

# Medicaid Premiums and Cost Sharing

## Medicaid Premiums and Cost Sharing: General Information, Public Notice and Comment

State/Territory name: Michigan  
Transmittal Number: MI-24-0500

### General Information:

#### Submission Title:

short (under 100 characters) label used to identify this submission in the web application

MI Costing Sharing - Premium Reference Update (24-0500)

#### PDFs superseded by this SPA

(Include Transmittal Number):

23-0500

20-0501

#### Description:

This State Plan Amendment (SPA) is being submitted to modify the G3 template to modify cost sharing limitation language to remove the MICHild premium reference.

### Public Notice and Comment:

- ☒ Public notice has been conducted prior to the SPA submission pursuant to 42 CFR 447.57(c).

Indicate how the public notice was issued and public comment was solicited:

- ☒ Newspaper Announcement (in newspapers with wide circulation)

Newspaper	
Name:	
Multiple Newspapers	
Date of Publication:	
12/07/2023	(mm/dd/yyyy)

- ☐ Formal notice and comment in accordance with the state's administrative procedures

Date of Publication:

(mm/dd/yyyy)

- ☐ Agency Website Notice  
☐ Public Hearing or Meeting  
☐ Media specifically designed to reach racial, ethnic and linguistic minorities  
☐ Other method

Upload copies of public notices, documents, or other information providing evidence of the methods selected above.

Document	
Uploaded Document Name:	Date Uploaded:
Continuous Eligibility tearsheet - Saginaw News 12072023.pdf	

Provide a written summary of public comments received and how the state incorporated them into the design of its premium or cost sharing proposal.

## Medicaid Premiums and Cost Sharing: File Management Summary

State/Territory name: Michigan  
Transmittal Number: MI-24-0500

Type of SPA	Form Code	Form Name/Description	Uploaded?	
Cost Sharing	G1	Cost Sharing Requirements	no	
Cost Sharing	G2a	Cost Sharing Amounts - Categorically Needy Individuals	no	
Cost Sharing	G2b	Cost Sharing Amounts - Medically Needy Individuals	no	
Cost Sharing	G2c	Cost Sharing Amounts - Targeting	no	
Cost Sharing	G3	Cost Sharing Limitations	yes	

Medicaid Premiums and Cost Sharing: File Management Detail

Form G1: Cost Sharing Requirements

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form G2a: Cost Sharing Amounts - Categorically Needy Individuals

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form G2b: Cost Sharing Amounts - Medically Needy Individuals

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

## Form G2c: Cost Sharing Amounts - Targeting

Form Description:

Uploaded Form:

Date Uploaded:

### Support Documents

Document

## Form G3: Cost Sharing Limitations

Form Description:

G3 Cost Sharing Limitation

Uploaded Form:

Date Uploaded:

G3 Cost Sharing Limitations - Continuous Coverage - Eliminate MIC

### Support Documents

Document

## Medicaid Premiums and Cost Sharing: Tribal Input

State/Territory name:

Michigan

Transmittal Number:

MI-24-0500

☒ One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this State.

☐ This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.

☒ The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.

*Complete the following information regarding any tribal consultation conducted with respect to this submission:*

*Tribal consultation was conducted in the following manner. States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:*

☐ Indian Tribes

☐ Indian Health Programs

☐ Urban Indian Organization

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.

Document

Please provide a short description of this support document:

<b>Document</b>	
Michigan Tribal Notification letter November 16, 2023	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
L 23-69.pdf	

Indicate the key issues raised in Indian consultative activities:

☐ Access

**Summarize Comments**

**Summarize Response**

☐ Quality

**Summarize Comments**

**Summarize Response**

☐ Cost

**Summarize Comments**

**Summarize Response**

☐ Payment methodology

**Summarize Comments**

**Summarize Response**

☐ Eligibility

**Summarize Comments**

**Summarize Response**

☐ Benefits

**Summarize Comments**

**Summarize Response**

☐ Service delivery

**Summarize Comments**

### Summarize Response

☐ Other Issue

## Medicaid Premiums and Cost Sharing: Summary Page (CMS 179)

State/Territory name: Michigan

Transmittal Number:

Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YY = last 2 digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix.

