

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



Refer to:

APR 18 2005

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

ATTN: Nancy Bishop

Dear Mr. Reinhart:

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

Transmittal #05-001 Expand Allowable Involuntary Disenrollment Reasons
--Effective January 1, 2005

If you have any additional questions, please have a member of your staff contact Ms. Samantha Wallack at (312) 353-3701.

Sincerely,

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

Cheryl A. Harris
Associate Regional Administrator
Division of Medicaid & Children's Health

A handwritten signature in black ink that reads "Cheryl".

Enclosure

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

1. TRANSMITTAL NUMBER: 07-01
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, 2005

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:
waive 42 CFR 460.164 via Sec 903, BIPA

7. FEDERAL BUDGET IMPACT:
a. FFY 05 \$ -0-
b. FFY 06 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement 2 Attachment 3.1-A page 7c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
Supplement 2 Attachment 3.1-A page 7c

10. SUBJECT OF AMENDMENT:
Expand allowable involuntary dis-enrollment reasons

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:
Paul Reinhart

13. TYPED NAME:
Paul Reinhart

14. TITLE:
Director, Medical Services Administration

15. DATE SUBMITTED:
January 27, 2005

16. RETURN TO:
Medical Services Administration
Program/Eligibility Policy Division - Federal Liaison Unit
Capitol Commons Center - 7th Floor
400 South Pine
Lansing, Michigan 48933
Attn: Nancy Bishop

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
1/28/05

18. DATE APPROVED:
4/18/05

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:
Alan Freed, acting ARA

21. TYPE NAME:
Cheryl A. Harris

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

RECEIVED
JAN 28 2005
DMCH - MI/MN/WI

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

PACE

Disenrollment Process (cont)

The participant fails to pay, or to make satisfactory arrangements to pay, any cost-sharing or patient pay amounts when the participant is residing in a nursing facility for an extended period of time.

The participant fails to pay, or to make satisfactory arrangements to pay, any premium due the PACE organization after a 30-day grace period.

The participant engages in disruptive or threatening behavior, as described below.

- A participant whose behavior jeopardizes his or her safety, or the safety of others; or
- A participant with decision-making capacity who consistently refuses to comply with his or her individual plan of care or the terms of the PACE enrollment agreement.

The participant moves out of the PACE program area or is out of the service area for more than 30 consecutive days, unless the PACE organization agrees to a longer absence due to extenuating circumstances.

The participant is determined to no longer meet the State Medicaid nursing facility level of care requirements and is not deemed eligible.

The PACE program agreement with CMS and the State Administering Agency is not renewed or is terminated.

The PACE organization is unable to offer health care services due to the loss of State licenses or contracts with outside providers.

TN NO. 05-01

Approval Date:

Effective Date: 01/1/2005

Supersedes
TN No.: 00-11