

# MI - Submission Package - MI2024MS0006O - (MI-25-0100) - Eligibility

- Summary
- Reviewable Units
- News
- Related Actions

CMS-10434 OMB 0938-1188

## Package Information

Package ID	MI2024MS0006O	Submission Type	Official
Program Name	N/A	State	MI
SPA ID	MI-25-0100	Region	Chicago, IL
Version Number	1	Package Status	Submitted
Submitted By	Erin Black	Submission Date	2/12/2025
		Regulatory Clock	90 days remain
		Review Status	Review 1

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

**Package ID** MI2024MS0006O  
**Submission Type** Official  
**Approval Date** N/A  
**Superseded SPA ID** N/A

**SPA ID** MI-25-0100  
**Initial Submission Date** 2/12/2025  
**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 | MI2024MS0006O | MI-25-0100

## Package Header

<b>Package ID</b>	MI2024MS0006O	<b>SPA ID</b>	MI-25-0100
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/12/2025
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		
<b>Reviewable Unit Instructions</b>			

## SPA ID and Effective Date

**SPA ID** MI-25-0100

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	2/1/2024	MI-24-0120
Closed Eligibility Groups	2/1/2024	MI-13-0160
Optional Eligibility Groups	2/1/2024	MI-24-0120
Individuals in Institutions Eligible under a Special Income Level	2/1/2024	MI-24-0120
Children under Age 19 with a Disability	2/1/2024	MI-15-0100
Age and Disability-Related Poverty Level	2/1/2024	MI-24-0120
Medically Needy Children under Age 18	2/1/2024	MI-24-0120
Medically Needy Reasonable Classifications of Individuals under Age 21	2/1/2024	MI-24-0120
Medically Needy Parents and Other Caretaker Relatives	2/1/2024	MI-24-0120
Medically Needy Populations Based on Age, Blindness or Disability	2/1/2024	MI-24-0120

**Page Number of the Superseded Plan Section or Attachment (If Applicable):**

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		
Reviewable Unit Instructions			

## Executive Summary

Summary Description Including Goals and Objectives Increase asset limit for all groups subject to an asset test.

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$4342000
Second	2026	\$6513000

### Federal Statute / Regulation Citation

42 C.F.R. §§ 435.940 through 435.952 and 457.380

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

**Package ID** MI2024MS0006O  
**Submission Type** Official  
**Approval Date** N/A  
**Superseded SPA ID** N/A

**SPA ID** MI-25-0100  
**Initial Submission Date** 2/12/2025  
**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 | MI2024MS0006O | MI-25-0100

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 | MI2024MS0006O | MI-25-0100

## Package Header

<b>Package ID</b>	MI2024MS0006O	<b>SPA ID</b>	MI-25-0100
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/12/2025
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Reviewable Unit Instructions

Indicate whether public comment was solicited with respect to this submission.

- ☒ Public notice was not federally required and comment was not solicited
- ☐ Public notice was not federally required, but comment was solicited
- ☐ Public notice was federally required and comment was solicited

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	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:
12/3/2024	Michigan Tribal Notification Letter December 3, 2024

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	
<a href="#">Numbered Letter L 24-72</a>	1/16/2025 4:57 PM EST	

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 | MI2024MS0006O | MI-25-0100

### Package Header









Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-24-0120		
	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" 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 ?
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<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 
Specified Low Income Medicare Beneficiaries			<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualifying Individuals			<input type="checkbox"/>	<input type="radio"/>	APPROVED

# Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header


Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-24-0120		
	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 checked="" type="checkbox"/>	<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

### Closed Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

Certain individuals who were eligible in the 1970s and 1980s and continue to qualify under specified requirements.

### Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-13-0160		
	User-Entered		

#### Reviewable Unit Instructions

The state covers mandatory individuals who were previously eligible for Medicaid in the 1970s or 1980s and continue to meet the eligibility requirements. These individuals are described in one or more of the following sections A through F.

### A. Individuals Receiving Mandatory State Supplements

Individuals qualifying under this eligibility group must be receiving mandatory state supplements.

