

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 05 - 05	2. STATE: Michigan
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
6. REGIONAL ADMINISTRATOR HEALTH FINANCING ADMINISTRATION DEPARTMENT OF HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2005	

7. 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)

8. FEDERAL STATUTE/REGULATION CITATION: Title XIX of the SSA, section 1920	7. FEDERAL BUDGET IMPACT: a. FFY 05 _____ \$ -0- b. FFY 06 _____ \$ -0-
9. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Preprint pgs 21b & 45; Attach 2.2-A pgs 23 & 23a.2; Attach 2.6-A pg 25; Attach 3.1-A pg 8a; and, Supp-Attch 3.1-A pg 35	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Preprint pgs 21b & 45; Attach 2.2-A pgs 23 & 23a.2; Attach 2.6-A pg 25; Attach 3.1-A pg 8a; and, Supp-Attch 3.1-A pg 35

10. SUBJECT OF AMENDMENT:  
Presumptive Eligibility for children and pregnant women

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: <i>Paul Reinhart</i>	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
13. TYPED NAME: Paul Reinhart	Attn: Nancy Bishop
14. TITLE: Director, Medical Services Administration	
15. DATE SUBMITTED: March 11, 2005	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 3/14/05	18. DATE APPROVED: 4/25/05
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 4/1/05	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Lester N. Campbell</i>
21. TYPE NAME: Cheryl A. Harris	22. TITLE: <i>Acting</i> Associate Regional Administrator Division of Medicaid and Children's Health

23. REMARKS:  
*Note: need  
my attention  
signed  
Lester*

DMC - 4/25/05

MICHIGAN MEDICAID STATE PLAN

21b

Revision: HCFA-PM-91-4  
August 1991

OMB No.: 0938-

State: Michigan

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Citation

Amount, Duration, and Scope of Services:

1902(a) and  
1903(v) of the Act

3.1(a)(6)

Limited Coverage for Certain Aliens (continued)

(iii) Aliens who are not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law who meet the eligibility conditions under this plan, except for the requirement for receipt of AFDC, SSI, or a State supplementary payment, are provided Medicaid only for care and services necessary for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903(v)(3) of the Act.

1905(a)(9) of the  
Act

(a)(7)

Homeless Individuals

Clinic services furnished to eligible individuals who do not reside in a permanent dwelling or do not have a fixed home or mailing address are provided without restrictions regarding the site at which the services are furnished.

1902(a)(47) and  
1920 of the Act

(a)(8)

Presumptively Eligible Pregnant Women

Ambulatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the State plan.

42 CFR 441.55,  
50 FR 43654,  
1902(a)(43),  
1905 (a)(4)(B),  
and 1905 (r) of  
the Act

(a)(9)

EPSDT Services

The Medicaid agency meets the requirements of sections 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act with respect to early and periodic screening, diagnostic and treatment (EPSDT) services.

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TN No.: 05-05

Approval Date 4/25/20

Effective Date: 01/01/2005

Supersedes

TN No.: 92-01

MICHIGAN MEDICAID STATE PLAN

45

Revision: HCFA-PM-91-9 (MB)  
October 1991

State: Michigan

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Citation            4.13 Required Provider Agreement

With respect to agreements between the Medicaid agency and each provider furnishing services under the plan:

- 42 CFR 431.107            (a) For all providers, the requirements of 42 CFR 431.107 and 42 CFR Part 442, Subparts A and B (if applicable) are met.
- 42 CFR Part 483,  
1919 of the Act            (b) For providers of NF services, the requirements of 42 CFR Part 483, Subpart B, and section 1919 of the Act are met.
- 42 CFR Part 483,  
Subpart D            (c) For providers of ICF/MR services, the requirements of participation in 42 CFR 483, Subpart D are also met.
- 1920 of the Act            (d) For each provider that is eligible under the plan to furnish ambulatory prenatal care to pregnant women during a presumptive eligibility period, all the requirements of section 1920 (b)(2) and (c) are met.

\_\_\_ Not applicable. Ambulatory pre-natal care is not provided to pregnant women during a presumptive eligibility period.