MI-24-0500

Proposed Effective Date

01/01/2024 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 447.56

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2024	\$ 0.00
Second Year	2025	\$ 0.00

Subject of Amendment

This State Plan Amendment (SPA) is being submitted to modify the G3 template to modify cost sharing limitation language to remove the MICHild premium reference. Please note that once SPA 23-0500 is approved the G3 in this SPA

Governor's Office Review

- ☐ Governor's office reported no comment  
☐ Comments of Governor's office received

Describe:

- ☐ No reply received within 45 days of submittal  
☒ Other, as specified

Describe:

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

Signature of State Agency Official

Submitted By: Erin Black  
Last Revision Date: Jan 17, 2024  
Submit Date: Jan 17, 2024



# Medicaid Premiums and Cost Sharing

State Name: Michigan

OMB Control Number: 0938-1148

Transmittal Number: MI - 24 - 0500

## Cost Sharing Limitations

G3

42 CFR 447.56  
1916  
1916A

- ☒ The state administers cost sharing in accordance with the limitations described at 42 CFR 447.56, and 1916(a)(2) and (j) and 1916A(b) of the Social Security Act, as follows:

### Exemptions

#### Groups of Individuals - Mandatory Exemptions

The state may not impose cost sharing upon the following groups of individuals:

- ☐ Individuals ages 1 and older, and under age 18 eligible under the Infants and Children under Age 18 eligibility group (42 CFR 435.118).
- ☐ Infants under age 1 eligible under the Infants and Children under Age 18 eligibility group (42 CFR 435.118), whose income does not exceed the higher of:
  - ☐ 133% FPL; and
  - ☐ If applicable, the percent FPL described in section 1902(l)(2)(A)(iv) of the Act, up to 185 percent.
- ☐ Disabled or blind individuals under age 18 eligible for the following eligibility groups:
  - ☐ SSI Beneficiaries (42 CFR 435.120).
  - ☐ Blind and Disabled Individuals in 209(b) States (42 CFR 435.121).
  - ☐ Individuals Receiving Mandatory State Supplements (42 CFR 435.130).
- ☐ Children for whom child welfare services are made available under Part B of title IV of the Act on the basis of being a child in foster care and individuals receiving benefits under Part E of that title, without regard to age.
- ☐ Disabled children eligible for Medicaid under the Family Opportunity Act (1902(a)(10)(A)(ii)(XIX) and 1902(cc) of the Act).
- ☐ Pregnant women, during pregnancy and through the postpartum period which begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends, except for cost sharing for services specified in the state plan as not pregnancy-related.
- ☐ Any individual whose medical assistance for services furnished in an institution is reduced by amounts reflecting available income other than required for personal needs.
- ☐ An individual receiving hospice care, as defined in section 1905(o) of the Act.
- ☐ Indians who are currently receiving or have ever received an item or service furnished by an Indian health care provider or through referral under contract health services.
- ☐ Individuals who are receiving Medicaid because of the state's election to extend coverage to the Certain Individuals Needing Treatment for Breast or Cervical Cancer eligibility group (42 CFR 435.213).



# Medicaid Premiums and Cost Sharing

## Groups of Individuals - Optional Exemptions

The state may elect to exempt the following groups of individuals from cost sharing:

The state elects to exempt individuals under age 19, 20 or 21, or any reasonable category of individuals 18 years of age or over.

Yes

Indicate below the age of the exemption:

- ☐ Under age 19
- ☐ Under age 20
- ☐ Under age 21
- ☒ Other reasonable category

Description:

- The state elects to exempt individuals under the age of 21 from cost sharing.
- The State elects to exempt individuals dually eligible for Medicaid and Children's Special Health Care Services from cost-sharing. Individuals age 21 and over may be covered by this exemption due to their complex, chronic health conditions.