# Closed Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

<b>Package ID</b>	MI2024MS0006O	<b>SPA ID</b>	MI-25-0100
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/12/2025
<b>Approval Date</b>	N/A	<b>Effective Date</b>	2/1/2024
<b>Superseded SPA ID</b>	MI-13-0160		
	User-Entered		

### Reviewable Unit Instructions

## B. Individuals Who Are Essential Spouses

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

1. In December, 1973 were eligible for Medicaid as essential spouses;
2. Have continued to live with and be essential to the well-being of an individual who continues to meet the eligibility requirements for one of the cash assistance programs under OAA, AB, APTD, or AABD; and
3. Continue to meet the December, 1973 criteria that applied in determining the amount of the cash payment.

# Closed Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-13-0160		
	User-Entered		

### Reviewable Unit Instructions

## C. Institutionalized Individuals Continuously Eligible Since 1973

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

1. Were eligible for Medicaid in December, 1973 as inpatients of medical institutions or residents of intermediate care facilities participating in Medicaid;
2. For each consecutive month after December, 1973, continue to meet the requirements for Medicaid eligibility in effect under the state plan in December, 1973 for institutionalized individuals, and remain institutionalized; and
3. Are determined by the state or a professional standards review organization to continue to need institutional care.

# Closed Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-13-0160		
	User-Entered		

### Reviewable Unit Instructions

## D. Individuals Eligible in 1973 Who Have Blindness or a Disability

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

1. Meet all the current Medicaid eligibility requirements, except for blindness and disability;
2. Were eligible for Medicaid in December, 1973 as blind or disabled; and
3. Continue to meet the December, 1973 criteria for Medicaid.

# Closed Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-13-0160		
	User-Entered		

### Reviewable Unit Instructions

## E. Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972

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

1. Were entitled to and receiving cash assistance in August, 1972, or would have been eligible had they applied or not been institutionalized (and the state covered these optional groups); and
2. Would currently be eligible for SSI or state supplement, except for the increase in OASDI under Public Law No. 92-336.



# Closed Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-13-0160		
	User-Entered		

### Reviewable Unit Instructions

## F. Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI

1. Individuals qualifying under this eligibility group must meet all of the following criteria:
- a. Are disabled widows or widowers who are deemed to be SSI or state supplement beneficiaries.

b. Became ineligible for SSI or state supplement as a result of the elimination of the reduction factor required by section 134 of Public. Law No. 98-21.

c. Would be eligible for SSI or state supplement, except for the increase under Public Law No. 98-21 and subsequent cost-of-living increases in widow's or widower's benefits under section 215(i) of the Act.

d. Filed a written application for Medicaid on or before June 30,1988.
2. Individuals receiving only state supplement qualify for this group.
- ☒ Yes

☐ No
3. SSI Methodologies are used in calculating household income.

# Closed Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

<b>Package ID</b>	MI2024MS0006O	<b>SPA ID</b>	MI-25-0100
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/12/2025
<b>Approval Date</b>	N/A	<b>Effective Date</b>	2/1/2024
<b>Superseded SPA ID</b>	MI-13-0160		
	User-Entered		

Reviewable Unit Instructions

## G. Additional Information (optional)

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

### Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-24-0120		
	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"/>	APPROVED

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 type="checkbox"/>	<input type="radio"/>	APPROVED
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"/>	APPROVED
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"/>	APPROVED
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
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 | MI2024MS0006O | MI-25-0100

## Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-24-0120		
	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

#### 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 checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

#### 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

# Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-24-0120		
	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 in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

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>	MI2024MS0006O	<b>SPA ID</b>	MI-25-0100
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/12/2025
<b>Approval Date</b>	N/A	<b>Effective Date</b>	2/1/2024
<b>Superseded SPA ID</b>	MI-24-0120		
	System-Derived		

#### 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 | MI2024MS0006O | MI-25-0100

## Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-24-0120		
	System-Derived		

### Reviewable Unit Instructions

## B.Individuals Covered

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

- ☐ Yes
- ☒ No

2. The state covers the following populations:

- ☒ a. Individuals age 65 or older
- ☒ b. Individuals who have blindness
- ☒ c. Individuals who have a disability
- ☐ d. Pregnant women
- ☐ e. All Individuals under age 21, or a lower age
- ☐ f. Reasonable classifications of children.



# Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-24-0120		
	System-Derived		

### 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 as a resource any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Individual Development Account (IDA)	Disregard as a resource funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.
Payment for Planned Repair or Replacement of Property	Payment received for the planned repair or replacement of property that was lost, stolen, damaged, or destroyed. No time limit is imposed.
Un-salable Property	Un-salable property is not a countable resource. The property is un-salable when either: a) two knowledgeable sources state the property is un-salable due to a specified condition, or b) an actual sale attempt is made and no reasonable offer to purchase has been received. Conditional eligibility and repayment agreements are not required.
Single Day in Calendar Month Resource Eligibility	Resource eligibility exists for an entire calendar month if countable resources are equal to, or less than, the resource standard at any time during that calendar month.
Matching Resource Limit to the MSP Standard	Disregard all assets between current asset standard and the MSP asset standard.

Name of resource type:	Description:
Additional SSI Related Resource Exemptions	*Homestead *Clothing, household good and personal effects regardless of value *One automobile regardless of how it is used or its value

- ☒ A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

# Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-24-0120		
	System-Derived		

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 | MI2024MS0006O | MI-25-0100

## Package Header

<b>Package ID</b>	MI2024MS0006O	<b>SPA ID</b>	MI-25-0100
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/12/2025
<b>Approval Date</b>	N/A	<b>Effective Date</b>	2/1/2024
<b>Superseded SPA ID</b>	MI-24-0120		
	System-Derived		

### 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 | MI2024MS0006O | MI-25-0100

Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-24-0120		
	System-Derived		

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 | MI2024MS0006O | MI-25-0100

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	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-15-0100		
	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 | MI2024MS0006O | MI-25-0100

## Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-15-0100		
	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:

- ☒ Census Bureau wages are disregarded.
- ☒ A specified type of income is disregarded:

**Description of disregard:** Disregard Census Bureau wages for temporary employment related to census activities.

Name of income type:	Description:
In-Kind and Support and Maintenance	Disregard value of in-kind support and maintenance.
Individual Development Account (IDA)	Disregard funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.

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 as a resource any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Individual Development Account (IDA)	Disregard as a resource funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.
Payment for Planned Repair or Replacement of Property	Payment received for the planned repair or replacement of property that was lost, stolen, damaged, or destroyed. No time limit is imposed.

Name of resource type:	Description:
Un-salable Property	Un-salable property is not a countable resource. The property is un-salable when either: a) two knowledgeable sources state the property is un-salable due to a specified condition, or b) an actual sale attempt is made and no reasonable offer to purchase has been received. Conditional eligibility and repayment agreements are not required.
Single Day in Calendar Month Resource Eligibility	Resource eligibility exists for an entire calendar month if countable resources are equal to, or less than, the resource standard at any time during that calendar month.
Matching Resource Limit to the MSP Standard	Disregard all assets between current asset standard and the MSP asset standard.
Additional SSI Related Resource Exemptions	<ul style="list-style-type: none"> <li>*Homestead</li> <li>*Clothing, household good and personal effects regardless of value</li> <li>*One automobile regardless of how it is used or its value</li> </ul>

- ☒ A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.



# Children under Age 19 with a Disability

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-15-0100		
	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:

Add up the annual estimated costs of the approved plan of care activities.

- ☐ (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:

Cost of the most recent, now currently closed, state facility ICF/IDD trended forward based on COLA.

