

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

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CMS-10434 OMB 0938-1188

## Package Information

Package ID	MI2024MS0001O
Program Name	N/A
SPA ID	MI-24-0120
Version Number	1
Submitted By	Erin Black

Submission Type	Official
State	MI
Region	Chicago, IL
Package Status	Submitted
Submission Date	3/28/2024
Regulatory Clock	90 days remain
Review Status	Review 1

# Submission - Summary

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

## Package Header

**Package ID** MI2024MS0001O  
**Submission Type** Official  
**Approval Date** N/A  
**Superseded SPA ID** N/A

**SPA ID** MI-24-0120  
**Initial Submission Date** 3/28/2024  
**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 | MI2024MS0001O | MI-24-0120

## Package Header

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Superseded SPA ID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

Reviewable Unit Instructions

## SPA ID and Effective Date

**SPA ID** MI-24-0120

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	1/1/2024	MI-23-0100
Qualified Medicare Beneficiaries	1/1/2024	MI-13-0100
Specified Low Income Medicare Beneficiaries	1/1/2024	MI-13-0100
Qualifying Individuals	1/1/2024	MI-13-0100
Optional Eligibility Groups	1/1/2024	MI-23-0110
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules	1/1/2024	MI-13-0100
Individuals in Institutions Eligible under a Special Income Level	1/1/2024	MI-13-0100
Children under Age 19 with a Disability	1/1/2024	MI-13-0100
Age and Disability-Related Poverty Level	1/1/2024	MI-13-0100
Ticket to Work Basic	1/1/2024	MI-13-0100

Page Number of the Superseded Plan Section or Attachment (If Applicable):

# Submission - Summary

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

## Package Header

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Superseded SPA ID	N/A		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

## Executive Summary

Summary Description Including Goals and Objectives Update the Less Restrictive Income Methodologies Under 1902(r)(2).

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

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

### Federal Statute / Regulation Citation

42 C.F.R. §§435.601 and 436.601

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

# Submission - Summary

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

## Package Header

**Package ID** MI2024MS0001O  
**Submission Type** Official  
**Approval Date** N/A  
**Superseded SPA ID** N/A

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

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 | MI2024MS0001O | MI-24-0120

CMS-10434 OMB 0938-1188

The submission includes the following:


☐ Administration

☒ Eligibility


☐ Income/Resource Methodologies

☐ Income/Resource Standards

☒ Mandatory Eligibility Groups

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

☒ Optional Eligibility Groups

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

☐ Non-Financial Eligibility

☐ Eligibility and Enrollment Processes

☐ Benefits and Payments

# Submission - Public Comment

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

## Package Header

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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

# Submission - Tribal Input

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

## Package Header

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

SPA ID MI-24-0120  
Initial Submission Date 3/28/2024  
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:
3/25/2024	Letter of Notification to Tribal Chairs and Health Directors

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
L 24-10	3/28/2024 2:16 PM EDT	

Indicate the key issues raised (optional)

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



# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

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

### Package Header

















Package ID	MI2024MS0001O	SPA ID	MI-24-0120
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Approval Date	N/A	Effective Date	1/1/2024
Superseded SPA ID	MI-23-0100		
	System-Derived		

Reviewable Unit Instructions














### Mandatory Coverage







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

#### Families and Adults

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

#### Aged, Blind and Disabled

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

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

# Mandatory Eligibility Groups

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

## Package Header



Package ID	MI2024MS0001O	SPA ID	MI-24-0120
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Approval Date	N/A	Effective Date	1/1/2024
Superseded SPA ID	MI-23-0100		
	System-Derived		

### Reviewable Unit Instructions

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

☒ Yes ☐ No

### Families and Adults

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

### C. Additional Information (optional)

## Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Qualified Medicare Beneficiaries

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

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

### Package Header

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Superseded SPA ID	MI-13-0100		
	User-Entered		

#### Reviewable Unit Instructions

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

### A. Characteristics

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

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

# Qualified Medicare Beneficiaries

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

## Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
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Superseded SPA ID	MI-13-0100		
	User-Entered		

Reviewable Unit Instructions

## B. Financial Methodologies

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

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

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ A specified type of income is disregarded:

Name of income type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program

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

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program as a resource.

