

Appendix A
Medicaid (Medical Assistance) Eligibility Categories

Category Number	Medicaid (MA) Category	PEM Item	Related Cash Assistance Program	Key Non-financial Eligibility Factor	Client Information System Program Code	Automatic MA Eligibility	Financial Eligibility Group	Spend Down Applied
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LOW-INCOME FAMILIES WITH DEPENDENT CHILDREN

1	Persons receiving cash assistance through the Family Independence Program (FIP) are automatically eligible for Medicaid	110		Family with dependent children	C	Yes	1	No
2	Low Income Family (LIF) Medicaid is for families who meet former AFDC (7/16/96) criteria but are not eligible for FIP cash assistance.	110		Family with dependent children	N	No	1	No
3	Transitional MA: Families who lose FIP or LIF eligibility because of excess income from employment of the specified relative are eligible for MA for up to 12 months. Effective date 4/1/90	111	Temporary Assistance for Needy Families (TANF) known as Family Independence Program (FIP) in Michigan	Family with dependent children - Must have received FIP and/or LIF for 3 of the last 6 months	N	Yes	1	No
4	Special N/Support: Families who lose LIF eligibility (in whole or in part) because of increased child support payments are eligible for MA for up to 4 months. Effective date 10/1/84	113	FIP	Family with dependent children - Must have received LIF for 3 of the last 6 months	N	Yes	1	No

CRC Memorandum

Appendix A (continued)

Category Number	Federal Eligibility Status	Income Standard		Michigan Income Std. PEM, PRT or CFF #	Asset Standard		Michigan Asset Std. PEM, PRT or CFF #
		Federal	Michigan		Federal	Michigan	
1	Mandatory	Not Applicable	\$459 or less per month for a family of 3 living in County Shelter Area IV*	PRT 210	Not Applicable	\$3,000	PEM 400, page 3
2	Mandatory	Title XIX Section 1931(b)(2). AFDC criteria as of 7/16/96 with states having the option to lower income standards to those in effect 5/1/88 or to increase both income and asset standards up to the consumers price index increase	\$459 or less per month for a family of 3 living in County Shelter Area IV*	PRT 243	\$1,000	\$3,000	PEM 400, page 3
3	Mandatory	Title XIX Section 1925. Not Applicable the first 6 months - 185% of FPL second 6 months	Not Applicable the first 6 months - 185% of FPL second 6 months	Per Federal Law	None	None	Per Federal Law
4	Mandatory	Title XIX Section 1902(a)(10)(A)(i)(I). Covered for 4 months if Medicaid terminated due to increase in child support	Covered for 4 months if Medicaid terminated due to increase in child support	Per Federal Law	None	None	Per Federal Law

Appendix A (continued)

Category Number	Medicaid (MA) Category	PEM Item	Related Cash Assistance Program	Key Non-financial Eligibility Factor	Client Information System Program Code	Automatic MA Eligibility	Financial Eligibility Group	Spend Down Applied
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CHILDREN IN FOSTER CARE, CHILDREN SUBJECT TO AN ADOPTION AGREEMENT, OR "STATE WARDS"

5	Title IV-E Recipients: Children receiving Title IV-E foster care maintenance payments. Medicaid eligibility is granted by the state where the child lives even if the source of foster care payment is another state.	117 See also Childrens Foster Care Manual (CFF) 902-2 & 902-11	Foster Care Funds	Under age 21	Q	Yes	1	No
6	Adoption Assistance Recipients: Children who are under a Title IV-E adoption agreement and children with special needs who require a guarantee of medical services in order to obtain an adoption assistance agreement.	117 See also Childrens Foster Care Manual (CFF) 902-2 & 902-11	— Adoption Assistance Agreement	Adoption Assistance	Q	Yes	1	No
7	State Wards: Children who have been removed from their families by the courts because they have been abused or neglected may be state wards until they are placed in adoption. Effective date 5/1/82	117 See also Childrens Foster Care Manual (CFF) 902-2 & 902-11	FIP	Children (under age 21) who are wards of the Family Independence Agency	Q	Yes	1	No

