

MI - Submission Package - MI2023MS0003O - (MI-24-0100) - Eligibility

Summary Reviewable Units News Related Actions



CMS-10434 OMB 0938-1188

Package Information

Package ID MI2023MS0003O
Program Name N/A
SPA ID MI-24-0100
Version Number 1
Submitted By Erin Black

Submission Type Official
State MI
Region Chicago, IL
Package Status Submitted
Submission Date 1/16/2024
Regulatory Clock 90 days remain
Review Status Review 1

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MI2023MS0003O | MI-24-0100

Package Header

Package ID MI2023MS0003O
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID MI-24-0100
Initial Submission Date 1/16/2024
Effective Date N/A

Reviewable Unit Instructions

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 | MI2023MS0003O | MI-24-0100

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Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		
Reviewable Unit Instructions			

SPA ID and Effective Date

SPA ID MI-24-0100

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Process	1/1/2024	MI-16-0110-X
Continuous Eligibility for Children	1/1/2024	None

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MI2023MS0003O | MI-24-0100

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Reviewable Unit Instructions			

Executive Summary

Summary Description Including Goals and Objectives This SPA addresses continuous eligibility for children under 19 years of age.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$4870500
Second	2025	\$6508000

Federal Statute / Regulation Citation

Section 5112 Requirement under Consolidated Appropriations Act, 2023

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

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Reviewable Unit Instructions

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 | MI2023MS0003O | MI-24-0100

CMS-10434 OMB 0938-1188

The submission includes the following:

☐ Administration

☒ Eligibility

☐ Income/Resource Methodologies

☐ Income/Resource Standards

☐ Mandatory Eligibility Groups

☐ Optional Eligibility Groups

☐ Non-Financial Eligibility

☒ Eligibility and Enrollment Processes

☒ Eligibility Process

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

☐ Application

☐ Presumptive Eligibility

☒ Continuous Eligibility for Children

Reviewable Unit Name	Included in Another Source Type Submission Package	
Continuous Eligibility for Children	(NEW

☐ Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

☐ Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | MI2023MS0003O | MI-24-0100

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Superseded SPA ID	N/A		

Reviewable Unit Instructions

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


Indicate how public comment was solicited:

☒ Newspaper Announcement

Name of Paper:	Date of Publication:	Locations covered:
Newspaper Clip	12/7/2023	Multiple

- ☐ Publication in state's administrative record, in accordance with the administrative procedures requirements
- ☐ Email to Electronic Mailing List or Similar Mechanism
- ☐ Website Notice
- ☐ Public Hearing or Meeting
- ☐ Other method

Upload copies of public notices and other documents used

Name	Date Created	
Continuous Eligibility tearsheet - Flint Journal 12072023	12/11/2023 4:00 PM EST	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	
No items available		

Indicate the key issues raised during the public comment period (optional)

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

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | MI2023MS0003O | MI-24-0100

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Effective Date N/A

Reviewable Unit Instructions

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:
11/16/2023	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 23-69	12/11/2023 4:05 PM EST	

Indicate the key issues raised (optional)

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

Medicaid State Plan Eligibility

General Eligibility Requirements

Eligibility Process

MEDICAID | Medicaid State Plan | Eligibility | MI2023MS0003O | MI-24-0100

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	System-Derived		

Reviewable Unit Instructions

The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining, verifying and renewing eligibility, and furnishing Medicaid.

A. Submission of Application

☒ 1. The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person. These modes of submission are available to all individuals applying for coverage, including those who may be eligible based on the applicable Modified Adjusted Gross Income (MAGI) standard and those who may be eligible on a basis other than MAGI.

2. The agency also accepts applications by other electronic means:

☒ Yes ☐ No

Name of other electronic means:

Local Office Kiosks

Description:

Self-contained kiosks are located in the lobby of all local offices. In addition to the availability of the kiosks, each county has a 'lobby management plan' which includes a 'lobby navigator.' The lobby navigators are available to assist applicants should they require assistance with the online application and/or require assistance related to the paper application.

☒ 3. The agency ensures that any application or supplemental form is accessible to persons who are limited English proficient and persons who have disabilities, consistent with 42 CFR 435.905(b).

