00
2	\$466.00
3	\$502.00
4	\$538.00
5	\$634.00
6	\$767.00
7	\$843.00
8	\$919.00
9	\$995.00
10	\$1071.00

The state uses an additional incremental amount for larger household sizes.

☒ Yes

☐ No

Incremental Amount:

\$76.00

The dollar amounts increase automatically each year

☐ Yes

☒ No

Shelter Area V

Household size	Standard
1	\$391.00
2	\$516.00
3	\$547.00
4	\$578.00
5	\$674.00
6	\$807.00
7	\$883.00
8	\$959.00
9	\$1035.00
10	\$1111.00

The state uses an additional incremental amount for larger household sizes.

☒ Yes

☐ No

Incremental Amount:

\$76.00

The dollar amounts increase automatically each year

☐ Yes

☒ No

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	92-04,94-05,92-15		
	User-Entered		

B. Basis for Income Level

1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.
2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	92-04,94-05,92-15		
	User-Entered		

C. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	91-30,92-03		
User-Entered			

If countable income exceeds the income standard, the state must deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party, in accordance with 42 CFR 435.831 and 42 CFR 435.121.

A. Budget Periods

Income in excess of the appropriate income standard is considered available for payment of medical or remedial care expenses in budget periods that do not exceed six months.

1. In determining income eligibility, countable income is reduced by the amount of incurred medical or remedial care expenses during the budget period specified below:

- ☒ a. One budget period of:

☐ i. 6 months

☐ ii. 5 months

☐ iii. 4 months

☐ iv. 3 months

☐ v. 2 months

☒ vi. 1 month

☐ b. More than one budget period, as described below:

2. The state includes part or all of the retroactive period in the budget period.

- ☐ Yes
- ☒ No

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	91-30,92-03		
	User-Entered		

B. Types of Eligible Expenses

1. In determining incurred expenses to be deducted from income, the state includes:

a. Medicare, Medicaid, and other health insurance premiums and enrollment fees.

b. Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.

c. Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.

d. Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.
2. The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.

☐ Yes

☒ No
3. Incurred expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicaid) of a state and the program is financed by the state.

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	91-30,92-03		
User-Entered			

C. Timeframe of Deduction of Expenses

In determining incurred expenses to be deducted from income, the state deducts:

1. For retroactive budget periods and a budget period that includes both retroactive and prospective budget, the state deducts:

a. Eligible expenses incurred during the budget period, whether paid or unpaid.

b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.

c. Unpaid eligible expenses, which have not been deducted previously in establishing eligibility, and were incurred:

☒ i. At any time prior to the budget period.

☐ ii. Prior to the third month before the month of application, but no earlier than:

☐ iii. No earlier than the third month before the month of application.
2. For prospective budget period(s), the state deducts:

a. Eligible expenses incurred during the budget period, whether paid or unpaid.

b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.

c. Unpaid eligible expenses that are carried over from the prior budget period and have not been deducted previously in establishing eligibility.

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	91-30,92-03		
User-Entered			

D. Order of Deduction of Expenses

Incurred medical or remedial care expenses are deducted in the following order:

- 1. By the type of service, in the following order:
 - a. Premiums, deductibles, coinsurance and co-payments.
 - b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.
 - c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.
 - d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.
- 2. In chronological order by the date of the service, or the date cost sharing payments are due.
- 3. In chronological order by the date the bill is submitted to the state by the individual.

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	91-30,92-03		
	User-Entered		

E. Reasonable Limitations

The state sets reasonable limits on the amount to be deducted for expenses.

- ☐ Yes
- ☒ No

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	91-30,92-03		
	User-Entered		

F. Spenddown Payments Made by Individuals

The state permits individuals to pay-in their spenddown liability.

- ☐ Yes
- ☒ No

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	91-30,92-03		
	User-Entered		

G. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02		
User-Entered			

A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy.
2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02		
User-Entered			

B. Resource Level Used

The level used is:

Household size	Standard
2	\$3000.00
1	\$2000.00

The state uses an additional incremental amount for larger household sizes.