PREGNANT WOMEN

8	Healthy Kids for Pregnant Women: Pregnant women with income up to 185% of the poverty level are eligible for MA. Eligibility continues for the 2 calendar months following the termination of pregnancy. There is no asset test. Effective date 1/1/88	125	FIP	Pregnant or recently pregnant	L	No	1	No
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CRC Memorandum

Appendix A (continued)

Category Number	Federal Eligibility Status	Income Standard		Michigan or CFF #	Asset Standard		Michigan or CFF #
		Federal	Michigan		Federal	Michigan	
5	Mandatory	The child must have been receiving or be eligible to receive cash assistance under the terms applicable for AFDC as of 7/16/96 prior to removal from the home of a relative and placement in foster care.	\$375 or less per month for a family of 1 living in County Shelter Area IV*	PRT 240	State AFDC level as of 7/16/96	\$10,000 - only child's assets counted	CFF 902-2 & 902-11
6	Mandatory	The child must have been receiving or be eligible to receive cash assistance under the terms applicable for AFDC as of 7/16/96 or be eligible for Supplemental Security Income (SSI).	AFDC criteria: \$375 or less per month for a family of 1 living in County Shelter Area IV* or SSI eligible	PRT 240	State AFDC level as of 7/16/96 or SSI	\$10,000 - only child's assets counted	CFF 902-2 & 902-11
7	Optional	The child must have been receiving or be eligible to receive cash assistance under the terms applicable for AFDC as of 7/16/96 prior to removal from the home of a relative and placement in foster care.		See CFF 901-6 for Definition of Department (State) Ward	State AFDC level as of 7/16/96		
8	Mandatory	133% of FPL - \$1,691 per month for a family of 3	185% of FPL - \$2,353 per month for a family of 3	PRT 246	Optional but no more restrictive than Supplemental Security Income (SSI) test - \$2,000	None	PEM 125

Appendix A (continued)

Category Number Medicaid (MA) Category PEM Item Related Cash Assistance Program Key Non-financial Eligibility Factor Client Information System Program Code Automatic MA Eligibility Financial Eligibility Group Spend Down Applied

9	Group 2 Pregnant Women: Pregnant women who incur medical expenses which result in their income being lowered to the 185% federal poverty level (spend down) become eligible for Medicaid. Women who are receiving MA when pregnancy ends and remain otherwise eligible may continue receiving MA for the 2 calendar months following the month the pregnancy ends. Effective date 10/1/84	126	FIP	Pregnant or recently pregnant	L	No	2	Yes
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INFANTS, CHILDREN, ADOLESCENTS AND PERSONS UNDER AGE 21

10	Healthy Kids for Children Under Age 1: A child under age 1 whose family's income is at or/below 185% of the poverty level is eligible for MA. There is no asset test. Effective date 10/1/88	129	FIP	Under age 1	L	No	1	No
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11	Healthy Kids for Other Children: A child age 1 to under age 19 whose family's income is at or below 150% of the poverty level is eligible for MA. Teenagers (16-19) between 100% and 150% of FPL are eligible for SCHIP rather than MA. There is no asset test. Effective date 7/1/94	131	FIP	Greater than age 1 and under age 19	L	No	1	No
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CRC Memorandum

Appendix A (continued)

Category Number	Federal Eligibility Status	Income Standard		Michigan Income Std. PEM, PRT or CFF #	Asset Standard		Michigan Asset Std. PEM, PRT or CFF #
		Federal	Michigan		Federal	Michigan	
9	Optional	State set income standard	AFDC criteria: \$532 or less per month for a family of 3 living in County Shelter Area IV* OR SSI eligible	PRT 240	Optional but no more restrictive than AFDC level of 7/16/96 - \$1,000	None	PEM 126
10	Mandatory	133% of FPL - \$1,691 per month for a family of 3	185% of FPL - \$2,353 per month for a family of 3	PRT 246	Optional but no more restrictive than AFDC level of 7/16/96 - \$1,000	None	PEM 129
11	Mandatory	133% of FPL for ages 1-5 - \$1,691 per month for a family of 3 100% of FPL for ages 6-19 - \$1,272 per month for a family of 3	150% of FPL - \$1,908 per month for a family of 3	PRT 246	Optional but no more restrictive than AFDC level of 7/16/96 - \$1,000	None	PEM 131

