

Table of Contents

State/Territory Name: MI

State Plan Amendment (SPA) #: 17-0010

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



October 5, 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 #: 17-0010: Guardianship Fee Update
- Effective Date: October 1, 2017
- Approval Date: October 5, 2017

If you have any questions, please contact Keri Toback at (312) 353-1754 or 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: 17 - 0010	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 October 1, 2017	

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 2018 \$842,140 b. FFY 2019 \$842,140
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.6-A, Page 4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 OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Chris Priest, Director
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Medical Services Administration Actuarial Division - Federal Liaison Capitol Commons Center - 7 th Floor 400 South Pine Lansing, Michigan 48933 Attn: Erin Black
13. TYPED NAME: Chris Priest	
14. TITLE: Director, Medical Services Administration	
15. DATE SUBMITTED: September 25, 2017	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 25, 2017	18. DATE APPROVED: October 5, 2017
--	---------------------------------------

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2017	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPE NAME: Ruth A. Hughes	22. TITLE: Associate Regional Administrator

23. REMARKS:

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 \$95 per month for actual guardianship fees.

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