

## CENTERS for MEDICARE & MEDICAID SERVICES

## FEB 0 1 2011

Stephen Fitton, Director Medical Services Administration Federal Liaison Unit Michigan Department of Community Health 400 South Pine Lansing, Michigan 48933

ATTN: Jacqueline Coleman

Dear Mr. Fitton:

Enclosed for your records is an approved copy of the following State Plan Amendment:

- ➤ Transmittal #10-020 Medicare Savings Program. This SPA makes required changes to the program per Medicare Improvements for Patients and Providers Act of 2008.
- > Effective October 1, 2010

If you have any questions, please contact Leslie Campbell at (312) 353-1557 or Leslie.Campbell@cms.hhs.gov.

Sincerely,

Verlon Johnson

Associate Regional Administrator

Division of Medicaid & Children's Health Operations

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTHCARE FINANCING ADMINISTRATION

FORM APPROVED OMB NO. 0938-0193

	1. TRANSMITTAL NUMBER:	2. STATE:			
TRANSMITTAL AND NOTICE OF APPROVAL O	Fl a l	Adiabilana			
STATE PLAN MATERIAL	0 - 2 0 3. PROGRAM IDENTIFICATION: TITLE XIX C	Michigan			
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)	F THE SOCIAL			
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE				
HEALTH FINANCING ADMINISTRATION	October 1, 2010				
DEPARTMENT OF HUMAN SERVICES  5. TYPE OF PLAN MATERIAL (Check One):					
3. THE OF FERNINATERIAL (ORBOX ORB).					
		MENDMENT			
	MENDMENT (Separate Transmittal for each amend	ment)			
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:				
MIPPA	a. FFY 11 \$ 1,931,068 b. FFY 12 \$ 1,931,068				
Sections 1860D-14(a)(3)(D), 1902(a)(10(E)(i)-(iv) and	D. FFT 12 \$ 1,931,000	<del></del>			
1905(p)(3) of the Social Security Act  8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PL	AN SECTION			
	OR ATTACHMENT (If Applicable):	, 11 OLO 11 O11			
Attachment 2.2-A pp 9b-9b1 Attachment 2.6-A pp 22	Attachment 2.2-A pp 9b-9b1				
Attachment 2:0-A pp 22					
	Attachment 2.6-A pp 22				
10. SUBJECT OF AMENDMENT:					
Changes to Medicare Savings Program					
		W			
11. GOVERNOR'S REVIEW (Check One):					
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:				
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Stephen Fitton, Director				
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITT	AL Medical Services Administration				
12 SICNATUE OF STATE ACENCY OFFICIAL:	16. RETURN TO:				
12. SIGNATUE OF STATE AGENCY OFFICIAL:	IO. RETORN TO.				
40 TUPED NAME	Medical Services Administration				
13. TYPED NAME:	Actuarial Division				
Stephen Fitton	Capitol Commons Center - 7th Floor				
	100 South Pine Street				
Director, Medical Services Administration	Lansing, Michigan 48933				
15. DATE SUBMITTED:					
December 22, 2010	Attn: Jacqueline Coleman				
FOR REGIONAL OFFICE USE ONLY					
17. DATE RECEIVED:	10 DATE ADDDOVED.				
December 22, 2010	FEB 0 1 20				
	- ONE CORY ATTACHED				
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:	<u> </u>			
to the contract of the contrac					
21. TYPE NAME:	22. TITLE: / /				
	Associate Regional Administra	itor			
23. REMARKS:					

Revision: HCFA-PM-93-5 (MB)