# Qualified Medicare Beneficiaries

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

## Package Header

<b>Package ID</b>	MI2024MS0001O	<b>SPA ID</b>	MI-24-0120
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<b>Superseded SPA ID</b>	MI-13-0100		
	User-Entered		

### Reviewable Unit Instructions

## C. Income Standard Used

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

## D. Resource Standard Used

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

## E. Medical Assistance Provided

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

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

Qualified Medicare Beneficiaries

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

Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
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Superseded SPA ID	MI-13-0100		
	User-Entered		

Reviewable Unit Instructions

F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Specified Low Income Medicare Beneficiaries

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

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

#### Package Header

<b>Package ID</b>	MI2024MS0001O	<b>SPA ID</b>	MI-24-0120
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/28/2024
<b>Approval Date</b>	N/A	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	MI-13-0100		
	User-Entered		

#### Reviewable Unit Instructions

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

#### A. Characteristics

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

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



# Specified Low Income Medicare Beneficiaries

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

## Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	N/A	Effective Date	1/1/2024
Superseded SPA ID	MI-13-0100		
	User-Entered		

### Reviewable Unit Instructions

## B. Financial Methodologies

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

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

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ A specified type of income is disregarded:

Name of income type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program

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

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program as a resource.

# Specified Low Income Medicare Beneficiaries

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

## Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
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Approval Date	N/A	Effective Date	1/1/2024
Superseded SPA ID	MI-13-0100		
	User-Entered		

### Reviewable Unit Instructions

## C. Income Standard Used

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

## D. Resource Standard Used

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

## E. Medical Assistance Provided

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

# Specified Low Income Medicare Beneficiaries

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

## Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
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Superseded SPA ID	MI-13-0100		
	User-Entered		

Reviewable Unit Instructions

## F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Qualifying Individuals

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

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

### Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	N/A	Effective Date	1/1/2024
Superseded SPA ID	MI-13-0100		
	User-Entered		

#### Reviewable Unit Instructions

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

### A. Characteristics

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

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

# Qualifying Individuals

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

## Package Header

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Superseded SPA ID	MI-13-0100		
	User-Entered		

### Reviewable Unit Instructions

## B. Financial Methodologies

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

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

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ A specified type of income is disregarded:

Name of income type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program

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

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program as a resource.

# Qualifying Individuals

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

## Package Header

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	User-Entered		

### Reviewable Unit Instructions

## C. Income Standard Used

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

## D. Resource Standard Used

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

## E. Medical Assistance Provided

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

Qualifying Individuals

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

Package Header

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Reviewable Unit Instructions

F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

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

### Package Header

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Approval Date	N/A	Effective Date	1/1/2024
Superseded SPA ID	MI-23-0110		
	System-Derived		

#### Reviewable Unit Instructions











### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

☒ Yes ☐ No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

















#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW



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

# Optional Eligibility Groups

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

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	System-Derived		

Reviewable Unit Instructions

## B. Medically Needy Options for Coverage





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

☒ Yes ☐ No


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

### 1. Mandatory Medically Needy:

#### Families and Adults





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

#### Aged, Blind and Disabled

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

### 2. Optional Medically Needy:

#### Families and Adults

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

#### Aged, Blind and Disabled

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

# Optional Eligibility Groups

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

## Package Header

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

Reviewable Unit Instructions

## C. Additional Information (optional)

### Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

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

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

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

#### Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	N/A	Effective Date	1/1/2024
Superseded SPA ID	MI-13-0100		
	User-Entered		

#### Reviewable Unit Instructions

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

#### A. Characteristics

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

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

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

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

## Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	N/A	Effective Date	1/1/2024
Superseded SPA ID	MI-13-0100		
	User-Entered		

### Reviewable Unit Instructions

## B. Income and Resource Methodologies

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

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

- ☒ Yes  
☐ No

The less restrictive income methodologies are:

☒ A specified type of income is disregarded:

Name of income type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program

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

- ☒ Yes  
☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program as a resource.

