

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
233 North Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519

**CMS**

*CENTERS for MEDICARE & MEDICAID SERVICES*

DEC 06 2007

Mr. Paul Reinhart, Director  
Medical Services Administration  
Michigan Department of Community Health  
Capitol Commons Center  
400 S. Pine Street  
P.O. Box 30479  
Lansing, Michigan 48909

Dear Mr. Reinhart:

Enclosed for your records is an approved copy of the following State Plan Amendment (SPA).

Transmittal # 07-016

Outpatient hospital services psoriasis treatment centers –  
Effective October 1, 2007

If you have any questions, please contact Cynthia Garraway by telephone at (312) 353-8583  
or by e-mail at [Cynthia.Garraway@cms.hhs.gov](mailto:Cynthia.Garraway@cms.hhs.gov).

Sincerely,



Verlon Johnson  
Associate Regional Administrator  
Division of Medicaid and Children's Health

cc: Nancy Bishop

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:  
07 - 16

2. STATE:  
Michigan

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

TO: REGIONAL ADMINISTRATOR  
HEALTH FINANCING ADMINISTRATION  
DEPARTMENT OF HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
October 1, 2007

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 440.20(a)

7. FEDERAL BUDGET IMPACT:  
a. FFY 08 \$ -0-  
b. FFY 09 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Supplement to Attachment 3.1-A, page 10

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  
Supplement to Attachment 3.1-A, page 10

10. SUBJECT OF AMENDMENT:  
OPH psoriasis treatment centers

11. GOVERNOR'S REVIEW (Check One):  
 GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Paul Reinhart, Director  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:  


13. TYPED NAME:  
Paul Reinhart

14. TITLE:  
Director, Medical Services Administration

15. DATE SUBMITTED:  
October 9, 2007

16. RETURN TO:  
Medical Services Administration  
Program/Eligibility Policy Division - Federal Liaison Unit  
Capitol Commons Center - 7<sup>th</sup> Floor  
400 South Pine  
Lansing, Michigan 48933  
Attn: Nancy Bishop

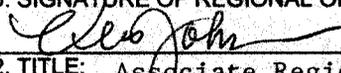
**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
October 9, 2007

18. DATE APPROVED:  
DEC 06 2007

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:  


21. TYPE NAME:  
Verlon Johnson

22. TITLE: Associate Regional Administrator  
Division of Medicaid and Children's Health

23. REMARKS:

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of MICHIGAN

***Amount, Duration and Scope of Medical and Remedial Care Services  
Provided to the Categorically and Medically Needy***

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2b. Rural Health Clinic Services

The following services are covered when furnished by a rural health clinic which has been certified in accordance with 42 CFR 481:

- 1) Rural health clinic services as specified in 42 CFR 440.20(b)
- 2) Ambulatory services, other than rural health clinic services, which are included in the Plan and are furnished in accordance with the requirements specified in the Plan.

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TN NO.: 07-16

Approval Date: DEC 06 2007

Effective Date: 10/01/2007

Supersedes  
TN No.: 94-25