Appendix A (continued)

Category Number	Medicaid (MA) Category	PEM Item	Related Cash Assistance Program	Key Non-financial Eligibility Factor	Client Information System Program Code	Automatic MA Eligibility	Financial Eligibility Group	Spend Down Applied
12	Group 2 Persons Under Age 21: Persons under age 21 who meet the Group 2 requirement are eligible for MA. Incurred medical expenses may be used in determining income eligibility (spend-down). There is no asset test. Effective date 1966	132	FIP	Under age 21	Q	No	2	Yes
13	Newborns: A child whose mother is receiving MA on the date of the child's birth is eligible for MA through the month of his first birthday if the child lives with his mother who remains an MA recipient or resides in Michigan and the mother cooperates with the pursuit of third party payments, and is not in prison. There is no asset test. Effective date 10/1/84	145	FIP	Newborn recipient of MA	C, L, N, Q	Yes (depends on mother's group)	1, 2 No & Yes (depends on mother's group)	

CARETAKER RELATIVES OF A DEPENDENT CHILD

14	Group 2 Caretaker Relatives: Caretaker relatives of a dependent child who meet the Group 2 requirements are eligible for MA. Incurred medical expenses may be used in determining income eligibility (spend-down). There is no asset test. Effective date 1966 – To be modified if waiver request recently submitted to the federal government is approved	135	FIP	Caretaker of dependent child	N	No	2	Yes
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Appendix A (continued)

Category Number	Federal Eligibility Status	Income Standard	Michigan Income Std. PEM, PRT or CFF #	Asset Standard	Michigan Asset Std. PEM, PRT or CFF #
		Federal	Federal	Federal	Michigan

12	Optional	State set income standard	\$375 or less per month for a family of 1 living in County Shelter Area IV*	Optional but no more restrictive than AFDC level of 7/16/96 - \$1,000	None PEM 132
13	Mandatory	Title XIX Section 1902(e)(4). Covered for one year regardless of income	Covered for one year regardless of income	None	None Per Federal Law

14	Optional	State set income standard	\$532 or less per month for a family of 3 living in County Shelter Area IV*	Optional but no more restrictive than AFDC level of 7/16/96 - \$1,000	None PEM 135
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Appendix A (continued)

Category Number	Medicaid (MA) Category	PEM Item	Related Cash Assistance Program	Key Non-financial Eligibility Factor	Client Information System Program Code	Automatic MA Eligibility	Financial Eligibility Group	Spend Down Applied
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SUPPLEMENTAL SECURITY INCOME RECIPIENTS

15	SSI Recipients: Supplemental Security Income is a cash benefit to needy persons who are aged (65 or older), blind or disabled. It is administered by the Social Security Administration. States may supplement the federal payment with a state supplement. All SSI recipients are automatically eligible for MA. Effective date 1/1/74	150	SSI	Aged, blind or disabled	A, B, E	Yes	1	No
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16	SSI Termination Appeals: Persons who appeal termination from SSI because the Social Security Administration determines them to be no longer eligible as blind or disabled remain Medicaid eligible pending the outcome of the appeal.	150	SSI	Aged, blind or disabled	M, O, P	No	1	No
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MEDICAID PROTECTION FOR CERTAIN SOCIAL SECURITY RECIPIENTS

17	Special Disabled Children (Zebley Children). For children who were being paid SSI on August 22, 1996 and would be eligible for SSI but for the change in the definition of disability (SSA 4913). Effective date 7/1/97 - Being phased out per federal policy changes.	154	SSI	Disabled and receiving SSI payments on 8/22/96	P	No	1	No
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CRC Memorandum

Appendix A (continued)

Category Number	Federal Eligibility Status	Federal	Michigan	Michigan Income Standard PEM, PRT or CFF #	Federal	Michigan	Michigan Asset Standard PEM, PRT or CFF #
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15	Mandatory	As defined by Title 16 of the Social Security Act	\$552 federal payment standard plus a Michigan supplement of \$14 for those living independently. The supplement varies by other living arrangements. See Note Below	PRT 245	\$2,000 single \$3,000 couple	Not Applicable	Not Applicable
16	Mandatory	As defined by Title 16 of the Social Security Act	Same as Item 15 immediately above	PRT 245	\$2,000 single \$3,000 couple	Not Applicable	Not Applicable