Eligibility Process

MEDICAID | Medicaid State Plan | Eligibility | MI2023MS0003O | MI-24-0100

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	System-Derived		

Reviewable Unit Instructions

B. Establishment of Outstation Locations

☒ The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals:

1. Parents and Other Caretaker Relatives,
2. Pregnant Women, and
3. Infants and Children under Age 19.

C. MAGI Renewals

☒ Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable MAGI standard are performed as follows, consistent with 42 CFR 435.916:

1. Once every 12 months
2. Without requiring an in-person interview
3. Without requiring information from the individual if the agency is able to determine eligibility based on reliable information contained in the individual's account or other more current information available to the agency
4. If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, the agency:
 - a. Provides the individual with a pre-populated renewal form containing the information available to the agency (including information gathered from electronic data sources).
 - b. Provides the individual with a reasonable period of time from the date of the prepopulated renewal form to respond and provide any necessary information. The time period used by the state is:

☐ i. 30 days

☒ ii. More than 30 days

The number of days is:

60
 - c. Permits an individual, or authorized person acting on behalf of the individual, to submit the renewal form via the internet website described in 42 CFR 435.1200(f) (d), by telephone, via mail, and in person.
 - d. Verifies information provided by the beneficiary in accordance with 42 CFR 435.925 through 435.956
 - e. Reconsiders eligibility, without requiring a new application, for individuals who are terminated for failure to submit the renewal form or necessary information if the individual subsequently submits the renewal form. For this purpose, the renewal form is accepted within the time period after the termination date selected below:

☒ i. 90 days

☐ ii. More than 90 days.

Eligibility Process

MEDICAID | Medicaid State Plan | Eligibility | MI2023MS0003O | MI-24-0100

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	System-Derived		

Reviewable Unit Instructions

D. Renewals on a Basis Other than MAGI

☒ Redeterminations of eligibility for individuals whose financial eligibility is not based on the MAGI standard are performed as follows, consistent with 42 CFR 435.916:

1. Frequency:

- ☒ a. Once every 12 months
- ☐ b. Once every 6 months
- ☐ c. Other, more frequent than once every 12 months

2. Without requiring information from the individual, if the agency is able to determine eligibility based on reliable information contained in the individual's account or other more current information available to the agency.

3. If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, the agency:

- ☒ a. Provides the individual with a renewal form

i. The renewal form is pre-populated with information available to the agency (including information gathered from electronic data sources).

☒ Yes ☐ No

ii. As part of this process, the agency:

(1) Provides the individual with a reasonable period of time from the date of the renewal form to respond and provide any necessary information. The time period used by the state is:

- ☐ (a) 30 days
- ☒ (b) More than 30 days

The number of days is: 60

(2) Permits an individual, or authorized person acting on behalf of the individual, to submit the renewal form using the following methods:

- ☒ (a) Via the internet website described in 42 CFR 435.1200(f)
- ☒ (b) By telephone
- ☒ (c) Via mail
- ☒ (d) In person
- ☐ (e) By other means

(3) Verifies information provided by the beneficiary in accordance with 42 CFR 435.925 through 435.956

(4) Reconsiders eligibility, without requiring a new application, for individuals who are terminated for failure to submit the renewal form or necessary information if the individual subsequently submits the renewal form. For this purpose, the renewal form is accepted within the time period after the termination date selected below:

☐ Yes ☒ No

- ☐ b. Utilizes an alternative process to redetermine eligibility.

Eligibility Process

MEDICAID | Medicaid State Plan | Eligibility | MI2023MS0003O | MI-24-0100

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	System-Derived		

Reviewable Unit Instructions

E. Determination of Ineligibility

- ☒ 1. Prior to making a determination of ineligibility, the agency considers all bases of eligibility, consistent with 42 CFR 435.911
- ☒ 2. For individuals determined ineligible for Medicaid, the agency determines potential eligibility for other insurance affordability programs and complies with the procedures set forth in 42 CFR 435.1200(e)

F. Assistance with Application and Renewal

- ☒ The agency provides assistance to any individual seeking help with the application or renewal process in person, over the telephone, and online, and in a manner that is accessible to individuals with disabilities and those who are limited English proficient, consistent with 42 CFR 435.905(b)