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

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

## Package Header

<b>Package ID</b>	MI2024MS0001O	<b>SPA ID</b>	MI-24-0120
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<b>Approval Date</b>	N/A	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	MI-13-0100		
	User-Entered		

Reviewable Unit Instructions

## C. Income and Resource Standards

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

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

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

## Package Header

<b>Package ID</b>	MI2024MS0001O	<b>SPA ID</b>	MI-24-0120
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/28/2024
<b>Approval Date</b>	N/A	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	MI-13-0100		
	User-Entered		

Reviewable Unit Instructions

## D. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Individuals in Institutions Eligible under a Special Income Level

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

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

#### Package Header

<b>Package ID</b>	MI2024MS0001O	<b>SPA ID</b>	MI-24-0120
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/28/2024
<b>Approval Date</b>	N/A	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	MI-13-0100		
	User-Entered		

#### Reviewable Unit Instructions

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

#### A. Characteristics

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

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



# Individuals in Institutions Eligible under a Special Income Level

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

## Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
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Approval Date	N/A	Effective Date	1/1/2024
Superseded SPA ID	MI-13-0100		
	User-Entered		

Reviewable Unit Instructions

## B.Individuals Covered

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

- ☒ Yes
- ☐ No

# Individuals in Institutions Eligible under a Special Income Level

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

## Package Header

<b>Package ID</b>	MI2024MS0001O	<b>SPA ID</b>	MI-24-0120
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/28/2024
<b>Approval Date</b>	N/A	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	MI-13-0100		
	User-Entered		

### Reviewable Unit Instructions

## C. Financial Methodologies

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

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program as a resource.

# Individuals in Institutions Eligible under a Special Income Level

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

## Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
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Superseded SPA ID	MI-13-0100		
	User-Entered		

Reviewable Unit Instructions

## D. Income Standard Used

The income standard for this group is:

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

# Individuals in Institutions Eligible under a Special Income Level

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

## Package Header

<b>Package ID</b>	MI2024MS0001O	<b>SPA ID</b>	MI-24-0120
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/28/2024
<b>Approval Date</b>	N/A	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	MI-13-0100		
	User-Entered		

### Reviewable Unit Instructions

## E.Resource Standard Used

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

# Individuals in Institutions Eligible under a Special Income Level

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

## Package Header

<b>Package ID</b>	MI2024MS0001O	<b>SPA ID</b>	MI-24-0120
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<b>Approval Date</b>	N/A	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	MI-13-0100		
	User-Entered		

Reviewable Unit Instructions

## F.Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Children under Age 19 with a Disability

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

Children under age 19 with a disability who would be eligible if they were in a medical institution (known as Katie Beckett).

#### Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
Submission Type	Official	Initial Submission Date	3/28/2024
Approval Date	N/A	Effective Date	1/1/2024
Superseded SPA ID	MI-13-0100		
	User-Entered		

#### Reviewable Unit Instructions

The state operates the Children under Age 19 with a Disability eligibility group in accordance with the following provisions:

#### A. Characteristics

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

- Are under age 19 and qualify as an individual with a disability under section 1614(a) of the Act.
- For whom the state has determined the following:
  - The individual requires a level of care provided in a hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities;
  - It is appropriate to provide such care for the child outside such an institution; and
  - The estimated cost for the individual's care is not greater than the cost which would otherwise be expended within an appropriate institution.
- Would be eligible for one or more of the following Medicaid eligibility groups if in a medical institution:
  - ☒ a. Individuals in Institutions Eligible under a Special Income Level
  - ☒ b. Age and Disability-related Poverty Level
  - ☐ c. Medically Needy Individuals
  - ☐ d. Individuals Eligible for but Not Receiving Cash Assistance
  - ☐ e. Other eligibility group(s):

