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State/Territory Name: MI

State Plan Amendment (SPA) #: 15-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Chicago Regional Office
233 N. Michigan
Suite 600
Chicago, Illinois 60601



July 28, 2015

Kathy Stiffler, Acting Director
Medical Services Administration
Michigan Department of Health and Human Services
400 South Pine Street, P.O. Box 30479
Lansing, Michigan 48909-7979

ATTN: Erin Black

Dear Ms. Stiffler:

Enclosed for your records is an approved copy of the following State Plan Amendment:

- Transmittal #: 15-0005 – Pharmacy Administration of Vaccines
- Effective: June 1, 2015

If you have any questions, please contact Leslie Campbell at (312) 353-1557 or Leslie.Campbell@cms.hhs.gov.

Sincerely,

/s/ Alan Freund, acting

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

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

| | |
|---|-----------------------|
| 1. TRANSMITTAL NUMBER: 15 - 0005 | 2. STATE: Michigan |
| 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| 4. PROPOSED EFFECTIVE DATE June 1, 2015 | |

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

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 430.12(c) | 7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$0 b. FFY 2016 \$0 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1-A, Page 17a.1 Attachment 4.19-B, Page 6f | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement to Attachment 3.1-A, Page 17a.1 Attachment 4.19-B, Page 6f |

10. SUBJECT OF AMENDMENT:
Allows pharmacy providers to administer recommended vaccines to beneficiaries.

11. GOVERNOR'S REVIEW (Check One):

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

| | |
|---|--|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | 16. RETURN TO: Medical Services Administration Actuarial Division - Federal Liaison Capitol Commons Center - 7 th Floor 400 South Pine Lansing, Michigan 48933 Attn: Erin Black |
| 13. TYPED NAME: Stephen Fitton | |
| 14. TITLE: Director, Medical Services Administration | |
| 15. DATE SUBMITTED: May 19, 2015 | |

| FOR REGIONAL OFFICE USE ONLY | |
|------------------------------------|------------------------------------|
| 17. DATE RECEIVED: May 19, 2015 | 18 DATE APPROVED: July 28, 2015 |

| PLAN APPROVED – ONE COPY ATTACHED | |
|--|---|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: June 1, 2015 | 20. SIGNATURE OF REGIONAL OFFICIAL: /s/ |
| 21. TYPE NAME: Alan Freund | 22. TITLE: Acting Associate Regional Administrator |

23. REMARKS:

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***

6. Medical Care Furnished by Practitioners within the Scope of their Practice as Defined by State Law
(continued)

d. Other Practitioner Services (continued)

Pharmacists ~ Effective June 1, 2015, the administration of vaccines is covered when provided by a licensed pharmacist as authorized by the State within their scope of practice.

TN NO.: 15-0005

Approval Date: 7/28/15

Effective Date: 6/01/2015

Supersedes

TN No.: 09-17

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Policy and Methods for Establishing Payment Rates
(Other than Inpatient Hospital and Long-Term Care Facilities)***

16. Other Services (continued)

Vaccinations –

Effective for services provided on or after June 1, 2015, the administration of vaccines is reimbursed the lesser of the Medicaid fee screen or the provider's usual and customary charge minus any third party payment. The provider's usual and customary charge should be the fee most frequently charged to patients. The payment rate is uniform for private and governmental providers. The Michigan Medicaid fee schedule effective June 1, 2015, may be found at www.michigan.gov/medicaidproviders.

TN NO.: 15-0005

Approval Date: 7/28/15

Effective Date: 6/01/2015

Supersedes

TN No.: 09-17