17	Mandatory	As defined by Title 16 of the Social Security Act and Title XIX section 1902(a)(10)(A)(i)(II)	Varies by Living Arrangement See Note below	PRT 245	\$2,000 single \$3,000 couple	\$2,000 single \$3,000 couple	PEM 400, page 4
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CRC Memorandum

Appendix A (continued)

Category Number	Medicaid (MA) Category	PEM Item	Related Cash Assistance Program	Key Non-financial Eligibility Factor	Client Information System Program Code	Automatic MA Eligibility	Financial Eligibility Group	Spend Down Applied
18	Pickle Amendment (503) Individuals: If non-financial factors are met, a former SSI recipient who receives Social Security benefits and who now would be eligible for SSI if cost of living increases paid since SSI eligibility ended were excluded is eligible for MA. Effective date 7/1/77	155	SSI	Aged, blind or disabled	M, O, P	No	1	No
19	COBRA Widow(er)s: A person who was entitled to Social Security payments in December 1983 and who was entitled and received them as a disabled widow(er) in January 1984, and who continued to receive Social Security but whose SSI ended due to a special increase for certain disabled widow(er)s and subsequent Social Security cost of living increases, and who would be eligible for SSI if those increases had not been paid is eligible for MA. Effective date 11/7/86.	156	SSI	Aged, blind or disabled	M, O, P	No	1	No

Appendix A (continued)

Category Number	Federal Eligibility Status	Income Standard		Michigan Income Std. PEM, PRT or CFF #	Asset Standard		Michigan Asset Std. PEM, PRT or CFF #
		Federal	Michigan		Federal	Michigan	
18	Mandatory	Would meet SSI standard but for Social Security cost of living increases	Varies by Living Arrangement See Note below	PRT 245	\$2,000 single \$3,000 couple	\$2,000 single \$3,000 couple	PEM 400, page 4
19	Mandatory	Would meet SSI standard but for Social Security cost of living increases and a special increase for disabled widow(er)s	Varies by Living Arrangement See Note below	PRT 245	\$2,000 single \$3,000 couple	\$2,000 single \$3,000 couple	PEM 400, page 4

Appendix A (continued)

Category Number Medicaid (MA) Category PEM Item Related Cash Assistance Program Key Non-financial Eligibility Factor Client Information System Program Code Automatic MA Eligibility Financial Eligibility Group Spend Down Applied

20	Early Widow(er)s: A person who receives at least some Social Security payments as early widow(er) under Section 202(e) or (f) of the Social Security Act, who is not eligible for Medicare Part A, and who lost SSI eligibility due to the receipt of payments under Section 202, and who would be eligible for SSI except for the payments received under Section 202, is eligible for MA. Effective date 2/23/89.	157	SSI	Blind or disabled	O, P	No	1	No
21	Disabled Adult Child (DAC): A person age 18 or older who received SSI but who lost eligibility for SSI due to the receipt of DAC payments and who would be eligible for SSI except for their receipt is eligible for MA. Effective date 5/15/89	158	SSI	Blind or disabled	O, P	No	1	No

LOW INCOME AGED OR DISABLED PERSONS

22	AD-Care: Aged or disabled persons not eligible for any other MA category whose income does not exceed 100% FPL and whose assets do not exceed \$2,000 for one/\$3,000 for a couple. Disability determination is made by Disability Determination Services in the Family Independence Agency. Effective date 1/1/95	163	SSI	Aged or disabled	M, P	No	1	No
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Appendix A (continued)