MARCH 1993

State: <u>Michigan</u>				
Citation Condition or Requirement				
	7.	Resource Standard Medically Needy		
		a.	Resource standards are based on family size.	
1902(a)(10C)(i) of the Act		b.	A single standard is employed in determining resource eligibility for all groups.	
		C.	In 1902(f) States, the resource standards are more restrictive than in 7.b. above for –	
			☐ Aged ☐ Blind ☐ Disabled	
			<u>Supplement 2 to Attachment 2.6-A</u> specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.C., <u>Supplement 2 to Attachment 2.6-A</u> so indicates.	
1902(a)(10)(E), 1905(p)(1)(D), 1905(p)(2)(B), and 1860D-4(a)(3)(D) of the Act	1		urce Standard – Qualified Medicare Beneficiaries, Specified Low- ne Medicare Beneficiaries and Qualifying Individuals	
		19020 cover Indivi stand	Qualified Medicare Beneficiaries covered under section (a)(10)(E)(i) of the Act, Specified Low-Income Medicare Beneficiaries red under section 1902(a)(10)(E)(iii) of the Act and Qualifying duals covered under 1902(a)(10)(E)(iv) of the Act, the resource ard is three times the SSI resource limit, adjusted annually since by the increase in the Consumer Price Index.	
1902(a)(10)(E)(ii), 1905(s), and 1860D-4(a)(3)(D) of the Act	9.	Reso	urce Standard – Qualified Disabled and Working Individuals	
		1902 coupl	ualified disabled and working individuals covered under section (a)(10)(E)(ii) of the Act, the resource standard for an individual or a e (in the case of an individual with a spouse) is two times the SSI irce limit.	

Revision: HCFA-PM-94-3

**MARCH 1993** 

State: Michigan

Agency\* Citation(s) **Groups Covered** A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (continued) Qualified Medicare beneficiaries - -1902(a)(10(E)(i) and 1905(p) and 1860D-14 Who are entitled to hospital insurance benefits under Medicare (a)(3)(D) of the Act Part A, (but not pursuant to an enrollment under section 1818A of the Act); b. Whose income does not exceed 100 percent of the Federal poverty level; and Whose resources do not exceed three times the SSI resources C. limit, adjusted annually by the increase in the Consumer Price Index. (Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan). 1902(a)(10)(E)(ii), 26. Qualified Disabled and Working Individuals 1905(s), and 1905(p)(3)(A)(i) and a. Who are entitled to hospital insurance benefits under Medicare 1860D - 14(a)(3)(D)Part A, under section 1818A of the Act; of the Act b. Whose income does not exceed 200 percent of the Federal poverty level; and Whose resources do not exceed two times the SSI resource C. d. Who are not otherwise eligible for medical assistance under Title XIX of the Act. (Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act).

TN NO.: <u>10-20</u>

Approval Date: FEB U I 2011

Effective Date: <u>10-1-2010</u>

Supersedes TN No.: 99-01

HCFA ID: 7983E

<sup>\*</sup>Agency that determines eligibility for coverage.

Revision: HCFA-PM-93-2

**MARCH 1993** 

State: Michigan

Agency\* Citation(s) **Groups Covered** A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (continued) Specified Low-Income Medicare Beneficiaries --1902(a)(10(E)(iii), 1905(p)(3)(A)(ii) and 1860D - 14(a)(3)(D)ofWho are entitled to hospital insurance benefits under Medicare the Act Part A (but not pursuant to an enrollment under section 1818A of the Act); b. Whose income is greater than 100 percent but less than 120 percent of the Federal poverty level; and Whose resources do not exceed three times the SSI resource C. limit, adjusted annually by the increase in the Consumer Price Index. (Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.) 1902(a)(10)(E)(iv) and 28. Qualifying Individuals --1905(p)(3)(A)(ii) and 1860D - 14(a)(3)(D)Who are entitled to hospital insurance benefits under Medicare a. of the Act Part A (but not pursuant to an enrollment under section 1818A of the Act): b. Whose income is at least 120 percent but less than 135 percent of the Federal poverty level; Whose resources do not exceed three times the SSI resource C. limit, adjusted annually by the increase in the Consumer Price Index. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) of (v) of Section 1611(e)(3)(A) shall be treated, for purposes of Title XIX, as receiving SSI benefits for the month.

TN NO.: 10-20 Approval Date: FED V1 ZVII Effective Date: 10-1-2010

Supersedes HCFA ID: 7983E

TN No.: 99-01

<sup>\*</sup>Agency that determines eligibility for coverage.