

## **Table of Contents**

**State/Territory Name: Michigan**

**State Plan Amendment (SPA) #: 16-0015**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Chicago Regional Office  
233 N. Michigan  
Suite 600  
Chicago, Illinois 60601

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March 16, 2017

Chris Priest, State Medicaid Director  
Medical Services Administration  
Michigan Department of Health and Human Services  
400 South Pine Street, P.O. Box 30479  
Lansing, Michigan 48909-7979

ATTN: Erin Black

Dear Mr. Priest:

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

- Transmittal #: 16-0015: Guardianship Fee Update
- Effective Date: December 1, 2016
- Approval Date: March 15, 2017

If you have any questions, please contact Keri Toback at (312) 353-1754 or [keri.toback@cms.hhs.gov](mailto:keri.toback@cms.hhs.gov).

Sincerely,

/s/

Ruth A. Hughes  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

cc: Erin Black, MDHHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

16 - 0015

2. STATE:

Michigan

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

TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH FINANCING ADMINISTRATION  
DEPARTMENT OF HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

December 1, 2016

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435.733, 435.832

7. FEDERAL BUDGET IMPACT:

a. FFY 2017 \$1,465,900

b. FFY 2018 \$1,746,900

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Page 4

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):

Attachment 2.6-A, Page 4

10. SUBJECT OF AMENDMENT:

Updates the guardianship fee deduction per State appropriation boilerplate.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

Chris Priest, Director

Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Chris Priest

14. TITLE:

Director, Medical Services Administration

15. DATE SUBMITTED:

December 20, 2016

16. RETURN TO:

Medical Services Administration  
Actuarial Division - Federal Liaison  
Capitol Commons Center - 7<sup>th</sup> Floor  
400 South Pine  
Lansing, Michigan 48933

Attn: Erin Black

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

December 20, 2016

18. DATE APPROVED:

March 15, 2017

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

December 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPE NAME:

Ruth A. Hughes

22. TITLE:

Associate Regional Administrator

23. REMARKS:

Revision: HCFA-PM-91-4 (BPD)  
August 1991

Citation	Condition or Requirement
435.725	B. <u>Post-Eligibility Treatment of Institutionalized Individuals</u>
435.733	The following amounts are deducted from gross income when computing the application of an individual's or couple's income to the cost of institutional care:
435.832	
	1. Personal Needs Allowance
	a. Aged, blind, disabled— Individuals <u>\$ 30 plus *</u> Couples <u>\$ 60 plus *</u>
	For the following individuals with greater need—
	b. AFDC related— Children <u>\$ 30 plus *</u> Adults <u>\$ 30 plus *</u>
	c. Individuals under age 21 covered in this plan as specified in Item B.7. of Attachment 2.2-A \$ _____
435.725	2. For maintenance of the non-institutionalized spouse only. The amount must be based on a reasonable assessment of need but must not exceed the highest of—
435.733	
435.832	
	SSI level \$ _____ SSP level \$ _____ Medically need level \$ <u>**</u> _____ Other as follow \$ _____

\*Any income over \$30 (\$60 for couples) for guardianship fees paid for court-appointed guardians up to a maximum amount of \$83 per month for actual guardianship fees.

\*\*Applicable protected income level for one person (see Supplement 1).