Eligibility Process

MEDICAID | Medicaid State Plan | Eligibility | MI2023MS0003O | MI-24-0100

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	System-Derived		

Reviewable Unit Instructions

G. Notices

- ☒ 1. The agency provides individuals with a choice to receive notices and information in an electronic format or by regular mail, in accordance with 42 CFR 435.918.
- ☒ 2. The agency provides applicants with timely and accurate notice of any approval or disapproval of Medicaid eligibility, which includes, but is not limited to: the basis and effective date of eligibility, the circumstances and procedures for reporting a change that may impact eligibility, the level of benefits and services approved, any applicable premiums or cost sharing, appeal rights, and if applicable, the amount of medical expenses which must be incurred to establish eligibility.
- ☒ 3. The agency makes notices, as well as cards evidencing eligibility for medical assistance, available to an individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address.

Notices and cards are made available through the following method(s)

Notices and/or cards are made available through PO Box or collection at MDHHS county offices
- ☒ 4. The agency provides beneficiaries with timely and adequate notice of proposed adverse action to terminate, discontinue, or suspend their eligibility or to reduce or discontinue services they may receive under Medicaid, and sends corresponding notice(s) to the individual at least 10 days prior to the action's effective date, as described in 42 CFR 431.211.
- ☒ 5. All notices provided by the agency are written in plain language. To ensure that notices are clear and understandable to consumer, the agency:

☒ a. Utilizes an in-house readability and plain language review process

☒ b. Contracts with an outside entity to complete a readability and plain language review

☐ c. Other

Eligibility Process

MEDICAID | Medicaid State Plan | Eligibility | MI2023MS0003O | MI-24-0100

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	System-Derived		

Reviewable Unit Instructions

H. Authorized Representatives

- ☒ 1. The agency permits applicants and beneficiaries to designate an individual or organization to act responsibly on their behalf in assisting with individuals' application and renewal of eligibility and other ongoing communications with the agency.
- ☒ 2. The agency requires that, as a condition of serving as an authorized representative, a provider or staff member or volunteer of an organization affirms that he or she will adhere to the regulations in 42 CFR 431, subpart F and at 45 CFR 155.260(f) (relating to confidentiality of information), §447.10 of this chapter (relating to the prohibition against reassignment of provider claims as appropriate for a facility or an organization acting on the facility's behalf), as well as other relevant State and Federal laws concerning conflicts of interest and confidentiality of information.
- ☒ 3. Designations of authorized representatives are accepted through all of the modalities described in 42 CFR 435.907(a) and are permitted at application and at other times. The agency accepts electronic, including telephonically recorded, signatures and handwritten signatures transmitted by facsimile or other electronic transmission.

I. Coordination of Eligibility and Enrollment

- ☒ The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

J. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Children

MEDICAID | Medicaid State Plan | Eligibility | MI2023MS0003O | MI-24-0100

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Superseded SPA ID	None		
	User-Entered		

Reviewable Unit Instructions

The state provides continuous eligibility for children in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Hospitalized Children

The state provides Medicaid to a child eligible for and enrolled under the Infants and Children under Age 19 (42 CFR 435.118) eligibility group until the end of an inpatient stay for which inpatient services are covered, if the child:

1. Was receiving inpatient services covered by Medicaid on the date the child becomes ineligible under the eligibility group based on the child's age; and
2. Would remain eligible but for attaining such age.

B. Options for Continuous Eligibility for Children

The state provides continuous eligibility to children.

- ☒ Yes
☐ No

1. Continuous eligibility is provided to all children of the following age:

- ☒ a. Under age 19
☐ b. Under other age

2. The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends the last day of the earlier of the following periods:

- a. The month that the child's age exceeds the age limit to which this provision applies
b. The end of the continuous eligibility period, which is:
☒ i. 12 months
☐ ii. Another period of continuous eligibility, not to exceed 12 months

3. Continuous eligibility is provided to children eligible under all mandatory and optional eligibility groups (excluding Medically Needy) who would otherwise lose eligibility because of any change in circumstances, unless:

- a. The child dies;
b. The child or the child's representative voluntarily requests a termination of the child's eligibility;
c. The child ceases to be a resident of the state;
d. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse, or perjury attributed to the child or the child's representative; or
e. The child attains the maximum age specified in B.