NOTE: The exemption for Native American/Alaska Natives is effective 10/1/15. The exemption for individuals who are receiving Medicaid because of the state's election to extend coverage to the Certain Individuals Needing Treatment for Breast or Cervical Cancer eligibility group is effective 1/1/14.

The state elects to exempt individuals whose medical assistance for services furnished in a home and community-based setting is reduced by amounts reflecting available income other than required for personal needs.

No

## Services - Mandatory Exemptions

The state may not impose cost sharing for the following services:

- ☒ Emergency services as defined at section 1932(b)(2) of the Act and 42 CFR 438.114(a).
- ☒ Family planning services and supplies described in section 1905(a)(4)(C) of the Act, including contraceptives and pharmaceuticals for which the state claims or could claim federal match at the enhanced rate under section 1903(a)(5) of the Act for family planning services and supplies.
- ☒ Preventive services, at a minimum the services specified at 42 CFR 457.520, provided to children under 18 years of age regardless of family income, which reflect the well-baby and well child care and immunizations in the Bright Futures guidelines issued by the American Academy of Pediatrics.
- ☒ Pregnancy-related services, including those defined at 42 CFR 440.210(a)(2) and 440.250(p), and counseling and drugs for cessation of tobacco use. All services provided to pregnant women will be considered pregnancy-related, except those services specifically identified in the state plan as not being related to pregnancy.
- ☒ Provider-preventable services as defined in 42 CFR 447.26(b).



# Medicaid Premiums and Cost Sharing

## Enforceability of Exemptions

The procedures for implementing and enforcing the exemptions from cost sharing contained in 42 CFR 447.56 are (check all that apply):

- ☒ To identify that American Indians/Alaskan Natives (AI/AN) are currently receiving or have ever received an item or service furnished by an Indian health care provider or through referral under contract health services in accordance with 42 CFR 447.56(a)(1)(x), the state uses the following procedures:

- ☒ The state accepts self-attestation
- ☐ The state runs periodic claims reviews
- ☐ The state obtains an Active or Previous User Letter or other Indian Health Services (IHS) document
- ☒ The Eligibility and Enrollment and MMIS systems flag exempt recipients
- ☐ Other procedure

Additional description of procedures used is provided below (optional):

The State accepts self-attestation as part of the application process. The application for health care coverage asks American Indian/Alaska Natives sufficient information to determine whether the regulatory exemptions apply.

- ☒ To identify all other individuals exempt from cost sharing, the state uses the following procedures (check all that apply):

- ☒ The MMIS system flags recipients who are exempt
- ☒ The Eligibility and Enrollment System flags recipients who are exempt
- ☐ The Medicaid card indicates if beneficiary is exempt
- ☒ The Eligibility Verification System notifies providers when a beneficiary is exempt
- ☐ Other procedure

Additional description of procedures used is provided below (optional):

## Payments to Providers

- ☒ The state reduces the payment it makes to a provider by the amount of a beneficiary's cost sharing obligation, regardless of whether the provider has collected the payment or waived the cost sharing, except as provided under 42 CFR 447.56(c).

## Payments to Managed Care Organizations

The state contracts with one or more managed care organizations to deliver services under Medicaid.

Yes

- ☒ The state calculates its payments to managed care organizations to include cost sharing established under the state plan for beneficiaries not exempt from cost sharing, regardless of whether the organization imposes the cost sharing on its recipient members or the cost sharing is collected.





# Medicaid Premiums and Cost Sharing

## Aggregate Limits

☐ Medicaid premiums and cost sharing incurred by all individuals in the Medicaid household do not exceed an aggregate limit of 5 percent of the family's income applied on a quarterly or monthly basis.

☒ The percentage of family income used for the aggregate limit is:

☒ 5%

☐ 4%

☐ 3%

☐ 2%

☐ 1%

☐ Other:  %

☒ The state calculates family income for the purpose of the aggregate limit on the following basis:

☒ Quarterly

☐ Monthly

The state has a process to track each family's incurred premiums and cost sharing through a mechanism that does not rely on beneficiary documentation.