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 | MI2024MS0006O | MI-25-0100

## Package Header

<b>Package ID</b>	MI2024MS0006O	<b>SPA ID</b>	MI-25-0100
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/12/2025
<b>Approval Date</b>	N/A	<b>Effective Date</b>	2/1/2024
<b>Superseded SPA ID</b>	MI-15-0100		
	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 | MI2024MS0006O | MI-25-0100

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>	MI2024MS0006O	<b>SPA ID</b>	MI-25-0100
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/12/2025
<b>Approval Date</b>	N/A	<b>Effective Date</b>	2/1/2024
<b>Superseded SPA ID</b>	MI-24-0120		
	System-Derived		

#### 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:

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

# Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

<b>Package ID</b>	MI2024MS0006O	<b>SPA ID</b>	MI-25-0100
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/12/2025
<b>Approval Date</b>	N/A	<b>Effective Date</b>	2/1/2024
<b>Superseded SPA ID</b>	MI-24-0120		
	System-Derived		

### 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 | MI2024MS0006O | MI-25-0100

## Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-24-0120		
	System-Derived		

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:

☒ Census Bureau wages are disregarded.

**Description of disregard:** Disregard Census Bureau wages for temporary employment related to census activities.

☒ A specified type of income is disregarded:

Name of income type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
In-Kind and Support and Maintenance	Disregard value of in-kind support and maintenance.
Individual Development Account (IDA)	Disregard funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.

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 as a resource any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Individual Development Account (IDA)	Disregard as a resource funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.
Payment for Planned Repair or Replacement of Property	Payment received for the planned repair or replacement of property that was lost, stolen, damaged, or destroyed. No time limit is imposed.
Un-salable Property	Un-salable property is not a countable resource. The property is un-salable when either: a) two knowledgeable sources state the property is un-salable due to a specified condition, or b) an actual sale attempt is made and no reasonable offer to purchase has been received. Conditional eligibility and repayment agreements are not required.
Single Day in Calendar Month Resource Eligibility	Resource eligibility exists for an entire calendar month if countable resources are equal to, or less than, the resource standard at any time

Name of resource type:	Description:
	during that calendar month.
Matching Resource Limit to the MSP Standard	Disregard all assets between current asset standard and the MSP asset standard.
Additional SSI Related Resource Exemptions	*Homestead *Clothing, household good and personal effects regardless of value *One automobile regardless of how it is used or its value

- ✔ A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

# Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

<b>Package ID</b>	MI2024MS0006O	<b>SPA ID</b>	MI-25-0100
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/12/2025
<b>Approval Date</b>	N/A	<b>Effective Date</b>	2/1/2024
<b>Superseded SPA ID</b>	MI-24-0120		
	System-Derived		

### 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 | MI2024MS0006O | MI-25-0100

## Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-24-0120		
	System-Derived		

### 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 | MI2024MS0006O | MI-25-0100

Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-24-0120		
	System-Derived		

Reviewable Unit Instructions

F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Medically Needy

### Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

Children under age 18 who would qualify under the state's categorically needy eligibility groups, except for income.

#### Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-24-0120		
	System-Derived		

#### Reviewable Unit Instructions

The state covers the Medically Needy Children under Age 18 eligibility group in accordance with the following provisions:

#### A. Characteristics

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

- Are under age 18.
- Would qualify as categorically needy, except for income.
- Are not otherwise eligible for categorically needy coverage under the state plan.
- Have income at or below the medically needy income level and resources at or below the medically needy resource level.

# Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-24-0120		
	System-Derived		

### Reviewable Unit Instructions

## B. Financial Methodologies

1. The financial methodology used is:
- ☒ a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
  - ☐ b. MAGI-like methodologies. 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:

☒ Census Bureau wages are disregarded.

☒ A specified type of income is disregarded:

**Description of disregard:** Disregard Census Bureau wages for temporary employment related to census activities.

Name of income type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Individual Development Account (IDA)	Disregard funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.

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 as a resource any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Individual Development Account (IDA)	Disregard as a resource funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.

Name of resource type:	Description:
Payment for Planned Repair or Replacement of Property	Payment received for the planned repair or replacement of property that was lost, stolen, damaged, or destroyed. No time limit is imposed.
Un-salable Property	Un-salable property is not a countable resource. The property is un-salable when either: a) two knowledgeable sources state the property is un-salable due to a specified condition, or b) an actual sale attempt is made and no reasonable offer to purchase has been received. Conditional eligibility and repayment agreements are not required.
Single Day in Calendar Month Resource Eligibility	Resource eligibility exists for an entire calendar month if countable resources are equal to, or less than, the resource standard at any time during that calendar month.
Resource disregard of \$1,000	For individuals under the ages of 19 disregard \$1,000 in resources.
Matching Resource Limit to the MSP Standard	Disregard all assets between current asset standard and the MSP asset standard.

# Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

<b>Package ID</b>	MI2024MS0006O	<b>SPA ID</b>	MI-25-0100
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/12/2025
<b>Approval Date</b>	N/A	<b>Effective Date</b>	2/1/2024
<b>Superseded SPA ID</b>	MI-24-0120		
	System-Derived		

### Reviewable Unit Instructions

## C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

## D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

## E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

# Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-24-0120		
	System-Derived		

Reviewable Unit Instructions

## F. Additional Information (optional)

# Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

<b>Package ID</b>	MI2024MS0006O	<b>SPA ID</b>	MI-25-0100
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/12/2025
<b>Approval Date</b>	N/A	<b>Effective Date</b>	2/1/2024
<b>Superseded SPA ID</b>	MI-24-0120		
	System-Derived		

Reviewable Unit Instructions

# Medicaid State Plan Eligibility

## Eligibility Groups - Medically Needy

### Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

One or more reasonable classifications of individuals under age 21 who do not qualify as categorically needy.

## Package Header

<b>Package ID</b>	MI2024MS0006O	<b>SPA ID</b>	MI-25-0100
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/12/2025
<b>Approval Date</b>	N/A	<b>Effective Date</b>	2/1/2024
<b>Superseded SPA ID</b>	MI-24-0120		
	System-Derived		

Reviewable Unit Instructions

The state covers the optional Medically Needy Reasonable Classifications of Individuals under Age 21 eligibility group in accordance with the following provisions:

## A. Characteristics

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

1. Are under age 21, or a lower age, as specified in section C.
2. Would not qualify under the Medically Needy Children under Age 18 eligibility group (42 CFR 435.301)
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.



# Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-24-0120		
	System-Derived		

### Reviewable Unit Instructions

## B. Individuals Covered

The state covers the following populations:

- ☒ 1. All children under a specified age limit:

☒ i. Under age 21

☐ ii. Under age 20

☐ iii. Under age 19
- ☐ 2. Reasonable classifications of children

# Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-24-0120		
	System-Derived		

### Reviewable Unit Instructions

## C. Financial Methodologies

### 1. The state uses the same financial methodology for all individuals covered.

- ☒ Yes
- ☐ No

### 2. The financial methodology used is:

- ☒ a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- ☐ b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

### 3. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

**Description of disregard:** Disregard Census Bureau wages for temporary employment related to census activities.

☒ A specified type of income is disregarded:

Name of income type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Individual Development Account (IDA)	Disregard funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.

### 4. 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 as a resource any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.

Name of resource type:	Description:
Individual Development Account (IDA)	Disregard as a resource funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.
Payment for Planned Repair or Replacement of Property	Payment received for the planned repair or replacement of property that was lost, stolen, damaged, or destroyed. No time limit is imposed.
Un-salable Property	Un-salable property is not a countable resource. The property is un-salable when either: a) two knowledgeable sources state the property is un-salable due to a specified condition, or b) an actual sale attempt is made and no reasonable offer to purchase has been received. Conditional eligibility and repayment agreements are not required.
Single Day in Calendar Month Resource Eligibility	Resource eligibility exists for an entire calendar month if countable resources are equal to, or less than, the resource standard at any time during that calendar month.
Resource disregard of \$1,000	For individuals under the ages of 19 disregard \$1,000 in resources.
Matching Resource Limit to the MSP Standard	Disregard all assets between current asset standard and the MSP asset standard.

# Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

<b>Package ID</b>	MI2024MS0006O	<b>SPA ID</b>	MI-25-0100
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/12/2025
<b>Approval Date</b>	N/A	<b>Effective Date</b>	2/1/2024
<b>Superseded SPA ID</b>	MI-24-0120		
	System-Derived		

### Reviewable Unit Instructions

## D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

## E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

## F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

# Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

<b>Package ID</b>	MI2024MS0006O	<b>SPA ID</b>	MI-25-0100
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/12/2025
<b>Approval Date</b>	N/A	<b>Effective Date</b>	2/1/2024
<b>Superseded SPA ID</b>	MI-24-0120		
	System-Derived		

Reviewable Unit Instructions

## G. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Medically Needy

### Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

Parents and other caretaker relatives of dependent children who do not qualify as categorically needy.

#### Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-24-0120		
	System-Derived		

#### Reviewable Unit Instructions

The state covers the optional Medically Needy Parents and Other Caretaker Relatives eligibility group in accordance with the following provisions:

#### A. Characteristics

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

1. Meet the definition of parent or caretaker relative, as described in the mandatory Parents and Other Caretaker Relatives eligibility group.
2. Are not otherwise eligible for categorically needy coverage under the state plan.
3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

# Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-24-0120		
	System-Derived		

Reviewable Unit Instructions

## B. Financial Methodologies

1. The financial methodology used is:

- ☒ a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- ☐ b. MAGI-like methodologies. 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:

☒ Census Bureau wages are disregarded.

**Description of disregard:** Disregard Census Bureau wages for temporary employment related to census activities.

☒ A specified type of income is disregarded:

Name of income type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Individual Development Account (IDA)	Disregard funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.

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 as a resource any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Individual Development Account (IDA)	Disregard as a resource funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.

Name of resource type:	Description:
Payment for Planned Repair or Replacement of Property	Payment received for the planned repair or replacement of property that was lost, stolen, damaged, or destroyed. No time limit is imposed.
Un-salable Property	Un-salable property is not a countable resource. The property is un-salable when either: a) two knowledgeable sources state the property is un-salable due to a specified condition, or b) an actual sale attempt is made and no reasonable offer to purchase has been received. Conditional eligibility and repayment agreements are not required.
Single Day in Calendar Month Resource Eligibility	Resource eligibility exists for an entire calendar month if countable resources are equal to, or less than, the resource standard at any time during that calendar month.
Resource disregard of \$1,000	For individuals under the ages of 19 disregard \$1,000 in resources.
Matching Resource Limit to the MSP Standard	Disregard all assets between current asset standard and the MSP asset standard.



# Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

<b>Package ID</b>	MI2024MS0006O	<b>SPA ID</b>	MI-25-0100
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/12/2025
<b>Approval Date</b>	N/A	<b>Effective Date</b>	2/1/2024
<b>Superseded SPA ID</b>	MI-24-0120		
	System-Derived		

### Reviewable Unit Instructions

## C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

## D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

## E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

# Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

<b>Package ID</b>	MI2024MS0006O	<b>SPA ID</b>	MI-25-0100
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/12/2025
<b>Approval Date</b>	N/A	<b>Effective Date</b>	2/1/2024
<b>Superseded SPA ID</b>	MI-24-0120		
	System-Derived		

Reviewable Unit Instructions

## F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Medically Needy

### Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

Individuals who are age 65 or older or who have blindness or a disability who do not qualify as categorically needy.

#### Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-24-0120		
	System-Derived		

#### Reviewable Unit Instructions

The state covers the optional Medically Needy Populations Based on Age, Blindness or Disability 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:
  - Are age 65 or older;
  - Have blindness; or
  - Have a disability.
- Are not otherwise eligible for categorically needy coverage under the state plan.
- Have income at or below the medically needy income level and resources at or below the medically needy resource level.

# Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-24-0120		
	System-Derived		

### Reviewable Unit Instructions

## B. Individuals Covered

The state covers the following populations:

- ☒ 1. Individuals age 65 or older
- ☒ 2. Individuals with blindness
- ☒ 3. Individuals who have a disability

# Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-24-0120		
	System-Derived		

### Reviewable Unit Instructions

## C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

- ☒ Yes
- ☐ No

2. The financial methodology used is:

- a. SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

**Description of disregard:** Disregard Census Bureau wages for temporary employment related to census activities.

☒ A specified type of income is disregarded:

Name of income type:	Description:
Guaranteed Income Program	Disregard any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Individual Development Account (IDA)	Disregard funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.