Category Number	Federal Eligibility Status	Income Standard		Michigan Income Std. PEM, PRT or CFF #	Asset Standard		Michigan Asset Std. PEM, PRT or CFF #
		Federal	Michigan		Federal	Michigan	
20	Mandatory	Would meet SSI standard but for Social Security cost of living increases and a special increase for disabled widow(er)s	Varies by Living Arrangement See Note below	PRT 245	\$2,000 single \$3,000 couple	\$2,000 single \$3,000 couple	PEM 400, page 4
21	Mandatory	Would meet SSI standard but for Disabled Adult Child payments	Varies by Living Arrangement See Note below	PRT 245	\$2,000 single \$3,000 couple	\$2,000 single \$3,000 couple	PEM 400, page 4
22	Optional	Up to 100% of FPL - \$749 per month for a family of 1	100% of FPL - \$749 per month for a family of 1	PRT 242 & 246	\$2,000 single \$3,000 couple	\$2,000 single \$3,000 couple	PEM 400, page 4

Appendix A (continued)

Category Number	Medicaid (MA) Category	PEM Item	Related Cash Assistance Program	Key Non-financial Eligibility Factor	Client Information System Program Code	Automatic MA Eligibility	Financial Eligibility Group	Spend Down Applied
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AGED, BLIND OR DISABLED INDIVIDUALS IN A HOSPITAL OR LONG-TERM CARE FACILITY

23	Extended-Care: Aged, blind or disabled persons not eligible for another Medicaid category who reside (or are expected to reside) for at least 30 days in hospitals or long-term care facilities or who are MIChoice waiver clients and meet certain income and asset requirements are eligible for Medicaid. Effective date 5/1/92	164	SSI	Aged, blind or disabled	M, O, P	No	1	No
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MEDICAID PAYMENTS FOR MEDICARE CO-PAYMENTS AND DEDUCTIBLES

24	Qualified Medicare Beneficiaries (QMB) - For persons entitled to Medicare Part A with income up to 100% of the poverty level. MA will pay Medicare premiums, coinsurances and deductibles only. QMB effective date 1/1/91.	165	SSI	Medicare Part A	M, O, P	No	N/A	No
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25	Specified Low-income Medicare Beneficiaries (SLMB) - For persons entitled to Medicare Part A with income between 100% and 120% of the Medicare poverty level, MA will pay Part B premiums only. SLMB effective date 1/1/93	165	SSI	Medicare Part A	M, O, P	No	N/A	No
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CRC Memorandum

Appendix A (continued)

Category Number	Federal Eligibility Status	Income Standard		Michigan Income Std. PEM, PRT or CFF #	Asset Standard		Michigan Asset Std. PEM, PRT or CFF #
		Federal	Michigan		Federal	Michigan	
23	Optional	300% of the Income Supplemental Security standard	\$1,656	PEM 164	\$2,000 single \$3,000 couple	\$2,000 single \$3,000 couple	PEM 400, page 4
24	Mandatory	100% of FPL - \$753 per month for a family of 1	100% of FPL - \$753 per month for a family of 1	PRT 242	\$4,000 single \$6,000 couple	\$4,000 single \$6,000 couple	PEM 400, page 4
25	Mandatory	Between 100% and 120% of FPL - \$754 to \$904 per month for a family of 1	Between 100% and 120% of FPL - \$754 to \$904 per month for a family of 1	PRT 242	\$4,000 single \$6,000 couple	\$4,000 single \$6,000 couple	PEM 400, page 4

Appendix A (continued)

Category Number	Medicaid (MA) Category	PEM Item	Related Cash Assistance Program	Key Non-financial Eligibility Factor	Client Information System Program Code	Automatic MA Eligibility	Financial Eligibility Group	Spend Down Applied
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26	Additional Low-income Medicare Beneficiaries (ALMB): For persons entitled to Medicare Part A with income between 120-135% of poverty level. Medicaid will pay Medicare Part B premiums. 100% federally funded. This is a first come, first serve program subject to an annual federal funding cap although the cap has never been reached in Michigan. Persons who are receiving ALMB in December of each year are given first priority for next year. No MA eligibility. Effective date 1/1/98	165	SSI	Medicare Part A	M, P	N/A	N/A	No
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27	Qualified Disabled Working Individuals: Persons entitled to Medicare Part A under section 1818A of the Social Security Act who have income up to 200% of the poverty level and who are not eligible for MA under any other category are eligible for MA payment of Medicare part A premiums only. No MA eligibility. Effective date 7/1/90.	169	SSI	Medicare Part A	P	N/A	N/A	No
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Appendix A (continued)

