

FEB 21 2008

Mr. Paul Reinhart, Director
Medical Services Administration
Michigan Department of Community Health
Capitol Commons Center
400 S. Pine Street
P.O. Box 30479
Lansing, Michigan 48909

Dear Mr. Reinhart:

Enclosed for your records is an approved copy of the following State Plan Amendment (SPA).

Transmittal # 07-013

Amendment will allow the State to continue Medicaid coverage for children aging out of the foster care program.
Effective date - October 1, 2007

If you have any questions, please contact Cynthia Garraway by telephone at (312) 353-8583 or by e-mail at Cynthia.Garraway@cms.hhs.gov.

Sincerely,



Hye Sun Lee
Acting Associate Regional Administrator
Division of Medicaid and Children's Health

cc: Nancy Bishop

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>07 - 13</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, 2007	

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: 1905(w)(1) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 08 _____ \$ 336,000 _____ b. FFY 09 _____ \$ 672,000 _____
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2-A, page 23e	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): N/A - new page

10. SUBJECT OF AMENDMENT:
Continue Medicaid coverage for children aging out of the Foster Care Program

11. GOVERNOR'S REVIEW (Check One):

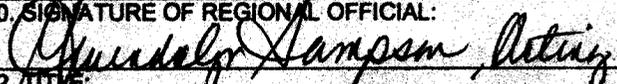
GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 Paul Reinhart, Director
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Medical Services Administration Program/Eligibility Policy Division - Federal Liaison Unit Capitol Commons Center - 7 th Floor 400 South Pine Lansing, Michigan 48933 Attn: Nancy Bishop
13. TYPED NAME: Paul Reinhart	
14. TITLE: Director, Medical Services Administration	
15. DATE SUBMITTED: December 13, 2007	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 13, 2007	18. DATE APPROVED: FEB 21 2008
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:	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

Groups Covered

B. Optional Coverage Other than the Medically Needy (continued)

1902(a)(10)(A) 26. All "Independent foster care adolescents" (as defined in (ii)(XVII) and 1905(w) of the Act

a) Reasonable classifications of individuals described in 26 above as follows:

1) Individuals under the age of
_ 19
_ 20
 21

_2) Individuals to whom foster care maintenance payments or independent living services were furnished under a program funded under part E of title IV before the date the individuals attained 18 years of age.

_3) Other

b) Financial requirements:

_ 1) Income test
 There is no income test for this group
_ The income test for this group is:

_ 2) There is no resource test for this group
_ The resource test for this group is:

TN NO.: 07-13

Approval Date: FEB 21 2008

Effective Date: 10/01/2007

Supersedes

TN No.: N/A new page