

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

1. TRANSMITTAL NUMBER:

09 - 19

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, 2009

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 435.832(d)  
~~42 CFR 435.725(d)~~ Inc

7. FEDERAL BUDGET IMPACT:

a. FFY 10 \$ -0-  
b. FFY 11 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, page 5

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 2.6-A, page 5

10. SUBJECT OF AMENDMENT:

6 month home maintenance disregard

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:

*Stephen Fitton*

13. TYPED NAME:

Stephen Fitton

14. TITLE:

Acting Director, Medical Services Administration

15. DATE SUBMITTED:

November 6, 2009

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

November 6, 2009

18. DATE APPROVED:

January 8, 2010

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2009

20. SIGNATURE OF REGIONAL OFFICIAL:

*Ala Freund*

21. TYPE NAME:

Verlon Johnson

22. TITLE:

*Acting Associate Regional Administrator*

23. REMARKS:

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

State of MICHIGAN

***Eligibility Conditions and Requirements***

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<u>Citation</u>	<u>Condition or Requirement</u>
	B. Post-Eligibility Treatment of Institutionalized Individuals (continued)
	3. For children, each family member:  AFDC level                   \$ _____ Medically needy level    \$ <u>see Supplement 1</u> Other as follows            \$ _____
	4. Amounts for incurred medical expenses not subject to payment by a third party:  a. Health insurance premiums, deductibles and co-insurance charges;  b. Necessary medical or remedial care not covered under the Medicaid plan (Reasonable limits on amounts are described in Supplement 3 to Attachment 2.6-A).
	5. An amount for maintenance of a single individual's home (includes apartments) for not longer than 6 months, if a physician has certified he or she is likely to return home within that period.  <input checked="" type="checkbox"/> Yes. Amount for maintenance of home \$: an accurately calculated Shelter allowance up to a maximum of \$2,610.00 per month.  <input type="checkbox"/> No
1902(1) of the Act	6. SSI benefits paid under section 1611(e)(1)((E) and (G) of the Act to individuals who receive care in a hospital or NF.

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TN NO.: 09-19

Approval Date: JAN 08 2010    Effective Date: 10/01/2009

Supersedes  
TN No.: 92-03