Category Number	Federal Eligibility Status	Income Standard		Michigan Income Std. PEM, PRT or CFF #	Asset Standard		Michigan Asset Std. PEM, PRT or CFF #
		Federal	Michigan		Federal	Michigan	
26	Mandatory	120%-135% of FPL - \$749-\$1,018 per month for a family of 1	120%-135% of FPL - \$904-\$1,016 per month for a family of 1	PRT 249	\$4,000 single \$6,000 couple	\$4,000 single \$6,000 couple	PEM 400, page 4
27	Mandatory	200% of FPL - \$1,497 per month for a family of 1	200% of FPL - \$1,497 per month for a family of 1	PRT 246	\$4,000 single \$6,000 couple	\$4,000 single \$6,000 couple	PEM 400, page 4

Appendix A (continued)

Category Number	Medicaid (MA) Category	PEM Item	Related Cash Assistance Program	Key Non-financial Eligibility Factor	Client Information System Program Code	Automatic MA Eligibility	Financial Eligibility Group	Spend Down Applied
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MEDICALLY NEEDY INDIVIDUALS (also includes categories 9, 12, 13, 14)

28	Group 2 Aged, Blind and Disabled: Aged, blind or disabled persons who meet the Group 2 requirements are eligible for MA. Incurred medical expenses may be used in determining income eligibility (spend-down). Disability determination is made by Determination Services in the Family Independence Agency. Effective date 1966	166	SSI	Aged, blind or disabled	M, O, P	No	2	Yes
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WAIVER COVERED PERSONS

29	Home Care Children: Unmarried disabled children under age 18 who require institutional care but who can be cared for at home for less cost are eligible for MA. Only the child's (and not the parent's) income and assets are considered in determining eligibility. Determination of eligibility is shared by DCH and FIA. Effective date 10/1/87	170	SSI	Disabled	P	No	1	No
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30	Children's Waiver: Disabled children less than 18 years of age who require institutional care but can be cared for at home for less cost are eligible for MA. Only the child's (and not the parent's) income and assets are considered in determining eligibility. Effective date 1/1/92	171	SSI	Receiving at least one waiver service	P	No	1	No
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Appendix A (continued)

Category Number	Federal Eligibility Status	Income Standard		Michigan Income Std. PEM, PRT or CFF #	Asset Standard		Michigan Asset Std. PEM, PRT or CFF #
		Federal	Michigan		Federal	Michigan	
28	Optional	State set income standard	\$375 or less per month for a family of 1 living in County Shelter Area IV*	PRT 240	Optional but no more restrictive than SSI test - \$2,000	\$2,000 single \$3,000 couple	PEM 400, page 4
29	Optional	Not Applicable - Waiver Granted	Only the child's own income is counted and cannot exceed \$552 per month	PEM 170	Not Applicable - Waiver Granted	\$2,000 - only child's assets counted	PEM 400 PEM 170, page 2
30	Optional	Not Applicable - Waiver Granted	Only the child's own income is counted and cannot exceed \$1,656 per month	PEM 171	Not Applicable - Waiver Granted	\$2,000 - only child's assets counted	PEM 400 PEM 170, page 2

Appendix A (continued)

<p>Category Number</p>	<p>Medicaid (MA) Category</p>	<p>PEM Item</p>	<p>Related Cash Assistance Program</p>	<p>Key Non-financial Eligibility Factor</p>	<p>Client Information System - Program Code</p>	<p>Automatic MA Eligibility</p>	<p>Financial Eligibility Group</p>	<p>Spend Down Applied</p>
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BREAST AND CERVICAL CANCER SCREENING AND TREATMENT

31	Breast Cancer: P.L. 106-354 added an optional MA eligibility category for certain women under age 65 in need of treatment for breast and cervical cancer. Women are eligible only if they have been screened at an early detection program funded by the Centers for Disease Control (CDC)	173 Eligibility Determinations for this program are made by the Department of Community Health	SSI	Women Aged 18 through 64	O	No	1	No
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The following does not represent a separate eligibility category but is a distinct program for those eligible by reason of one of the above categories.