Yes

☒ Describe the mechanism by which the state tracks each family's incurred premiums and cost sharing (check all that apply):

☐ As claims are submitted for dates of services within the family's current monthly or quarterly cap period, the state applies the incurred cost sharing for that service to the family's aggregate limit. Once the family reaches the aggregate limit, based on incurred cost sharing and any applicable premiums, the state notifies the family and providers that the family has reached their aggregate limit for the current monthly or quarterly cap period, and are no longer subject to premiums or cost sharing.

☐ Managed care organization(s) track each family's incurred cost sharing, as follows:

☒ Other process:

Effective 1/1/16, the State's MMIS system is responsible for tracking incurred premiums and cost-sharing toward the family's aggregate limit as claims are adjudicated and other premiums and cost-sharing are incurred. This includes premiums and cost-sharing associated with the Healthy Michigan Plan, as well as the adjudication (and attendant tracking) of Fee-for-Service claims and the exchange of information with other vendors, such as the State's Pharmacy Benefits Manager and Healthy Michigan Plan vendor, regarding costs incurred. Once the limit is met, the MMIS system will indicate as such and notification will occur as described below.

☒ Describe how the state informs beneficiaries and providers of the beneficiaries' aggregate family limit and notifies beneficiaries and providers when a beneficiary has incurred premiums and cost sharing up to the aggregate family limit and individual family members are no longer subject to premiums or cost sharing for the remainder of the family's current monthly or quarterly cap period:

Notice #1: New Beneficiaries



# Medicaid Premiums and Cost Sharing

The State will provide an initial written notice to affected beneficiaries who are newly eligible. This notice will describe the quarterly aggregate limit and how it impacts the cost-sharing incurred by their household, and will include an estimated quarterly aggregate limit for the upcoming year. This notice will also explain that beneficiaries are not responsible for tracking costs and will inform them that once the aggregate limit is met, they are no longer subject to cost-sharing for the remainder of the relevant quarter. Finally, this notice will inform beneficiaries of the range of options they may use to access or receive the most up to date information on the quarterly cap amount, progress toward that cap and any modifications to the amount, so that they can select the option that works best for them. The options for beneficiaries to choose from include the following:

(1) Toll-free telephone access to this information through the State's beneficiary helpline. This includes an option for individuals who are hearing impaired. (2) Online (or smartphone) access as part of the State's innovative beneficiary portal. The myHealthButton is a mobile application that can be used from a smartphone and the myHealthPortal is an online application that can be used from any device with internet access. These applications allow members to access information about their health care benefits and services, including cost-sharing information, with email notifications tied to when the cost-sharing limit is met.

Beneficiaries are also informed that providers will have cost-sharing information available at the point of service to ensure that charges are not incurred in excess of the limit. Finally, this notice provides information on the beneficiary's right to request a reassessment of the aggregate limit.

## Notice #2: Existing Beneficiaries

Affected beneficiaries will be provided written notice on an annual basis. This notice will include an estimated quarterly aggregate limit for the upcoming year. If a beneficiary has met his or her aggregate limit at any time in the past year, this will also be included on the notice. The notice will remind beneficiaries of the options for accessing the most up to date information regarding their quarterly cap amount, including calls to the State's beneficiary help line prior to accessing health care if they choose. The options available are described in Notice #1.

Cost-sharing information will be available to providers in the State's MMIS system. Once the aggregate limit is reached, an indicator will appear in the State's MMIS system that beneficiaries will be exempt from cost-sharing for the remainder of the quarter. Providers will also be able to notify beneficiaries that this cost-sharing has been met, and the State's contracted health plans will also receive cost-sharing information.

The state has a documented appeals process for families that believe they have incurred premiums or cost sharing over the aggregate limit for the current monthly or quarterly cap period.

Yes

Describe the appeals process used:

The State has a process in place for beneficiary complaints and requests for further review. Beneficiaries who believe that they have incurred cost sharing in excess of the aggregate limit will be entitled to utilize this process as appropriate.