c. 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 as a resource any income received from a guaranteed income program until the individual's participation in the program ends or the program is terminated, whichever is first.
Individual Development Account (IDA)	Disregard as a resource funds on deposit in an Individual Development Account (IDA), interest earned on an IDA, and matching funds deposited in the IDA.
Payment for Planned Repair or Replacement of Property	Payment received for the planned repair or replacement of property that was lost, stolen, damaged, or destroyed. No time limit is imposed.
Un-salable Property	Un-salable property is not a countable resource. The property is un-salable when either: a) two knowledgeable sources state the property is un-salable due to a specified condition, or b) an actual sale attempt is made and no reasonable offer to purchase has been received. Conditional eligibility and repayment agreements are not required.
Single Day in Calendar Month Resource Eligibility	Resource eligibility exists for an entire calendar month if countable resources are equal to, or less than, the resource standard at any time during that calendar month.
Matching Resource Limit to the MSP Standard	Disregard all assets between current asset standard and the MSP asset standard.
Additional SSI Related Resource Exemptions	*Homestead *Clothing, household good and personal

Name of resource type:	Description:
	effects regardless of value *One automobile regardless of how it is used or its value

- ☒ A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

# Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

<b>Package ID</b>	MI2024MS0006O	<b>SPA ID</b>	MI-25-0100
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/12/2025
<b>Approval Date</b>	N/A	<b>Effective Date</b>	2/1/2024
<b>Superseded SPA ID</b>	MI-24-0120		
	System-Derived		

### Reviewable Unit Instructions

## D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.



# Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

<b>Package ID</b>	MI2024MS0006O	<b>SPA ID</b>	MI-25-0100
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/12/2025
<b>Approval Date</b>	N/A	<b>Effective Date</b>	2/1/2024
<b>Superseded SPA ID</b>	MI-24-0120		
	System-Derived		

Reviewable Unit Instructions

## E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

# Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-24-0120		
	System-Derived		

### Reviewable Unit Instructions

## F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

# Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MI2024MS0006O | MI-25-0100

## Package Header

Package ID	MI2024MS0006O	SPA ID	MI-25-0100
Submission Type	Official	Initial Submission Date	2/12/2025
Approval Date	N/A	Effective Date	2/1/2024
Superseded SPA ID	MI-24-0120		
	System-Derived		

Reviewable Unit Instructions

## G. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 2/12/2025 4:57 PM EST*



STATE OF MICHIGAN

GRETCHEN WHITMER  
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

ELIZABETH HERTEL  
DIRECTOR

December 3, 2024

NAME  
TITLE  
ADDRESS  
CITY STATE ZIP

Dear Tribal Chair and Health Director:

**RE:** Increase to the Medicaid Resource Standards

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 will increase the resource (asset) limit for most Medicaid categories with resource tests. This includes most categories that cover the aged or disabled. The resource limit will increase to match the resource limit for the Medicare Saving Program (MSP), and the resource limit will increase with the annual increase in the MSP resource limit. The expected statewide impact is an increase in the number of tribal members who will be eligible for, and receive, Medicaid coverage. Tribal health clinics will see more patients who are covered under Medicaid. The anticipated effective date of the SPA is February 1, 2025.

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 February 3, 2025.**

In addition, MDHHS is offering to set up group or individual consultation meetings to discuss the SPA, according to the tribe's 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 fluid and cursive, with the first name "Meghan" and last name "Groen" clearly legible.

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 24-72  
December 3, 2024**

Ms. Whitney Gravelle, President, Bay Mills Indian Community  
Ms. Lucy DeWildt, Health Director, Bay Mills (Ellen Marshall Memorial Center)  
Ms. Sandra Witherspoon, Chairperson, Grand Traverse Band Ottawa & Chippewa Indians  
Ms. Sonya Zotigh, 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, 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  
Ms. Dorie Rios, Tribal Chairperson, Nottawaseppi Huron Band of Potawatomi Indians  
Ms. Rosalind Johnston, Health Director, Huron Potawatomi Inc.- Tribal Health Department  
Mr. Matthew Wesaw, Tribal Chairman, 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. James Benko, 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