MiChoice Waiver: Aged and physically disabled adults who, but for the provision of waiver services, would otherwise require a nursing home level of care with Medicaid eligibility. Eligibility is based on nursing home criteria even though the beneficiary resided in the community. Waiver granted under SSA section 1915(c) Effective 1993.	106 Eligibility Determinations for this program are made by the Department of Community Health	SSI	Aged or disabled - Age 18 or over	M, P	No	2	Yes
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Appendix A (continued)

Category Number	Federal Eligibility Status	Income Standard Federal	Michigan Income Standard Michigan	Michigan Income Std. PEM, PRT or CFF #	Asset Standard Federal	Michigan Asset Standard Michigan	Michigan Asset Std. PEM, PRT or CFF #
31	Optional	None	Women whose income is 250% of FPL or less - \$1,883 per month are eligible to receive the CDC funded screening required to receive this MA benefit.	Not Applicable	None	None	Not Applicable
Optional	Not Applicable - Waiver Granted	Cost of services must be less than what would be the cost of care to Medicaid if in a nursing home.	As defined for applicable eligibility category	Not Applicable - Waiver Granted	\$2,000 single \$3,000 couple	As defined for applicable eligibility category	

Michigan income standard varies among 6 shelter areas from \$424 to \$489 for a family of three. Area IV used in Table 1 and Appendix A includes Wayne County (PRT 200 and 210).
Note: The income standard for certain Supplemental Security Income eligible persons varies by living arrangement (See Program Reference Table 245 <http://www.mfifa.state.mi.us/olmweb/ex/prt/245.pdf>):

SSI Living Arrangement	Fiscal Group Members	SSI Amount	Michigan Supplement	Protected Level
Independent Living	Individual	\$552	\$14*	\$552
	Individual & Spouse	\$829		\$829
Living in Another Household	Individual	\$368	\$9*	\$368
	Individual & Spouse	\$553		\$553
Domiciliary Care	Individual	\$552	\$87	\$639
Personal Care	Individual	\$552	\$158	\$710
Home for Aged	Individual	\$552	\$180	\$732
Institution- Long-term Care	Individual	\$30	\$7	\$37

* Not included in protected level

Appendix B
Average Number of Michigan Medicaid Eligible Persons by Category by Year, Fiscal Years 1990-2003

Program Code	CRC Item #(s)	Program Name	FY 90 Average Eligibility	Percent Change 1990-91	FY 91 Average Eligibility	Percent Change 1991-92	FY 92 Average Eligibility	Percent Change 1992-93	FY 93 Average Eligibility	Percent Change 1993-94	FY 94 Average Eligibility	Percent Change 1994-95	FY 95 Average Eligibility	Percent Change 1995-96
A	15	Aged SSI	27,151	1.8%	27,631	-2.8%	26,866	0.0%	26,879	-0.1%	26,843	-7.3%	24,874	-0.8%
B	15	Blind SSI	1,939	2.4%	1,986	-1.5%	1,957	2.0%	1,996	-0.6%	1,985	-3.3%	1,920	-0.7%
C	1, 13	FIP	629,122	5.1%	661,272	-1.3%	652,695	2.4%	668,478	-2.7%	650,144	-17.9%	534,070	-4.6%
E	15	Disabled SSI	104,616	7.5%	112,488	7.8%	121,244	18.3%	143,483	15.8%	166,110	10.1%	182,875	2.5%
M	16, 18, 19, 22, 23, 24, 25, 26, 28	Aged MA Only	42,156	12.8%	47,534	1.5%	48,271	1.5%	48,981	2.9%	50,400	9.7%	55,285	0.5%
N	2, 3, 4, 13, 14	Caretaker Relative & Families with Dependent Children - MA Only	35,119	70.6%	59,930	32.3%	79,312	21.8%	96,575	21.6%	117,472	11.3%	130,750	-1.3%
O	16, 18, 19, 20, 21, 23, 24, 25, 28, 31	Blind MA Only	212	23.9%	263	21.8%	321	-10.1%	288	-1.1%	285	-2.7%	277	-6.7%
P	16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30	Disabled MA Only	22,389	21.8%	27,259	18.8%	32,382	9.0%	35,302	9.9%	38,792	19.0%	46,163	1.7%
Q	5, 6, 7, 13, 14	Medicaid for Persons Under 21	63,922	6.0%	67,770	-8.0%	62,361	-20.4%	49,670	-8.5%	45,457	-13.0%	39,529	1.2%
L	8, 9, 10, 11, 13	Pregnant Women & MICH Care Children	17,600	70.7%	30,047	64.1%	49,299	25.1%	61,687	15.1%	71,022	62.0%	115,047	10.2%
		Average Number of Medicaid Eligible Persons	944,228	9.7%	1,036,181	3.7%	1,074,708	5.5%	1,133,339	3.1%	1,168,510	-3.2%	1,130,750	-0.7%