- ☐ Yes
- ☒ No

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02		
User-Entered			

C. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

















Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	MI-23-0100		
	System-Derived		














Mandatory Coverage







A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19			<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives			<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women			<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns			<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care			<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children			<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance			<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections			<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
SSI Beneficiaries			<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups			<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI			<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)			<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries				<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals			<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Specified Low Income Medicare Beneficiaries				<input type="radio"/>	APPROVED
Qualifying Individuals				<input type="radio"/>	APPROVED

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120


Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	MI-23-0100		
	System-Derived		

B. The state elects the Adult Group, described at 42 CFR 435.119.

☒ Yes ☐ No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group			<input type="checkbox"/>	<input type="radio"/>	CONVERTED

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:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13,13-015		
	User-Entered		

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

- Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
- Have income and resources at or below the standard for this group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13,13-015		
	User-Entered		

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

Description of disregard: Disregard Census Bureau wages for temporary employment related to census activities.

☒ A specified type of income is disregarded:

Name of income type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
In-Kind and Support and Maintenance	Disregard value of in-kind support and maintenance.
Individual Development Account (IDA)	Disregard funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.

3. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Guaranteed Income Program	Disregard as a resource any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Individual Development Account (IDA)	Disregard as a resource funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.

- ☒ A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13,13-015		
	User-Entered		

C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13,13-015		
User-Entered			

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13,13-015		
	User-Entered		

The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID MI2024MS0001O
Submission Type Official
Approval Date 06/21/2024
Superseded SPA ID 06-02,06-06,08-13,13-015
User-Entered

SPA ID MI-24-0120
Initial Submission Date 3/28/2024
Effective Date 1/1/2024

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

Description of disregard: Disregard Census Bureau wages for temporary employment related to census activities.

☒ A specified type of income is disregarded:

Name of income type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
In-Kind and Support and Maintenance	Disregard value of in-kind support and maintenance.
Individual Development Account (IDA)	Disregard funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.

3. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Guaranteed Income Program	Disregard as a resource any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Individual Development Account (IDA)	Disregard as a resource funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.

- ☒ A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13,13-015		
	User-Entered		

C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13,13-015		
User-Entered			

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13,13-015		
	User-Entered		

The state covers the mandatory qualifying individuals group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID MI2024MS0001O
Submission Type Official
Approval Date 06/21/2024
Superseded SPA ID 06-02,06-06,08-13,13-015
User-Entered

SPA ID MI-24-0120
Initial Submission Date 3/28/2024
Effective Date 1/1/2024

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

Description of disregard: Disregard Census Bureau wages for temporary employment related to census activities.

☒ A specified type of income is disregarded:

Name of income type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
In-Kind and Support and Maintenance	Disregard value of in-kind support and maintenance.
Individual Development Account (IDA)	Disregard funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.

3. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Guaranteed Income Program	Disregard as a resource any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Individual Development Account (IDA)	Disregard as a resource funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.

- ☒ A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13,13-015		
	User-Entered		

C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13,13-015		
User-Entered			

F. Additional Information (optional)

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	MI-23-0110		
System-Derived			











A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

☒ Yes ☐ No














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):

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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	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		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	MI-23-0110		
System-Derived			

B. Medically Needy Options for Coverage

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

☒ Yes ☐ No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	MI-23-0110		
	System-Derived		

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:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Individuals who are eligible for but not receiving federal cash assistance or an optional state supplement.

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
	User-Entered		

The state covers the optional Individuals Eligible for but Not Receiving Cash Assistance eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Meet the eligibility requirements of at least one of the following cash assistance programs:

- ☒ a. SSI
- ☐ b. Optional State Supplement
- ☐ c. AFDC

2. Do not receive cash assistance under these programs.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
	User-Entered		

B. Individuals Covered

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

- ☒ Yes
- ☐ No

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
User-Entered			

C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

Description of disregard: Disregard Census Bureau wages for temporary employment related to census activities.

☒ A specified type of income is disregarded:

Name of income type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Individual Development Account (IDA)	Disregard funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.

4. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Guaranteed Income Program	Disregard as a resource any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Individual Development Account (IDA)	Disregard as a resource funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.
Payment for Planned Repair or Replacement of Property	Payment received for the planned repair or replacement of property

Name of resource type:	Description:
	that was lost, stolen, damaged, or destroyed. No time limit is imposed.
Un-salable Property	Un-salable property is not a countable resource. The property is un-salable when either: a) two knowledgeable sources state the property is un-salable due to a specified condition, or b) an actual sale attempt is made and no reasonable offer to purchase has been received. Conditional eligibility and repayment agreements are not required.
Single Day in Calendar Month Resource Eligibility	Resource eligibility exists for an entire calendar month if countable resources are equal to, or less than, the resource standard at any time during that calendar month.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
	User-Entered		

D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
	User-Entered		

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Individuals who would be eligible for Medicaid if they were in an institution and who receive home and community-based services.

