

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

Refer to:

2-17-06

January 30, 2006

C: Nancy Bishop

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

ATTN: Nancy Bishop

Dear Mr. Reinhart:

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

Transmittal #05-014 Expansion of Services Subject to Cost-Sharing--  
Effective January 1, 2006

If you have any additional questions, please have a member of your staff contact  
Cynthia Garraway at (312) 353-8583.

Sincerely,



Alan Dorn  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health

Enclosure

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER:  0 5 - 1 4	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 Upon CMS approval
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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 447.54(a) and 42 CFR 447.54(c)	7. FEDERAL BUDGET IMPACT: a. FFY 06 _____ \$ (5,617,900) _____ b. FFY 07 _____ \$ (7,490,500) _____
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.18-A, pages 1 - <del>2</del>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.18-A, page 1
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10. SUBJECT OF AMENDMENT:  
Expansion of services subject to cost-sharing

11. GOVERNOR'S REVIEW (Check One):

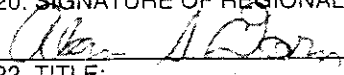
GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Paul Reinhart, Director  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	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
13. TYPED NAME: Paul Reinhart	
14. TITLE: Director, Medical Services Administration	
15. DATE SUBMITTED: November 14, 2005	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: November 15, 2005	18. DATE APPROVED: January 30, 2006
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2006	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPE NAME: Alan S. Dorn	22. TITLE: Acting Associate Regional Administrator

23. REMARKS:

**RECEIVED**  
NOV 15 2005  
DMCH - ARA

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

**Cost Sharing and Similar Charges**

A. The following charges are imposed on the categorically and medically needy for services other than those provided under section 1905 (a)(1) through (5) and (7) of the Act.

Services covered for certain ambulatory beneficiaries age 21 and over.	Type Charge			Amount
	Deductible	Co-insurance	Co-pay	
Vision services			X	\$2.00 per each reimbursable visit (average payment \$27.00).
Dental services			X	\$3.00 per each reimbursable visit (average payment \$110.00).
Podiatric services			X	\$2.00 per each reimbursable visit (average payment \$32.00).
Hearing aids			X	\$3.00 on each hearing aid (average payment \$340.00).
Pharmacy services specified by the department			X	\$1.00 for each generic drug (average payment \$15.00) and \$3.00 for each brand drug (average payment \$105.00) dispensed.
Chiropractic services			X	\$1.00 for each reimbursable visit (average payment \$11.00).
Physician Office visit			X	\$2.00 for each reimbursable visit (average payment \$35.00)
Hospital Emergency Department visit			X	\$3.00 for each non-emergency reimbursable visit (average payment \$70.00)
In-patient Hospital			X	\$50.00 for the first day of each reimbursable inpatient hospital stay (average payment \$1265)
Out-patient hospital			X	\$1.00 for each reimbursable visit (average payment \$18.00)

Approval Date: JAN 30 2006

Effective Date: 01/01/2006