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Approval Date 4/23/05

Effective Date: 01/01/2005

Supersedes  
TN No.: 92-01

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Groups Covered and Agencies Responsible for Eligibility Determination

Citation(s)	Groups Covered
	B. <u>Optional Groups Other than the Medically Needy</u> (continued)
1902(a)(47) and 920 of the Act	<u>X</u> 17. Pregnant women who are determined by a "qualified provider" (as defined in 1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under <u>Attachment 2.6-A</u> and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with section 1920 of the Act.

TN NO.: 05-05

Approval Date: 4/24/05

Effective Date: 01/01/2005

Supersedes

TN No.: 92-14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Groups Covered and Agencies Responsible for Eligibility Determinations

Agency*	Citation(s)	Groups Covered
	1902(e)(12) of the Act	<input checked="" type="checkbox"/> 21. A child under age <u>19</u> (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of <u>12</u> (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.
	1920A of the Act	<input checked="" type="checkbox"/> 22. Children under age 19 who are determined by a "qualified entity" (as defined in 1920A(b)(3)(A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan.  The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

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Supersedes  
TN No.: 02-17

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Eligibility Conditions and Requirements***

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Citation(s)	Condition or Requirement
	11. Effective Date of Eligibility a. Groups Other Than Qualified Medicare Beneficiaries (continued)
1920(b)(1) of the Act	<input checked="" type="checkbox"/> (3) For a presumptive eligibility for pregnant women only  Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in <u>Attachment 2.6-A</u> of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.
1902(e)(8) and 1905(a) of the Act	<input checked="" type="checkbox"/> b. For qualified Medicare beneficiaries defined in section 1905(P)(1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for  <input checked="" type="checkbox"/> 12 months  <input type="checkbox"/> 6 months  <input type="checkbox"/> ___ months (no less than 6 months and no more than 12 months)

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Supersedes  
TN No.: 92-14

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

State of MICHIGAN

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

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21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in accordance with section 1920 of the Act).

Provided                      \_\_\_ No limitations                       With limitations  
\_\_\_ Not provided

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

Provided                      \_\_\_ No limitations                       With limitations  
\_\_\_ Not provided

23. Certified pediatric or family nurse practitioners' services.

Provided                      \_\_\_ No limitations                       With limitations  
\_\_\_ Not provided

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TN No.: 92-05

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

State of MICHIGAN

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

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19. Case Management

See Supplement 1 to Attachment 3.1-A

20. Extended Services to Pregnant Women

- a. The Program covers extended services for 60 days after delivery.
- b. All necessary medical services related to pregnancy or services associated with medical conditions that may complicate pregnancy are covered, including
  - 1) Psychosocial/nutritional assessments when the recipient is referred for assessment by a physician or a certified nurse mid-wife and when the service is provided through a maternal support service provider certified to render this service by the Department of Community Health, Public Health Administration. The assessment is administered by a certified social worker, registered dietitian, nutritionist and/or public health nurse. The assessment will diagnose and identify the existence, nature or extent of psychosocial/nutritional deviation, if any, in a recipient.
  - 2) Maternal support services are covered when referred by a physician or certified nurse midwife. The maternal support services provider, through which these services are delivered, must be certified by the Department of Community Health, Public Health Administration. Practitioners rendering the service must be either staff of the certified maternal support services agency or under direct contract to that certified agency and must be state licensed, rendering service within the scope of practice defined by state law. Maternal support services consist of:
    - a) professional visits/interventions of a certified social worker, nutritionist/registered dietitian and/or a public health nurse for counseling to prevent disease, disability and other health conditions or their progression and to promote physical and mental health and efficiency, and
    - b) childbirth/parenting education programs that have been certified by the Department of Community Health, Public Health Administration and delivered by a licensed practitioner as defined under this item.

20. Ambulatory Prenatal Care for Pregnant Women during Presumptive Eligibility

Ambulatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider eligible for payment under the State plan.

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Approval Date: 4/23/05

Effective Date: 01/01/2005

Supersedes

TN No.: "Heading Rev. 04/01/89"