



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

RICK SNYDER
GOVERNOR

JAMES K. HAVEMAN
DIRECTOR

May 22, 2014

Ms. Verlon Johnson
Associate Regional Administrator
Division of Medicaid and Children's Health Operations
Centers for Medicare and Medicaid Services
Department of Health and Human Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601

Dear Ms. Johnson:

At this time, the Michigan Department of Community Health, Medical Services Administration has determined not to pursue our State Plan Amendment (SPA) 12-04, Family Planning. We ask that you accept this letter as our formal request to withdraw the SPA.

We appreciate the assistance provided by the Centers for Medicare and Medicaid Service's staff during the development of this SPA.

Should you have any questions, please do not hesitate to contact Loni Hackney, of my staff, at 517-335-5303.

Sincerely,

A handwritten signature in cursive script that reads "Stephen Fitton".

Stephen Fitton, Director
Medical Services Administration

cc: Verlon Johnson
Leslie Campbell
Mary Anne McGuire
Mara Siler-Price
Carolyn Brown

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

12 - 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

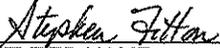
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

Stephen Fitton, Director

Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:



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.

TN NO.: 12-04

Approval Date: _____

Effective Date: 10/01/2012

Supersedes
TN No.: 93-29

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Covered Groups

| Citation | Groups Covered |
|---|--|
| 1902(a)(10)(A) (ii)(XXI) 1902(ii) | <p>B. Optional Groups Other Than the Medically Needy (Continued).</p> <p><input checked="" type="checkbox"/> Individuals who are <i>not</i> 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.</p> <p><input type="checkbox"/> In determining eligibility for this group, the State considers only the income of the applicant or recipient.</p> <p>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.</p> |
| 1920C | <p>Presumptive Eligibility for Family Planning:</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> In addition to family planning services, the State covers family planning-related services to such individuals during the period of presumptive eligibility.</p> |

TN NO.: 12-04

Approval Date: _____

Effective Date: 10/01/2012

Supersedes
TN No.: N/A New Page



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, 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