

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



CENTERS for MEDICARE & MEDICAID SERVICES

AUG 19 2010

Stephen Fitton, Director  
Medical Services Administration  
Federal Liaison Unit  
Michigan Department of Community Health  
400 South Pine  
Lansing, Michigan 48913

ATTN: Nancy Bishop

Dear Mr. Fitton:

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

Transmittal #10-06                      Hospice coverage conditions  
-- Effective April 1, 2010

If you have any questions, please contact Leslie Campbell by telephone at (312) 353-1557 or by e-mail at [Leslie.Campbell@cms.hhs.gov](mailto:Leslie.Campbell@cms.hhs.gov).

Sincerely,

A handwritten signature in cursive script that reads "Mara Diller Price, acting".

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

Enclosure

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

1. TRANSMITTAL NUMBER:

10 - 06

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  
April 1, 2009 *2010*

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:  
Section 1905 (o) of the SSA

7. FEDERAL BUDGET IMPACT:

a. FFY 10 \_\_\_\_\_ \$ -0- \_\_\_\_\_  
b. FFY 11 \_\_\_\_\_ \$ -0- \_\_\_\_\_

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Supplement to Attachment 3.1-A, page 34

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  
Supplement to Attachment 3.1-A, page 34

10. SUBJECT OF AMENDMENT:  
Hospice coverage conditions

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:  
Stephen Fitton, Director  
Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Stephen Fitton*

13. TYPED NAME:  
Stephen Fitton

14. TITLE:  
Director, Medical Services Administration

15. DATE SUBMITTED:  
May 21, 2010

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:

*May 21, 2010*

18. DATE APPROVED:

**AUG 19 2010**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

*April 1, 2010*

20. SIGNATURE OF REGIONAL OFFICIAL:

*Acting Mark Jiles Price*

21. TYPE NAME:

Verlon Johnson

22. TITLE:

Associate Regional Administrator

23. REMARKS:

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

State of MICHIGAN

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

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18. Hospice Care

With one exception, Medicaid uses Medicare guidelines for hospice coverage.

For a Medicare/Medicaid beneficiary, the hospice must complete a Medicaid enrollment form.

If a Medicare/Medicaid beneficiary revokes his/her Medicare hospice benefit, he/she is not eligible to enroll in the Medicaid hospice benefit. However, if the beneficiary becomes inappropriate for hospice care during Medicare's fourth benefit period, he/she may be discharged from hospice, then enroll in Medicaid's hospice benefit when again appropriate for hospice care.

The exception to the Medicare guidelines allow for the provision of hospice services in adult foster care facilities and homes for the aged if the facility is licensed in Michigan and has a contract with the Medicaid enrolled hospice.

Effective March 23, 2010, in accordance with Section 2302 of the Affordable Care Act (ACA), the Michigan Medicaid program covers hospice care for children concurrent with curative treatment of the child's terminal illness. This allows the beneficiary to elect the hospice benefit, when the need for hospice care, or the terminal diagnosis, is certified by a physician and the hospice director, without forgoing any curative service to which the child is entitled under Medicaid for treatment of the terminal condition.

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TN NO.: 10-06

Approval Date: AUG 19 2010

Effective Date: 04/01/2010

Supersedes  
TN No.: 95-07