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-06,08-13,13-015		
	User-Entered		

The state operates the Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Would be eligible for Medicaid if in a medical institution.
2. But for the provision of home and community-based services under a waiver granted under section 1915(c), (d) or (e) of the Act:
 - a. For waivers granted under 1915(c), the individuals would otherwise require the level of care furnished in a hospital, a nursing facility or an intermediate care facility for individuals with intellectual disabilities.
 - b. For waivers granted under 1915(d) or (e), the individuals would otherwise require the level of care furnished in a hospital or nursing facility.
3. Will receive the waived services.

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-06,08-13,13-015		
User-Entered			

B. Income and Resource Methodologies

1. The income and resource methodologies used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

2. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

Description of disregard: Disregard Census Bureau wages for temporary employment related to census activities.

☒ A specified type of income is disregarded:

Name of income type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
In-Kind and Support and Maintenance	Disregard value of in-kind support and maintenance.
Individual Development Account (IDA)	Disregard funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.

3. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-06,08-13,13-015		
User-Entered			

C. Income and Resource Standards

The income and resource standards used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-06,08-13,13-015		
	User-Entered		

D. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Individuals who are in medical institutions for at least 30 consecutive days who are eligible under a special income level.

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,13-015		
	User-Entered		

The state covers Individuals in Institutions Eligible under a Special Income Level in accordance with the following provisions:

A. Characteristics

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

1. Have been in a medical institution for at least 30 consecutive days.
2. Have income at or below a standard described in section D.

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,13-015		
	User-Entered		

B.Individuals Covered

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

- ☐ Yes
- ☒ No

2. The state covers the following populations:

- ☒ a. Individuals age 65 or older
- ☒ b. Individuals who have blindness
- ☒ c. Individuals who have a disability
- ☐ d. Pregnant women
- ☐ e. All Individuals under age 21, or a lower age
- ☐ f. Reasonable classifications of children.

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,13-015		
User-Entered			

C. Financial Methodologies

1. In calculating household income, the methodologies of the most closely related cash assistance program are used, except that disregards are not applied.
2. In calculating household resources, the methodologies of the most closely related cash assistance program are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
3. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

- ☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Guaranteed Income Program	Disregard as a resource any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Individual Development Account (IDA)	Disregard as a resource funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.
Payment for Planned Repair or Replacement of Property	Payment received for the planned repair or replacement of property that was lost, stolen, damaged, or destroyed. No time limit is imposed.
Un-salable Property	Un-salable property is not a countable resource. The property is un-salable when either: a) two knowledgeable sources state the property is un-salable due to a specified condition, or b) an actual sale attempt is made and no reasonable offer to purchase has been received. Conditional eligibility and repayment agreements are not required.
Single Day in Calendar Month Resource Eligibility	Resource eligibility exists for an entire calendar month if countable resources are equal to, or less than, the resource standard at any time during that calendar month.

- ☒ A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,13-015		
	User-Entered		

D. Income Standard Used

The income standard for this group is:

- ☒ 1. 300% of the SSI Federal Benefit Rate (FBR) for an individual
- ☐ 2. Other lower income level

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,13-015		
	User-Entered		

E.Resource Standard Used

The resource standard for this group is the one used for the most closely-related cash assistance program.

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,13-015		
	User-Entered		

F.Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Individuals who are age 65 or older or who have a disability, with income no higher than 100% FPL.

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,08-13,13-015		
	User-Entered		

The state covers the optional Age and Disability-Related Poverty Level eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Meet at least one of the following condition(s):
 - a. Are age 65 or older; or
 - b. Have a disability.
2. Have income and resources at or below the standard for this group.

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,08-13,13-015		
	User-Entered		

B. Individuals Covered

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

- ☒ Yes
- ☐ No

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,08-13,13-015		
User-Entered			

C. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

a. The state uses the same less restrictive income methodologies for all individuals covered.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

Description of disregard: Disregard Census Bureau wages for temporary employment related to census activities.

☒ A specified type of income is disregarded:

Name of income type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
In-Kind and Support and Maintenance	Disregard value of in-kind support and maintenance.
Individual Development Account (IDA)	Disregard funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.

3. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

a. The state uses the same less restrictive resource methodologies for all individuals covered.

