

October 15, 2010

Stephen Fitton, Director
Medical Services Administration
Federal Liaison Unit
Michigan Department of Community Health
400 South Pine
Lansing, Michigan 48933

ATTN: Nancy Bishop

Dear Mr. Fitton:

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

Transmittal #10-011 - Preprint revision that incorporates the requirement for coverage of Medicaid to one year from the date of birth of a deemed newborn regardless of a change in eligibility status of mother.
--Effective date: **October 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.

Sincerely,



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: <u>10 - 11</u>	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, 2010	

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

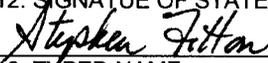
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: CHIPRA requirements Section 113	7. FEDERAL BUDGET IMPACT: a. FFY 11 _____ \$ 733,103.00 _____ b. FFY 12 _____ \$ 679,180.00 _____
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2-A, pages 6 and 25	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.2-A, pages 6 and 25

10. SUBJECT OF AMENDMENT:
revised deemed newborn preprint pages

11. GOVERNOR'S REVIEW (Check One):

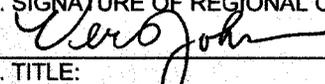
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Stephen Fitton, Director
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Medical Services Administration Program/Eligibility Policy Division - Federal Liaison Unit Capitol Commons Center - 7 th Floor 400 South Pine Lansing, Michigan 48933 Attn: Nancy Bishop
13. TYPED NAME: Stephen Fitton	
14. TITLE: Director, Medical Services Administration	
15. DATE SUBMITTED: August 31, 2010	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <u>September 1, 2010</u>	18. DATE APPROVED: OCT 15 2010
------------------------------------------------	------------------------------------------

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>October 1, 2010</u>	20. SIGNATURE OF REGIONAL OFFICIAL: 
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

***Coverage and Conditions of Eligibility
Groups Covered***

A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (continued)

- | | | |
|--------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1902(e)(4)
of the Act | 12. | Deemed Newborns –
A child born in the United States to a woman who is eligible for and receiving Medicaid (including coverage of an alien for labor and delivery as emergency medical services) for the date of the child's birth, including retroactively. The child is deemed eligible for one year from birth |
| 42 CFR
435.120 | 13. | Aged, Blind and Disabled Individuals Receiving Cash Assistance

<u>X</u> a. Individuals receiving SSI.
This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981, persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.
<u>X</u> Aged
<u>X</u> Blind
<u>X</u> Disabled |

TN NO.: 10-11

Approval Date: OCT 15 2010

Effective Date: 10/01/2010

Supersedes
TN No.: 92-14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

**Coverage and Conditions of Eligibility
Groups Covered**

C. Optional Coverage of Medically Needy (continued)

1902(e)(4) 4. Reserved
of the Act

42 CFR 5. a. Financially eligible individuals who are not described in section
435.308 C.3. above and who are under the age of:

21

20

19

18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19 or 18 as specified below:

1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

a) In foster homes (and are under the age of ___).

b) In private institutions (and are under the age of ___).

TN NO.: 10-11

Approval Date: OCT 15 2010

Effective Date: 10/01/2010

Supersedes
TN No.: 92-02