- ☒ Describe the process used to reimburse beneficiaries and/or providers if the family is identified as paying over the aggregate limit for the month/quarter:

Providers will be responsible for facilitating any refunds for beneficiaries who have exceeded the aggregate limit for the quarter. The remittance advice will inform the provider whether or not a copay was ultimately deducted from the payment amount at the time of adjudication, and direct the provider to refund the beneficiary when appropriate.



# Medicaid Premiums and Cost Sharing

- ☒ Describe the process for beneficiaries to request a reassessment of their family aggregate limit if they have a change in circumstances or if they are being terminated for failure to pay a premium:

Beneficiaries will follow the existing process as described above. Beneficiaries are currently obligated to report changes in income, household and several other circumstances, and may do so online, in person or by phone. The State's MMIS system will also recalculate the aggregate limit in response to reported changes impacting that limit and adjust the cost-sharing indicator as appropriate.

The state imposes additional aggregate limits, consistent with 42 CFR 447.56(f)(5).

No

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20160722





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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](http://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 cate-  
gories 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](http://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.

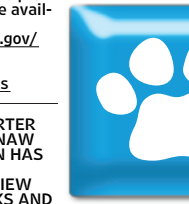
Publication Date:  
December 7, 2023

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\$950 419-551-0706

CavaPoo Puppies-  
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\$450-\$550  
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\$350 Females  
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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](mailto: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](http://www.michigan.gov/medicaidproviders) >>  
Policy, Letters & Forms.

Sincerely,

A handwritten signature in black ink, reading "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

**Distribution List for L 23-69  
November 16, 2023**

Ms. Whitney Gravelle, President, Bay Mills Indian Community  
Ms. Audrey Breakie, Health Director, Bay Mills (Ellen Marshall Memorial Center)  
Mr. David M. Arroyo, Chairman, Grand Traverse Band Ottawa & Chippewa Indians  
Ms. Doris Winslow, Health Director, Grand Traverse Band Ottawa/Chippewa  
Mr. Kenneth Meshigaud, Tribal Chairman, Hannahville Indian Community  
Ms. G. Susie Meshigaud, Health Director, Hannahville Health Center  
Ms. Doreen G. Blaker, Tribal President, Keweenaw Bay Indian Community  
Ms. Deanna Foucault, Health Director, Keweenaw Bay Indian Community - Donald Lapointe Health/Educ Facility  
Mr. James Williams, Jr., Tribal Chairman, Lac Vieux Desert Band of Lake Superior Chippewa Indians  
Ms. Sadie Valliere, Health & Human Services Director, Lac Vieux Desert Band  
Mr. Larry Romanelli, Ogema, Little River Band of Ottawa Indians  
Mr. Daryl Wever, Health Director, Little River Band of Ottawa Indians  
Ms. Regina Gasco-Bentley, Tribal Chairman, Little Traverse Bay Band of Odawa Indians  
Ms. Jodi Werner, Health Director, Little Traverse Bay Band of Odawa  
Mr. Bob Peters, Chairman, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)  
Ms. Phyllis Davis, Tribal Council Member, Match-E-Be-Nash-She-Wish Potawatomi  
Ms. Mariah Austin, Tribal Council Member, Match-E-Be-Nash-She-Wish Potawatomi  
Mr. Jamie Stuck, Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians  
Ms. Rosalind Johnston, Health Director, Huron Potawatomi Inc.- Tribal Health Department  
Ms. Rebecca Richards, Tribal Chairwoman, Pokagon Band of Potawatomi Indians  
Ms. Priscilla Gatties, Interim Health Director, Pokagon Potawatomi Health Services  
Ms. Theresa Peters-Jackson, Tribal Chief, Saginaw Chippewa Indian Tribe  
Mrs. Karmen Fox, Executive Health Director, Nimkee Memorial Wellness Center  
Mr. Austin Lowes, Tribal 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