☒ Yes

☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Guaranteed Income Program	Disregard as a resource any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Individual Development Account (IDA)	Disregard as a resource funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.
Payment for Planned Repair or Replacement of Property	Payment received for the planned repair or replacement of property that was lost, stolen, damaged, or destroyed. No time limit is imposed.
Un-salable Property	Un-salable property is not a countable resource. The property is un-salable when either: a) two knowledgeable sources state the property is un-salable due to a specified condition, or b) an actual sale attempt is made and no reasonable offer to purchase has been received. Conditional eligibility and repayment agreements are not required.
Single Day in Calendar Month Resource Eligibility	Resource eligibility exists for an entire calendar month if countable resources are equal to, or less than, the resource standard at any time during that calendar month.

- ☒ A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,08-13,13-015		
	User-Entered		

D. Income Standard Used

The income standard for this eligibility group is:

- ☒ 1. 100% FPL
- ☐ 2. A lower percent of the FPL:

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,08-13,13-015		
	User-Entered		

E. Resource Standard Used

The resource standard used is:

- ☒ 1. The resource limit for the SSI program; or
- ☐ 2. The resource limit used in the state's medically needy program, if higher.

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,08-13,13-015		
	User-Entered		

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Individuals between ages 16 and 64 with a disability, who have earned income.

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,08-13,13-015		
	User-Entered		

The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,08-13,13-015		
	User-Entered		

A. Characteristics

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

1. Are at least age 16 but less than 65 years of age.
2. Have earned income.
3. But for earned income, meet the SSI definition of disability.
4. Have income and resources that do not exceed the standards established by the state.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,08-13,13-015		
User-Entered			

B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

Description of disregard: Disregard Census Bureau wages for temporary employment related to census activities.

☒ A specified type of income is disregarded:

Name of income type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Freedom Accounts	<p>For working disabled individuals disregard all earned income and unemployment benefits subject to the following:</p> <p>*Only earnings that are deposited into Freedom Account.</p> <p>*Only funds earned after an individual's first enrollment in Medicaid under this section can be considered for the disregard.</p> <p>*All funds deposited and their source will be identified and registered with the Department for which prior approval has been obtained from the Department, and for which the owner authorizes regular monitoring and/or reporting of these earnings and other information deemed necessary by the Department for the proper administration of this provision.</p> <p>A spouse's income will not be deemed to the applicant when determining whether or not the individual meets the financial eligibility requirements for eligibility under this section.</p> <p>Earned income is still used to establish a premium.</p>
Individual Development Account (IDA)	Disregard funds on deposit in an Individual Development Account (IDA), interest earned on an IDA,

Name of income type:	Description:
	and matching funds deposited in the IDA.

3. Less restrictive methodologies are used in calculating countable resources.

☒ Yes

☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Guaranteed Income Program	Disregard as a resource any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Individual Development Account (IDA)	Disregard as a resource funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.
Freedom Accounts	<p>Disregard up to \$75,000 in resources held in Freedom Accounts for a working disabled individual.</p> <p>-Balance of these accounts must not exceed a combined total of \$75,000 except for Freedom Accounts consisting of IRS recognized retirement accounts which can have unlimited value. To be disregarded from countability, however, any IRS recognized retirement account must exist within or be identified as an authorized Freedom Account.</p> <p>-These accounts will be held separate from non-exempt resources in accounts for which prior approval has been obtained from the Department, and for which the owner authorizes regular monitoring and/or reporting including deposits, withdrawals, and other information deemed necessary by the Department for the proper administration of this provision. The separateness requirement may be waived in the case of an employer's pension and/or a retirement account.</p> <p>-A spouse's resources will not be deemed to the applicant when determining whether or not the individual meets the financial eligibility requirements for eligibility under this section.</p>
Payment for Planned Repair or Replacement of Property	Payment received for the planned repair or replacement of property that was lost, stolen, damaged, or destroyed. No time limit is imposed.
Un-salable Property	Un-salable property is not a countable resource. The property is

Name of resource type:	Description:
	un-salable when either: a) two knowledgeable sources state the property is un-salable due to a specified condition, or b) an actual sale attempt is made and no reasonable offer to purchase has been received. Conditional eligibility and repayment agreements are not required.
Single Day in Calendar Month Resource Eligibility	Resource eligibility exists for an entire calendar month if countable resources are equal to, or less than, the resource standard at any time during that calendar month.

