DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTHCARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 1 2 - 04

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, 2012

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:
1902(a)(10)(A)(ii)(XXI); 1902(ii); 1905(A)(4)(C);
Section 2303 of the ACA

7. FEDERAL BUDGET IMPACT:
a. FFY 2012 $ 561,376
b. FFY 2013 $ 561,376.

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A, Page 2
Attachment 2.2-A, Page 23f (new)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 3.1-A, Page 2

10. SUBJECT OF AMENDMENT:
Family Planning

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:
Stephen Fitton, Director
Medical Services Administration

12. SIGNATUE OF STATE AGENCY OFFICIAL:
Stephen Fitton

13. TYPED NAME:
Stephen Fitton

14. TITLE:
Director, Medical Services Administration

15. DATE SUBMITTED:
April 23, 2012

16. RETURN TO:
Medical Services Administration
Actuarial Division
Capitol Commons Center - 7th Floor
400 South Pine Street
Lansing, Michigan 48933

Attn: Loni Hackney

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPE NAME:

22. TITLE:

23. REMARKS:

State/Territory: Michigan

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

Citation

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: ☐ No limitations ☒ With limitations *

4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

4.c. Family planning services and supplies for individuals of child-bearing age.

Provided: ☐ No limitations ☒ With limitations *

1905(A)(4)(C) 4.c.(i) FAMILY PLANNING SERVICES AND SUPPLIES FOR INDIVIDUALS OF CHILD-BEARING AGE AND FOR INDIVIDUALS ELIGIBLE PURSUANT TO ATTACHMENT 2.2-A, B, IF THIS ELIGIBILITY OPTION IS ELECTED BY THE STATE.

PROVIDED: ☒ NO LIMITATIONS ☐ WITH LIMITATIONS *

4.c.(ii) FAMILY PLANNING-RELATED SERVICES PROVIDED UNDER THE ABOVE STATE ELIGIBILITY OPTION.

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided: ☐ No limitations ☒ With limitations *

b. Medical and surgical services furnished by a dentist (in accordance with Section 1905(a)(5)(8) of the Act).

Provided: ☐ No limitations ☒ With limitations *

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioner within the scope of their practice as defined by State law.

a. Podiatrists' services

Provided: ☐ No limitations ☒ With limitations*

* Description provided on attachment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Covered Groups

Citation	Groups Covered
	B. **Optional Groups Other Than the Medically Needy (Continued).**
1902(a)(10)(A)(ii)(XXI) 1902(ii)	☒ Individuals who are *not* pregnant and whose income does not exceed the State established income standard of **185** % of the Federal Poverty Level. This amount does not exceed the highest income limit for pregnant women in this State Plan, which is **185** % of the Federal Poverty Level.
	☐ In determining eligibility for this group, the State considers only the income of the applicant or recipient.
	Note: Services are limited to family planning services and family planning-related services as described in section 4.c(ii) of Attachment 3.1-A.
1920C	**Presumptive Eligibility for Family Planning:**
	☒ The State provides a period of presumptive eligibility for family planning services to individuals determined by a qualified entity, based on preliminary information from the individual, described in the group the State has elected to make eligible under the above option. The period of presumptive eligibility ends on the earlier of the date a formal determination of Medicaid eligibility is made under 1902(a)(10)(A)(ii)(XXI), or, when no application has been filed, the last day of the month following the month during which the qualified entity determines the individual presumptively eligible.
	☒ In addition to family planning services, the State covers family planning-related services to such individuals during the period of presumptive eligibility.

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

RICK SNYDER
GOVERNOR

OLGA DAZZO
DIRECTOR

December 1, 2011

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Notice of Intent to Submit a State Plan Amendment to Replace the Michigan Medicaid Section 1115 Family Planning Demonstration Waiver entitled Plan First!.

The Michigan Department of Community Health (MDCH) is notifying you of its intent to submit a State Plan Amendment (SPA) in an effort to convert the Family Planning Demonstration Waiver to a state plan benefit.

The MDCH will be converting the Section 1115 Family Planning Demonstration Waiver, entitled Plan First!, to a Medicaid category in compliance with the Centers for Medicare and Medicaid Services (CMS) directives. If approved by CMS, this amendment will allow MDCH to add additional family planning services, expand services to men, and ease the administrative processes of the program.

Should you have any questions or comments regarding this Notice of Intent, you may submit them via e-mail to msapolicy@michigan.gov. If you would like to discuss this Notice of Intent, please contact Mary Anne Tribble, Medicaid Liaison to the Michigan Tribes. Mary Anne can be reached at (517) 241-7185 or via e-mail at tribblema@michigan.gov.

There is no public hearing scheduled for this State Plan Amendment Request.

Sincerely,

Stephen Fitton

Stephen Fitton, Director
Medical Services Administration

cc: Pamela Carson, Region V, CMS
Leslie Campbell, Region V, CMS
Jerilyn Church, American Indian Health and Family Services of Southeastern Michigan
L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc.
Jenny Jenkins, Acting Area Director, Indian Health Service - Bemidji Area Office
Mary Anne Tribble, MDCH

Distribution List for L 11-41
December 1, 2011

Mr. Jeffrey D. Parker, President, Bay Mills Indian Community
Ms. Laurel Keenan, Health Director, Bay Mills (Ellen Marshall Memorial Center)
Mr. Derek J. Bailey, Tribal Chairman, Grand Traverse Band Ottawa & Chippewa Indians
Ms. Loi Chambers, Health Director, Grand Traverse Band Ottawa/Chippewa
Mr. Kenneth Meshigaud, Tribal Chairman, Hannahville Indian Community
Ms. G. Susie Meshigaud, Health Director, Hannahville Health Center
Mr. W. Chris Swartz, President, Keweenaw Bay Indian Community
Ms. Carole LaPointe, Health Director, Keweenaw Bay Indian Community - Donald Lapointe Health/Educ Facility
Mr. Alan Shively, Tribal Chairman, Lac Vieux Desert Band of Lake Superior Chippewa Indians
Ms. Terry Fox, Health Director, Lac Vieux Desert Band
Mr. Larry Romanelli, Ogema, Little River Band of Ottawa Indians
Mr. Bob Davis, Health Director, Little River Band of Ottawa Indians
Mr. Dexter McNamara, Tribal Chairman, Little Traverse Bay Band of Odawa Indians
Ms. Sharon Sierzputowski, Health Director, Little Traverse Bay Band of Odawa
Mr. DK Sprague, Tribal Chairman, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)
Ms. Phyllis Davis, Health Director, Match-E-Be-Nash-She-Wish Potawatomi
Mr. Homer Mandoka, Vice Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians
Mr. Jon Gardner, Health Director, Huron Potawatomi Inc.- Tribal Health Department
Mr. Matt Wesaw, Tribal Chairman, Pokagon Band of Potawatomi Indians
Mr. Arthur Culpepper, Health Director, Pokagon Potawatomi Health Services
Mr. Dennis V. Kequom Sr, Tribal Chief, Saginaw Chippewa Indian Tribe
Ms. Gail George, Health Director, Nimkee Memorial Wellness Center
Mr. Lana Causley, Tribal Chairman, Sault Ste. Marie Tribe of Chippewa Indians
Ms. Bonnie Culfa, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

CC:

Pamela Carson, Region V, CMS
Leslie Campbell, Region V, CMS
Jerilyn Church, American Indian Health and Family Services of Southeastern Michigan
L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc.
Jenny Jenkins, Acting Area Director, Indian Health Service - Bemidji Area Office
Mary Anne Tribble, MDCH