C. 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 1/16/2024 3:04 PM EST



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If you have an ad you'd like to place:
Visit us online at mlive.com/placead, or
call us at 800-878-1511.



ANNOUNCEMENTS
Bands/Music
Lost & Found
Personals



MERCHANDISE
Antiques
Appliances
Garage Sales



FINANCIAL
Investments
Stocks
Money to Loan



PETS & FARMS
Dirt & Gravel
Farm Equipment
Livestock & Feed



RECREATION
Boats
Campers
Snowmobiles



TRANSPORTATION
Cars
Trucks
Vans



EMPLOYMENT
Jobs
General Help
Services



REAL ESTATE
Homes for Sale
Apartment
Commercial



BARGAIN CORNER
Business Bargains
Items \$1,000 or
Less Wanted to Buy



ANNOUNCEMENTS
PUBLIC NOTICES

SAGINAW COUNTY
ROAD COMMISSION
3020 Sheridan Avenue
Saginaw, Michigan 48601

2024 ANNUAL BIDS
Proposal #8
Highway Traffic Sign Blanks
Proposal #9
Highway Traffic Signs
Proposal #11
Metal Culvert Pipe
Proposal #14 CST-Slag
Proposal #15 Limestone 29A -
Trap Rock 50-50 Blend
Proposal #16 Crack Sealing
Proposal #17
Bituminous Patching
Materials (Cold Patch)
Proposal #19
Asphalt Emulsions
Proposal #20 Roadside
Vegetation Treatment
Proposal #26
Crushed Stone 23A
Proposal #27
Pavement Marking - Symbols
Proposal #28 Line Striping
Proposal #32 Grass Seed
Proposal #33 Fertilizer
Proposal #34 Hydro-mulch
Proposal #36 23A
Natural Gravel

Please visit our Website for
Bid Proposals:
www.sccr-mi.org

STATE OF MICHIGAN
PROBATE COURT
SAGINAW COUNTY

NOTICE TO CREDITORS
Decedent's Estate

CASE NO. and JUDGE
19-139776-DE
Judge Patrick J. McGraw

Court address:
111 S. Michigan Avenue
Saginaw, MI 48602

Court telephone no.:
(989) 790-4320

Estate of Dennis S.
Wisniewski. Date of Birth:
05/06/1951.

TO ALL CREDITORS:
NOTICE TO CREDITORS:
The decedent, Dennis S.
Wisniewski died 11/12/2019.
Creditors of the decedent are
notified that all claims
against the estate will be
forever barred unless
presented to Kelli
Wisniewski-Stricker, person-
al representative, or to both
the probate court at 111 S.
Michigan Avenue, Saginaw,
MI 48602 and the personal
representative within 4
months after the date of
publication of this notice.
Date: December 07, 2023.

David E. Waterstradt P48721
950 W. Norton Avenue



ANNOUNCEMENTS
PUBLIC NOTICES

Suite 405
Muskegon, MI 49441
(231) 773-1169

Kelli Wisniewski-Stricker
730 Puritan Drive
Saginaw, MI 48638
(989) 397-5226

The Flint Housing Commission
is requesting proposals for
Demo for 5 River Park units.
A Request for Quotes (RFQ
2023-25) packet will be
available beginning Dec. 4,
2023. Proposals are due no
later than 2:00 p.m. EST on
Jan. 18, 2024 at 3820 Rich-
field Road, Flint, MI 48506.
A detailed RFP packet may
be obtained by contacting
Jenny Cooper via email at RF
P@flinhtc.org.

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

Continuous Eligibility for
Medicaid and MICHild
Children Under Age 19

The Michigan Department of
Health and Human Services
(MDHHS) is providing notice
of its intent to submit a
State Plan Amendment
(SPA) to bring the state into
compliance with Section
5112 of the Consolidated Ap-
propriations Act, which re-
quires states to provide 12
months of continuous eligi-
bility (CE) for children under
age 19 with limited excep-
tions. This policy will extend
Medicaid current CE catego-
ries to allow more children
under age 19 to keep full
coverage for a continuous
12-month eligibility period.
The proposed effective date
of the SPA is January 1,
2024, pending approval from
the Centers for Medicare &
Medicaid Services.

