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State/Territory Name: MI

State Plan Amendment (SPA) #: 18-0100

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
233 N. Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



Regional Operations Group

February 25, 2019

Kathy Stiffler
Acting 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 Ms. Stiffler:

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

- Transmittal #: 18-0100: Former Foster Care Youth
- Effective: December 1, 2018
- Approval Date: February 20, 2018

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

Sincerely,

/s/

Ruth A. Hughes
Deputy Director
Division of Medicaid Field Operations North

Enclosures

Package Information

Package ID	MI2018MS00090	Submission Type	Official
Program Name	N/A	State	MI
SPA ID	MI-18-0100	Region	Chicago, IL
Version Number	1	Package Status	Approved
Submitted By	Erin Black	Submission Date	12/20/2018
Package Disposition		Approval Date	2/20/2019 5:24 PM EST
Priority Code	P2		



Division of Medicaid and Children's Health Operations

February
20,
2019

Robert Gordon
Director, Department of Health and Human Services
Michigan Department of Health and Human Services
400 S Pine
Lansing, 48909

Re: Approval of State Plan Amendment MI-18-0100

Dear Mr. Gordon:

On December 20, 2018, the Centers for Medicare and Medicaid Services (CMS) received Michigan State Plan Amendment (SPA) MI-18-0100 to This State Plan Amendment (SPA) eliminates state plan coverage to former foster care youth who aged out of foster care under the responsibility of another state as required under CMS final rule published November 2016..

We approve Michigan State Plan Amendment (SPA) MI-18-0100 on February 20, 2019 with an effective date(s) of December 01, 2018.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact kerri rosenbloom at 7735767072 or kerri.toback@cms.hhs.gov.

Sincerely,
Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's
Health Operations

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MI2018MS00090 | MI-18-0100

Package Header

Package ID	MI2018MS00090	SPA ID	MI-18-0100
Submission Type	Official	Initial Submission Date	12/20/2018
Approval Date	2/20/2019	Effective Date	N/A
Superseded SPA ID	N/A		

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 | MI2018MS00090 | MI-18-0100

Package Header

Package ID MI2018MS00090
Submission Type Official
Approval Date 2/20/2019
Superseded SPA ID N/A

SPA ID MI-18-0100
Initial Submission Date 12/20/2018
Effective Date N/A

SPA ID and Effective Date

SPA ID MI-18-0100

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	12/1/2018	New
Mandatory Eligibility Groups	12/1/2018	MI-16-0100
Former Foster Care Children	12/1/2018	13-0100

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MI2018MS00090 | MI-18-0100

Package Header

Package ID	MI2018MS00090	SPA ID	MI-18-0100
Submission Type	Official	Initial Submission Date	12/20/2018
Approval Date	2/20/2019	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Eliminate state plan coverage to former foster care youth who aged out of foster care under the responsibility of another state as required under CMS final rule published November 2016.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$-2685500
Second	2020	\$-3203000

Federal Statute / Regulation Citation

Social Security Act § 1902(a)(10)(A)(IX)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MI2018MS00090 | MI-18-0100

Package Header

Package ID MI2018MS00090
Submission Type Official
Approval Date 2/20/2019
Superseded SPA ID N/A

SPA ID MI-18-0100
Initial Submission Date 12/20/2018
Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Kathleen Stiffler, Acting Director
Medical Services Administration

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | MI2018MS00090 | MI-18-0100

Package Header

Package ID	MI2018MS00090	SPA ID	MI-18-0100
Submission Type	Official	Initial Submission Date	12/20/2018
Approval Date	2/20/2019	Effective Date	N/A
Superseded SPA ID	N/A		

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


Indicate how public comment was solicited:

- Newspaper Announcement

Name of Paper:	Date of Publication:	Locations covered:
MLiveMedia Group	10/25/2018	Flint, Grand Rapids, Kalamazoo, Saginaw, other

- Publication in state's administrative record, in accordance with the administrative procedures requirements
- Email to Electronic Mailing List or Similar Mechanism
- Website Notice
- Public Hearing or Meeting
- Other method

Upload copies of public notices and other documents used

Name	Date Created	
OrderConf	12/11/2018 12:22 PM EST	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	
No items available		

Indicate the key issues raised during the public comment period (optional)

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

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | MI2018MS00090 | MI-18-0100

Package Header

Package ID MI2018MS00090
Submission Type Official
Approval Date 2/20/2019
Superseded SPA ID N/A

SPA ID MI-18-0100
Initial Submission Date 12/20/2018
Effective Date N/A

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

- 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, 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:
10/8/2018	Michigan's Tribal Notification letter dated October 8, 2018

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

Name	Date Created	
L 18-59	12/11/2018 12:28 PM EST	

Indicate the key issues raised (optional)

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

Medicaid State Plan Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | MI2018MS00090 | MI-18-0100

Package Header

Package ID	MI2018MS00090	SPA ID	MI-18-0100
Submission Type	Official	Initial Submission Date	12/20/2018
Approval Date	2/20/2019	Effective Date	12/1/2018
Superseded SPA ID	New User-Entered		

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)

The methods of the SSI program and/or any more liberal methods per Supplement 8a to ATTACHMENT 2.6-A of the State Plan.

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MI2018MS00090 | MI-18-0100











Package Header

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Superseded SPA ID	MI-16-0100		
	System-Derived		










Mandatory Coverage


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

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Infants and Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<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 
SSI Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input 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 
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MI2018MS00090 | MI-18-0100




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Superseded SPA ID	MI-16-0100		
	System-Derived		

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

Yes No

Families and Adults

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

Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | MI2018MS00090 | MI-18-0100

Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and foster care when they turned age 18 or aged out of foster care.

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	System-Derived		

The state covers the mandatory former foster care children group in accordance with the following provisions:

A. Characteristics

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

1. Are under age 26
2. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group

B. Individuals Covered

1. The state covers individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) and were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration when they turned 18 or a higher age at which that state's or Tribe's foster care assistance ends under title IV-E of the Act.

2. Additionally, the state covers individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

- a. They were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- b. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- c. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | MI2018MS00090 | MI-18-0100

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	System-Derived		

C. Additional Information (optional)

PRA Disclosure Statement: 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 average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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