Source: Michigan Department of Community Health

CRC Memorandum

Appendix B (continued)

Program Code	FY 96 Average Eligibility	Percent Change 1996-97	FY 97 Average Eligibility	Percent Change 1997-98	FY 98 Average Eligibility	Percent Change 1998-99	FY 99 Average Eligibility	Percent Change 1999-00	FY 00 Average Eligibility	Percent Change 2000-01	FY 01 Average Eligibility	Percent Change 2001-02	FY 02 Average Eligibility	Percent Change 2002-03	FY 03* Average Eligibility
A	24,675	-6.1%	23,178	-4.4%	22,147	-3.4%	21,389	-3.1%	20,720	-1.8%	20,351	-3.0%	19,749	-2.1%	19,343
B	1,907	-4.7%	1,818	-4.7%	1,733	-3.2%	1,677	-3.5%	1,618	-3.0%	1,569	-2.2%	1,535	-1.0%	1,519
C	509,662	-14.8%	434,432	-18.8%	352,892	-27.8%	254,879	-22.4%	197,715	-7.3%	183,280	5.2%	192,848	-6.5%	180,224
E	187,386	-0.2%	186,991	-0.4%	186,236	1.4%	188,897	-0.7%	187,553	0.5%	188,540	0.8%	189,972	0.6%	191,055
M	55,562	2.9%	57,146	1.8%	58,185	3.2%	60,030	2.7%	61,654	2.4%	63,105	3.0%	65,005	2.2%	66,462
N	129,108	11.8%	144,366	33.6%	192,813	12.2%	216,246	1.1%	218,599	7.7%	235,375	17.1%	275,516	10.1%	303,473
O	259	2.1%	264	5.2%	278	-4.3%	266	-4.0%	255	5.7%	270	62.5%	439	39.5%	612
P	46,966	10.5%	51,877	6.4%	55,193	3.5%	57,105	5.2%	60,066	5.3%	63,227	9.9%	69,495	7.3%	74,549
Q	39,997	3.2%	41,276	1.6%	41,938	-5.3%	39,712	0.5%	39,924	6.9%	42,687	7.1%	45,698	3.9%	47,500
L	126,806	19.8%	151,853	19.8%	181,870	25.9%	229,048	19.7%	274,155	15.0%	315,352	11.4%	351,436	7.3%	377,037
Average	1,122,328	-2.6%	1,093,201	0.0%	1,093,286	-2.2%	1,069,248	-0.7%	1,062,257	4.8%	1,113,755	8.8%	1,211,692	4.1%	1,261,774

* FY 03 October 2002 through December 2002

CRC Memorandum

Appendix C MEDICAID ELIGIBILITY CODES (M=Mandatory Group O=Optional Group)

Eligibility Group	Program Code										Total
	A	B	C	E	M	N	O	P	Q	L	
1			M								1
2						M					1
3						M					1
4						M					1
5									M		1
6									M		1
7									O		1
8										M	1
9										O	1
10										M	1
11										M	1
12									O		1
13			M			M			M	M	4
14						O					1
15	M	M		M							3
16					M		M	M			3
17								M			1
18					M		M	M			3
19					M		M	M			3
20							M	M			2
21							M	M			2
22					O			O			2
23					O		O	O			3
24					M		M	M			3
25					M		M	M			3
26					M			M			2
27								M			1
28					O		O	O			3
29								O			1
30								O			1
31							O				1
Total	1	1	2	1	9	5	10	15	5	5	54

Sources: Michigan Departments of Community Health and Family Independence Agency