# Children under Age 19 with a Disability

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

## Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
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Superseded SPA ID	MI-13-0100		
	User-Entered		

### Reviewable Unit Instructions

## B. Financial Methodologies and Standards

1. The income and resource methodologies and standards for the group used to determine institutional eligibility are used for this group.
2. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

- ☒ A specified type of income is disregarded:

Name of income type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program

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

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

- ☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program as a resource.

# Children under Age 19 with a Disability

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

## Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
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	User-Entered		

### Reviewable Unit Instructions

## C. Cost Effectiveness Determination

1. The cost-effectiveness determination is performed:

- ☒ a. Annually
- ☐ b. Semi-annually
- ☐ c. Other frequency:

2. The calculation is made at the individual level, using the following methodology:

- ☒ a. Standard methodology is used.

i. The cost of services for the individual at home is determined using one of the following methods:

- ☒ (1) By projecting the approved plan of care.

Description:

To calculate the cost of the services to the child we project the cost of services for the approved plan of care.

- ☐ (2) By using another method

ii. The cost of providing institutional care at the appropriate level of care for this individual is determined using the following method:

Description:

The cost of providing appropriate level of care for this individual in another state institution is used.

iii. At the time of the cost effectiveness determination, the cost of care for the individual at home is considered to be cost effective if it does not exceed the cost of the individual's institutional care.

Additional comments (optional):

- ☐ b. An alternative methodology is used.



# Children under Age 19 with a Disability

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

## Package Header

<b>Package ID</b>	MI2024MS0001O	<b>SPA ID</b>	MI-24-0120
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<b>Superseded SPA ID</b>	MI-13-0100		
	User-Entered		

Reviewable Unit Instructions

## D. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Age and Disability- Related Poverty Level

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

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

#### Package Header

<b>Package ID</b>	MI2024MS0001O	<b>SPA ID</b>	MI-24-0120
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/28/2024
<b>Approval Date</b>	N/A	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	MI-13-0100		
	User-Entered		

#### Reviewable Unit Instructions

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

#### A. Characteristics

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

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

# Age and Disability- Related Poverty Level

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

## Package Header

<b>Package ID</b>	MI2024MS0001O	<b>SPA ID</b>	MI-24-0120
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/28/2024
<b>Approval Date</b>	N/A	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	MI-13-0100		
	User-Entered		

### Reviewable Unit Instructions

## B. Individuals Covered

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

- ☒ Yes
- ☐ No

# Age and Disability- Related Poverty Level

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

## Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
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Approval Date	N/A	Effective Date	1/1/2024
Superseded SPA ID	MI-13-0100		
	User-Entered		

### Reviewable Unit Instructions

## C. Financial Methodologies

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

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

- ☒ Yes
- ☐ No

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

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ A specified type of income is disregarded:

Name of income type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program

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

- ☒ Yes
- ☐ No

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

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program as a resource.

# Age and Disability- Related Poverty Level

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

## Package Header

<b>Package ID</b>	MI2024MS0001O	<b>SPA ID</b>	MI-24-0120
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<b>Approval Date</b>	N/A	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	MI-13-0100		
	User-Entered		

### Reviewable Unit Instructions

## D. Income Standard Used

The income standard for this eligibility group is:

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

# Age and Disability- Related Poverty Level

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

## Package Header

<b>Package ID</b>	MI2024MS0001O	<b>SPA ID</b>	MI-24-0120
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<b>Superseded SPA ID</b>	MI-13-0100		
	User-Entered		

### Reviewable Unit Instructions

## E. Resource Standard Used

The resource standard used is:

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

# Age and Disability- Related Poverty Level

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

## Package Header

<b>Package ID</b>	MI2024MS0001O	<b>SPA ID</b>	MI-24-0120
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<b>Superseded SPA ID</b>	MI-13-0100		
	User-Entered		

Reviewable Unit Instructions

## F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Ticket to Work Basic

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

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

### Package Header

<b>Package ID</b>	MI2024MS0001O	<b>SPA ID</b>	MI-24-0120
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/28/2024
<b>Approval Date</b>	N/A	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	MI-13-0100		
	User-Entered		

#### Reviewable Unit Instructions

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



# Ticket to Work Basic

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

## Package Header

<b>Package ID</b>	MI2024MS0001O	<b>SPA ID</b>	MI-24-0120
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<b>Superseded SPA ID</b>	MI-13-0100		
	User-Entered		

### Reviewable Unit Instructions

## A. Characteristics

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

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

# Ticket to Work Basic

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

## Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
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Superseded SPA ID	MI-13-0100		
	User-Entered		

### Reviewable Unit Instructions

## B. Financial Methodologies

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

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

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ A specified type of income is disregarded:

Name of income type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program

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

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program as a resource.

# Ticket to Work Basic

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

## Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
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Superseded SPA ID	MI-13-0100		
	User-Entered		

### Reviewable Unit Instructions

## C. Income Standard Used

The income standard for this group is:

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

FPL 250.00%

# Ticket to Work Basic

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

## Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
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	User-Entered		

Reviewable Unit Instructions

## D. Resource Standard Used

The resource standard for this group is:

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

Single Individual	\$9430.00
Couple	\$14130.00

# Ticket to Work Basic

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

## Package Header

<b>Package ID</b>	MI2024MS0001O	<b>SPA ID</b>	MI-24-0120
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<b>Superseded SPA ID</b>	MI-13-0100		
	User-Entered		

### Reviewable Unit Instructions

## E. Premiums and Cost Sharing

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

# Ticket to Work Basic

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

## Package Header

Package ID	MI2024MS0001O	SPA ID	MI-24-0120
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	User-Entered		

Reviewable Unit Instructions

## F. 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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STATE OF MICHIGAN

GRETCHEN WHITMER  
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

ELIZABETH HERTEL  
DIRECTOR

March 25, 2024

NAME  
TITLE  
ADDRESS  
CITY STATE ZIP

Dear Tribal Chair and Health Director:

**RE:** Guaranteed Income Pilot Study Programs and Medicaid Eligibility

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 SPA covers treatment of income from guaranteed income pilot study programs for the determination of eligibility for the Michigan Medicaid program.

Guaranteed income pilot study programs are designed to study the micro-economic and health effects of the participants in the pilot program. Funding for these pilot programs may be from private or non-profit agencies or academic institutions. These programs coordinate with MDHHS to implement the pilot program. Under the SPA, the cash payments from these pilot programs are excluded for purposes of determining eligibility for Medicaid applicants and recipients.

The intent of the SPA is to retain eligibility for Medicaid for participants in a guaranteed income pilot program. This change is expected to have little or no impact on Medicaid eligibility for Native American beneficiaries who participate in a guaranteed income study pilot program. The anticipated effective date of this SPA is January 1, 2024.

There is no public hearing scheduled for this SPA. Due to the timing of the guidance received, it is not possible to adhere to the sixty (60) days notification. Therefore, notification is being provided as soon as possible. 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 May 9, 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 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  
Asha Petoskey, Acting Area Director, Indian Health Service - Bemidji Area Office  
Lorna Elliott-Egan, MDHHS

**Distribution List for L 24-10**  
**March 25, 2024**

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  
Mr. Tim Davis, 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  
Asha Petoskey, Acting Area Director, Indian Health Service - Bemidji Area Office  
Lorna Elliott-Egan, MDHHS