

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

24 — 0001 — —

2. STATE

MI —

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

3. PROPOSED EFFECTIVE DATE
January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
Social Security Act Section 1916A

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$0
b. FFY 2025 \$0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.18-F, Pages 1 through 4

8. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable)
Attachment 4.18-F, Pages 1 through 4
(TN# 15-0015)

9. SUBJECT OF AMENDMENT
This SPA eliminates the MI Child premium.

10. GOVERNOR'S REVIEW (Check One)

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL



11. TYPED NAME
Meghan Groen

12. TITLE
Senior Deputy Director

13. DATE SUBMITTED
January 16, 2024

15. RETURN TO

Behavioral and Physical Health and Aging Services
Administration
Office of Strategic Partnerships & Medicaid Administrative
Services – Federal Liaison
Capitol Commons Center – 7th Floor
400 South Pine
Lansing, Michigan 48933

Attn: Erin Black

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

It should be noted that States can select one or more options in imposing premiums.

A. For groups of individuals with family income at or below 100 percent of the FPL:

1. Premiums

a. X / No premiums will be imposed for individuals with family income at or below 100 percent of the FPL.

 / Other (specify the premium amounts by group and income level).

B. For groups of individuals with family income above 100 percent but below 150 percent of the FPL:

1. Premiums

A X No premiums may be imposed for individuals with family income above 100 percent but below 150 percent of the FPL.

TN No. 24-0001

Approval Date: _____

Effective Date: 1/01/2024

Supersedes

TN No. 15-0015

CMS-101090 (09/06)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

C. For groups of individuals with family income above 150 percent of the FPL:

1. Premiums

- a. ☒ No premiums are imposed.
- b. ☒ Premiums are imposed under section 1916A of the Act as follows (specify the premium amount by group and income level.

Group of Individuals	Premium	Method for Determining Family Income (including monthly or quarterly period)
Optional targeted low income children as described in 1902(a)(10)(A)(9ii)(XIV) and 42 CFR 435.229 who are under 19 years of age and whose income is between 160-212 per cent of the Federal Poverty Level.	\$10.00 per month per family	Modified Adjusted Gross Income (MAGI) method is applied when determining eligibility for this Medicaid expansion group

~~Attach a schedule of the premium amounts for the various eligibility groups.~~

~~Not Applicable: The premium is set at \$10.00 per month per family.~~

~~b. Limitation:~~

- ~~The total aggregate amount of premiums and cost sharing imposed for all individuals in the family may not exceed 5 percent of the family income of the family involved, as applied on a monthly or quarterly basis as specified by the State above.~~

TN No. 24-0001

Approval Date: _____

Effective Date: 1/01/2024

Supersedes

TN No. 15-0015

CMS-101090 (09/06)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

c. No premiums shall be imposed for the following individuals:

- Individuals under 18 years of age that are required to be provided medical assistance under section 1902(a)(10)(A)(i), and including individuals with respect to whom aid or assistance is made available under part B of title IV to children in foster care and individuals with respect to whom adoption or foster care assistance is made available under part E of such title, without regard to age;
- Pregnant women;
- Any terminally ill individual receiving hospice care, as defined in section 1905(o);
- Any individual who is an inpatient in a hospital, nursing facility, intermediate care facility, or other medical institution, if such individual is required, as a condition of receiving services in such institution under the State plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs; and
- Women who are receiving Medicaid by virtue of the application of sections 1902(a)(10)(A)(ii)(XVIII) and 1902(aa) of the Act.
- An Indian who is eligible to receive or has received an item or service furnished by an Indian health care provider or through referral under contract health services is exempt from premiums.

d. Enforcement

1. / Prepayment required for the following groups of individuals who are applying for Medicaid:

2. X/ Eligibility terminated after failure to pay for 60 days for the following groups of individuals who are receiving Medicaid: Optional targeted low income children as described in 1902(a)(10)(A)(9ii)(XIV) and 42 CFR 435.229 who are under 19 years of age and whose income is between 160-212 per cent of the Federal Poverty Level.

3. / Payment will be waived on case-by-case basis for undue hardship.

D. Period of determining aggregate 5 percent cap

Specify the period for which the 5 percent maximum would be applied.

___ / Quarterly

___ / Monthly

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State of MICHIGAN

NOTE: MICHild premiums may only be charged to families between 160% and 212% of the FPL and there are no co-payments. The only other eligibility group within this FPL range in the State is for pregnant women. The State does not charge premiums to pregnant women and pregnancy related services have no copays. Therefore, the State anticipates the only Medicaid cost sharing in a Medicaid expansion household would be the \$10 per family per month premium, and is not tracking the 5% aggregate limit for Medicaid expansion households.

TN No. 24-0001

Approval Date: _____

Effective Date: 1/01/2024

Supersedes

TN No. 15-0015

CMS-101090 (09/06)



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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

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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 3520 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.

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 facil-
ities 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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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, 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