

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

- Summary
- Reviewable Units
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CMS-10434 OMB 0938-1188

Package Information

Package ID	MI2023MS0003O	Submission Type	Official
Program Name	N/A	State	MI
SPA ID	MI-24-0100	Region	Chicago, IL
Version Number	3	Package Status	Approved
Submitted By	Erin Black	Submission Date	1/16/2024
Package Disposition		Approval Date	3/19/2024 2:28 PM EDT
Priority Code	P2		
Lead Division	DEPO		

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



Center for Medicaid & CHIP Services

March 19, 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-24-0100

Dear Elizabeth Hertel,

On January 16, 2024, the Centers for Medicare and Medicaid Services (CMS) received Michigan State Plan Amendment (SPA) MI-24-0100 to address continuous eligibility for children under 19 years of age.

We approve Michigan State Plan Amendment (SPA) MI-24-0100 with an effective date(s) of January 01, 2024.

If you have any questions regarding this amendment, please contact keri rosenbloom at keri.toback@cms.hhs.gov

Sincerely,
Ruth A. Hughes
Acting Director, Division of Program
Operations
Center for Medicaid & CHIP Services

Submission - Summary

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

Package Header

Package ID	MI2023MS0003O	SPA ID	MI-24-0100
Submission Type	Official	Initial Submission Date	1/16/2024
Approval Date	03/19/2024	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	Michigan	Medicaid Agency Name:	Michigan Department of Health and Human Services
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Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

Submission - Summary

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

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Approval Date	03/19/2024	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID MI-24-0100

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
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Page Number of the Superseded Plan Section or Attachment (If Applicable):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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Submission Type	Official	Initial Submission Date	1/16/2024
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Superseded SPA ID	N/A		

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

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

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Governor's Office Review

<input type="radio"/> No comment	Describe Meghan Groen, Director Behavioral and Physical Health and Aging Services Administration Michigan Department of Health and Human Services
<input type="radio"/> Comments received	
<input type="radio"/> No response within 45 days	
<input checked="" type="radio"/> Other	

Submission - Public Comment

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

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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


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

Package Header

Package ID MI2023MS0003O

SPA ID MI-24-0100

Submission Type Official

Initial Submission Date 1/16/2024

Approval Date 03/19/2024

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:
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

Eligibility and Enrollment Processes

Continuous Eligibility for Children

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

Package Header

Package ID MI2023MS0003O
Submission Type Official
Approval Date 03/19/2024
Superseded SPA ID None
User-Entered

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

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.

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