

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

TO: REGIONAL ADMINISTRATOR  
HEALTH FINANCING ADMINISTRATION  
DEPARTMENT OF HUMAN SERVICES

1. TRANSMITTAL NUMBER:  
09 - 07

2. STATE:  
Michigan

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

4. PROPOSED EFFECTIVE DATE  
January 1, 2009

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 440.210 and 42 CFR 440.220

7. FEDERAL BUDGET IMPACT:  
a. FFY 09 \$ -0-  
b. FFY 10 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Supplement to Attachment 3.1-A, pages 13a and 35

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  
Supplement to Attachment 3.1-A, pages 13a and 35

10. SUBJECT OF AMENDMENT:  
Maternal Infant Health Program

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:  
Paul Reinhart, Director  
Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:  
*Stephen Fitton*

13. TYPED NAME:  
Stephen Fitton

14. TITLE:  
Acting Director, Medical Services Administration

15. DATE SUBMITTED:  
March 26, 2009

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:	18. DATE APPROVED:
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPE NAME:	22. TITLE:
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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4b. EPSDT (continued)

In addition, the EPSDT program covers medically indicated screening and preventive support services for children, including nutritional and at-risk assessments as well as resulting health education, mental health and transportation-arranging services. These services are directed to the treatment of the subset of Medicaid-eligible children whose health and well-being are at risk due to serious health problems or conditions which exist with either the mother or child, such as drug or alcohol abuse, child abuse or neglect, failure to thrive, a low birth weight infant, low functioning/impaired parent, or homeless or dangerous living situations. The support services are provided by Maternal Infant Health Program providers certified to render this service by the Michigan Department of Community Health, Public Health Administration.

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TN NO.: 09-07

Approval Date: \_\_\_\_\_

Effective Date: 01/01/2009

Supersedes  
TN No.: 94 -08

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

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19. Case Management

See Supplement 1 to Attachment 3.1-A

20. Extended Services to Pregnant Women

- a. The Program covers extended services for 60 days after delivery.
- b. All necessary medical services related to pregnancy or services associated with medical conditions that may complicate pregnancy are covered, including
  - 1) Psychosocial/nutritional screening and assessments are covered when the service is provided through a Maternal Infant Health Program (MIHP) provider certified to render this service by the Department of Community Health, Public Health Administration. The assessment is administered by a licensed social worker, registered dietitian, nutritionist and/or public health nurse. The assessment process identifies the existence, nature or extent of psychosocial/nutritional deviation, if any, in a beneficiary.
  - 2) The MIHP provider, must be certified by the Department of Community Health, Public Health Administration. Practitioners rendering the service must be either staff of the certified MIHP PROVIDER or under direct contract to that certified agency and must be state licensed, rendering services within the scope of practice defined by state law. MIHP services consist of:
    - a) professional visits/interventions of a licensed social worker, nutritionist/registered dietitian and/or a public health nurse for counseling to prevent disease, disability, other health conditions or their progression and coordination of care to promote physical and mental health and efficiency, and
    - b) childbirth/parenting education programs that have been certified by the Department of Community Health, Public Health Administration and delivered by a licensed practitioner as defined under this item.

21. Ambulatory Prenatal Care for Pregnant Women during Presumptive Eligibility

Ambulatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider eligible for payment under the State plan.

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TN NO.: 09-07

Approval Date: \_\_\_\_\_

Effective Date: 01/01/2009

Supersedes  
TN No.: 05-05