Additionally, effective Janu-
ary 1, 2024, the state will no
longer require MICHild recipi-
ents to pay premiums.

The estimated gross cost to
the State of Michigan for
the SPA is \$11.8 million per
year.

There is no public meeting
scheduled regarding this no-
tice. Any interested party
wishing to request a written
copy of the SPA or wishing
to submit comments may do
so by sending an e-mail to M
SADraftPolicy@michigan.gov
or submitting a request in
writing to: MDHHS/ Behav-
ioral and Physical Health and



ANNOUNCEMENTS
PUBLIC NOTICES

Aging Services Administra-
tion, Program Policy Divi-
sion, PO Box 30479, Lansing,
MI 48909-7979 by December
26, 2023. A copy of the pro-
posed SPA will also be avail-
able for review at:
[https://www.michigan.gov/
mdhhs/inside-mdhhs/
budgetfinance/2647/
state-plan-amendments](https://www.michigan.gov/mdhhs/inside-mdhhs/budgetfinance/2647/state-plan-amendments)

BUENA VISTA CHARTER
TOWNSHIP, SAGINAW
COUNTY, MICHIGAN HAS
SCHEDULED A
30 DAY PUBLIC REVIEW
PERIOD FOR ITS PARKS AND
RECREATION MASTER
PLAN

30 Day Public Review Period:
Monday, December 11, 2023 -
Thursday, January 11, 2024

Notice is given to any and all
interested parties that the
draft 2024 Parks and Recrea-
tion Master Plan for the
Charter Township of Buena
Vista, Saginaw County,
Michigan will be available
for review and comment for
30 days beginning Monday,
December 11, 2023 on the
Township's
homepage.

The draft plan can be
accessed on the following web-
site: bvct.org/ParksRecPlan.

The Charter Township of Bue-
na Vista is preparing this
five-year Parks and Recrea-
tion Master Plan in accord-
ance with the Michigan De-
partment of Natural Resour-
ces requirements. When
completed, the plan will
serve as a guide for the ac-
quisition and development of
community recreation facili-
ties and programs over the
next five (5) years.

All interested parties may
submit comments in person
or in writing by mail to Bue-
na Vista Charter Township
Administration Building, lo-
cated at 1160 S. Outer Drive,
MI during regular business
hours.

Please contact the Buena Vis-
ta Charter Township Admin-
istration Building at (989)
754-6536 with questions or
comments or for alternate
accommodations.

Publication Date:
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STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

November 16, 2023

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Children's Continuous Eligibility State Plan Amendment

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

The purpose this SPA is to allow children under age 19 to keep full coverage for a continuous twelve-month eligibility period except for a limited number of exceptions such as moving out of Michigan or requesting closure. This will positively affect tribal children by allowing them to retain coverage for a full year without interruption. In addition, MICHild beneficiaries will no longer be required to pay premiums. The anticipated effective date of this SPA is January 1, 2024.

There is no public hearing scheduled for this SPA. Input regarding this SPA is highly encouraged, and comments regarding this notice of intent may be submitted to Lorna Elliott-Egan, MDHHS Liaison to the Michigan tribes. Lorna can be reached at 517-512-4146, or via email at Elliott-EganL@michigan.gov. **Please provide all input by January 2, 2024.**

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

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

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

Sincerely,

A handwritten signature in black ink that reads "Meghan E. Groen". The signature is written in a cursive, flowing style.

Meghan E. Groen, Director
Behavioral and Physical Health and Aging Services Administration

CC: Keri Toback, CMS
Nancy Grano, CMS
Chasity Dial, CEO, American Indian Health and Family Services of Southeastern
Michigan
Daniel Frye, Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS

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November 16, 2023**

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

CC: Keri Toback, CMS
Nancy Grano, CMS
Chasity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan
Daniel Frye, Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS