

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



APR 24 2012

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

ATTN: Loni Hackney

Dear Mr. Fitton:

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

- Transmittal #12-001 Removes non-compliant State Plan language for covered excluded drugs
- Effective January 1, 2012

If you have any questions, please contact Leslie Campbell at (312) 353-1557 or Leslie.Campbell@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink that reads 'Alan Freund'.

Alan Freund
Acting 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: 12 - 01	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 January 1, 2012	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION: Sections 1927(d)(2) and 1927(k) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$0 b. FFY 2013 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A.1, Page 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A.1, Page 2	
10. SUBJECT OF AMENDMENT: The amendment removes non-compliant State Plan language for covered excluded drugs.		
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Stephen Fitton, Director <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Medical Services Administration		
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Stephen Fitton</i>	16. RETURN TO: Medical Services Administration Actuarial Division Capitol Commons Center - 7th Floor 400 South Pine Street Lansing, Michigan 48933	
13. TYPED NAME: Stephen Fitton		
14. TITLE: Director, Medical Services Administration		
15. DATE SUBMITTED: February 13, 2012	Attn: Loni Hackney	
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: <i>February 14, 2012</i>	18. DATE APPROVED: MAR 19 2012	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>January 1, 2012</i>	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Verlon Johnson</i>	
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

**Requirements Relating to Covered Outpatient Drugs
For the Categorically and Medically Needy**

Citation(s)	Provision(s)
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1927(d)(2) and
1935(d)(2)

1. The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit – Part D
 - The following excluded drugs are covered:
 - (a) agents when used for anorexia, weight loss, weight gain (see specific drug categories below)
 - (b) agents when used to promote fertility (see specific drug categories below)
 - (c) agents when used for cosmetic purposes or hair growth (see specific drug categories below)
 - (d) agents when used for the symptomatic relief cough and colds (see specific categories below)
 - (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride (see specific categories below)
 - (f) nonprescription drugs (see specific categories below)
 - (g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)
 - (h) barbiturates (see specific drug categories below)
 - (i) benzodiazepines (see specific drug categories below)

Specific category of drugs:

- ~~Select vitamin and mineral products (EXCEPT PRENATAL VITAMINS AND FLUORIDE) PRESCRIBED BY A PHYSICIAN TO TREAT A SPECIFIC DIAGNOSED DEFICIENCY. at the therapeutic doses for deficiency diagnosis~~
- Select over-the-counter (OTC) drugs such as analgesic/antipyretics, antihistamines, dermatological agents, family planning, gastrointestinal agents, ophthalmic and otic agents, ~~saline solution~~, smoking cessation products, AND vaginal antifungals ~~and vehicles used to compounded drugs.~~

- No excluded drugs are covered

TN NO.: 12-01

Approval Date:

MAR 19 2012

Effective Date: 1/1/2012

Supersedes

TN No.: 05-19