- ☒ A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,08-13,13-015		
User-Entered			

C. Income Standard Used

The income standard for this group is:

- ☐ 1. No income standard
- ☒ 2. A percentage of the federal poverty level:
- ☐ 3. A percentage of the SSI Federal Benefit Rate:
- ☐ 4. A dollar amount
- ☐ 5. Other

FPL 250.00%

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,08-13,13-015		
User-Entered			

D. Resource Standard Used

The resource standard for this group is:

- ☐ 1. No resource standard
- ☐ 2. SSI resource standard
- ☒ 4. A dollar amount higher than the SSI resource standard

Single Individual	\$9430.00
Couple	\$14130.00

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,08-13,13-015		
	User-Entered		

E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,08-13,13-015		
User-Entered			

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Woman who are pregnant or post-partum who would qualify under the state's Pregnant Women eligibility group, except for income.

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
	User-Entered		

The state covers the Medically Needy Pregnant Women eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are pregnant or post-partum, as defined in 42 CFR 435.4.
2. Would qualify under the Pregnant Women eligibility group, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
User-Entered			

B. Financial Methodologies

1. The financial methodology used is:

- ☒ a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- ☐ b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

Description of disregard: Disregard Census Bureau wages for temporary employment related to census activities.

☒ A specified type of income is disregarded:

Name of income type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Individual Development Account (IDA)	Disregard funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.

3. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Guaranteed Income Program	Disregard as a resource any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Individual Development Account (IDA)	Disregard as a resource funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.

Name of resource type:	Description:
Payment for Planned Repair or Replacement of Property	Payment received for the planned repair or replacement of property that was lost, stolen, damaged, or destroyed. No time limit is imposed.
Un-salable Property	Un-salable property is not a countable resource. The property is un-salable when either: a) two knowledgeable sources state the property is un-salable due to a specified condition, or b) an actual sale attempt is made and no reasonable offer to purchase has been received. Conditional eligibility and repayment agreements are not required.
Single Day in Calendar Month Resource Eligibility	Resource eligibility exists for an entire calendar month if countable resources are equal to, or less than, the resource standard at any time during that calendar month.

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
	User-Entered		

C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
User-Entered			

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Children under age 18 who would qualify under the state's categorically needy eligibility groups, except for income.

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
User-Entered			

The state covers the Medically Needy Children under Age 18 eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are under age 18.
2. Would qualify as categorically needy, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
User-Entered			

B. Financial Methodologies

1. The financial methodology used is:
- ☒ a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
 - ☐ b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
2. Less restrictive methodologies are used in calculating countable income.
- ☒ Yes
 - ☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

Description of disregard: Disregard Census Bureau wages for temporary employment related to census activities.

☒ A specified type of income is disregarded:

Name of income type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Individual Development Account (IDA)	Disregard funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.

3. Less restrictive methodologies are used in calculating countable resources.
- ☒ Yes
 - ☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Guaranteed Income Program	Disregard as a resource any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Individual Development Account (IDA)	Disregard as a resource funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.

Name of resource type:	Description:
Payment for Planned Repair or Replacement of Property	Payment received for the planned repair or replacement of property that was lost, stolen, damaged, or destroyed. No time limit is imposed.
Un-salable Property	Un-salable property is not a countable resource. The property is un-salable when either: a) two knowledgeable sources state the property is un-salable due to a specified condition, or b) an actual sale attempt is made and no reasonable offer to purchase has been received. Conditional eligibility and repayment agreements are not required.
Single Day in Calendar Month Resource Eligibility	Resource eligibility exists for an entire calendar month if countable resources are equal to, or less than, the resource standard at any time during that calendar month.
Resource disregard of \$1,000	For individuals under the ages of 19 disregard \$1,000 in resources.

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
	User-Entered		

C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
	User-Entered		

F. Additional Information (optional)

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
	User-Entered		

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

One or more reasonable classifications of individuals under age 21 who do not qualify as categorically needy.

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
	User-Entered		

The state covers the optional Medically Needy Reasonable Classifications of Individuals under Age 21 eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are under age 21, or a lower age, as specified in section C.
2. Would not qualify under the Medically Needy Children under Age 18 eligibility group (42 CFR 435.301)
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
	User-Entered		

B. Individuals Covered

The state covers the following populations:

- ☒ 1. All children under a specified age limit:

☒ i. Under age 21

☐ ii. Under age 20

☐ iii. Under age 19
- ☐ 2. Reasonable classifications of children

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
User-Entered			

C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

- ☒ Yes
- ☐ No

2. The financial methodology used is:

- ☒ a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- ☐ b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

Description of disregard: Disregard Census Bureau wages for temporary employment related to census activities.

☒ A specified type of income is disregarded:

Name of income type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Individual Development Account (IDA)	Disregard funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.

4. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Guaranteed Income Program	Disregard as a resource any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Individual Development Account (IDA)	Disregard as a resource funds on deposit in an Individual Development Account (IDA),

Name of resource type:	Description: interest earned on an IDA, and matching funds deposited in the IDA.
Payment for Planned Repair or Replacement of Property	Payment received for the planned repair or replacement of property that was lost, stolen, damaged, or destroyed. No time limit is imposed.
Un-salable Property	Un-salable property is not a countable resource. The property is un-salable when either: a) two knowledgeable sources state the property is un-salable due to a specified condition, or b) an actual sale attempt is made and no reasonable offer to purchase has been received. Conditional eligibility and repayment agreements are not required.
Single Day in Calendar Month Resource Eligibility	Resource eligibility exists for an entire calendar month if countable resources are equal to, or less than, the resource standard at any time during that calendar month.
Resource disregard of \$1,000	For individuals under the ages of 21 disregard \$1,000 in resources.

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
	User-Entered		

D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
	User-Entered		

G. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Parents and other caretaker relatives of dependent children who do not qualify as categorically needy.

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
	User-Entered		

The state covers the optional Medically Needy Parents and Other Caretaker Relatives eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Meet the definition of parent or caretaker relative, as described in the mandatory Parents and Other Caretaker Relatives eligibility group.
2. Are not otherwise eligible for categorically needy coverage under the state plan.
3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
User-Entered			

B. Financial Methodologies

1. The financial methodology used is:

- ☒ a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- ☐ b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

Description of disregard: Disregard Census Bureau wages for temporary employment related to census activities.

☒ A specified type of income is disregarded:

Name of income type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Individual Development Account (IDA)	Disregard funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.

3. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Guaranteed Income Program	Disregard as a resource any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Individual Development Account (IDA)	Disregard as a resource funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.

Name of resource type:	Description:
Payment for Planned Repair or Replacement of Property	Payment received for the planned repair or replacement of property that was lost, stolen, damaged, or destroyed. No time limit is imposed.
Un-salable Property	Un-salable property is not a countable resource. The property is un-salable when either: a) two knowledgeable sources state the property is un-salable due to a specified condition, or b) an actual sale attempt is made and no reasonable offer to purchase has been received. Conditional eligibility and repayment agreements are not required.
Single Day in Calendar Month Resource Eligibility	Resource eligibility exists for an entire calendar month if countable resources are equal to, or less than, the resource standard at any time during that calendar month.
Resource disregard of \$1,000	For medically needy caretaker relatives, disregard \$1,000 in resources.

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
	User-Entered		

C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
	User-Entered		

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Individuals who are age 65 or older or who have blindness or a disability who do not qualify as categorically needy.

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
	User-Entered		

The state covers the optional Medically Needy Populations Based on Age, Blindness or Disability eligibility group in accordance with the following provisions:

A. Characteristics

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

- Meet at least one of the following:
 - Are age 65 or older;
 - Have blindness; or
 - Have a disability.
- Are not otherwise eligible for categorically needy coverage under the state plan.
- Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
	User-Entered		

B. Individuals Covered

The state covers the following populations:

- ☒ 1. Individuals age 65 or older
- ☒ 2. Individuals with blindness
- ☒ 3. Individuals who have a disability

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
User-Entered			

C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

- ☒ Yes
- ☐ No

2. The financial methodology used is:

- a. SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

Description of disregard: Disregard Census Bureau wages for temporary employment related to census activities.

☒ A specified type of income is disregarded:

Name of income type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Individual Development Account (IDA)	Disregard funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.

c. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Guaranteed Income Program	Disregard as a resource any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Individual Development Account (IDA)	Disregard as a resource funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.
Payment for Planned Repair or Replacement of Property	Payment received for the planned repair or replacement of property that was lost, stolen, damaged, or destroyed. No time limit is imposed.
Un-salable Property	Un-salable property is not a countable resource. The property is un-salable when either: a) two knowledgeable sources state the property is un-salable due to a specified condition, or b) an actual sale attempt is made and no reasonable offer to purchase has been received. Conditional eligibility and repayment agreements are not required.
Single Day in Calendar Month Resource Eligibility	Resource eligibility exists for an entire calendar month if countable resources are equal to, or less than, the resource standard at any time during that calendar month.

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
	User-Entered		

D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
	User-Entered		

E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
	User-Entered		

F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0001O | MI-24-0120

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	06/21/2024	Effective Date	1/1/2024
Superseded SPA ID	06-02,06-06,08-13		
	User-Entered		

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.

This view was generated on 6/24/2024 3:46 PM EDT