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State/Territory Name: MI

State Plan Amendment (SPA) #: 09-003

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

MAR 09 2010

Stephen Fitton, Director
Medical Services Administration
Federal Liaison Unit
Michigan Department of Community Health
400 South Pine
Lansing, Michigan 48933

ATTN: Nancy Bishop


Dear Mr. Fitton:

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

- Transmittal #09-03 Patient pay amounts for purchase of non-covered services. This SPA proposes to place reasonable limits on the amounts of incurred necessary medical and remedial care expenses recognized under State law, but not covered under the State Plan.
- Effective July 1, 2009

Please be aware that when the State submits a State Plan Amendment or waiver proposal, waiver renewal, waiver extension or waiver amendment that may impact Indians or Indian health providers, CMS will look for evidence that the State consulted with the tribes and Indian health providers in the State prior to submission of the change to the Medicaid or CHIP program, pursuant to section 1902(a)(73) of the Act added by section 5006(e) of the Recovery and Reinvestment Act of 2009. This consultation must include all federally recognized tribes and Indian health providers within the State. Indian health providers include the Indian Health Service, Tribal health programs operating under P.L. 93-638 and Urban Indian organizations within the State. If you have any questions, please contact Leslie Campbell at (312) 353-1557 or Leslie.Campbell@cms.hhs.gov.

Sincerely,


Verlon Johnson
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

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

1. TRANSMITTAL NUMBER:

09 - 03

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
July 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 435.725(d)

7. FEDERAL BUDGET IMPACT:

a. FFY 09 \$ -0-
b. FFY 10 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Inc
Supplement to Attachment 2.6-A, page 1
Supplement 3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Supplement to Attachment 2.6-A, page 1

10. SUBJECT OF AMENDMENT:

Patient pay amounts for purchase of non-covered services

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:

13. TYPED NAME:
Stephen Fitton

14. TITLE:
Acting Director, Medical Services Administration

15. DATE SUBMITTED:
September 2, 2009

16. RETURN TO:

Medical Services Administration
Program/Eligibility Policy Division - Federal Liaison Unit
Capitol Commons Center - 7th Floor
400 South Pine
Lansing, Michigan 48933

Attn: Nancy Bishop

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 2, 2009

18 DATE APPROVED:

MAR 09 2010

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2009

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

***Reasonable Limits on Amounts for Necessary Medical or Remedial Care
not Covered under Medicaid***

Reasonable and necessary medical expenses not covered by Medicaid, incurred in the 3 month period prior to the month of application are allowable deductions. Expenses incurred prior to this three month period are not allowable deductions.

Medical and remedial expenses incurred as the result of imposition of a transfer of asset penalty period are limited to zero, unless application of these limits would result in undue hardship.

An undue hardship exists when the beneficiary's physician (M.D. or D.O.) says necessary medical care is not being provided and the client needs treatment for an emergency condition.

TN NO.: 09-03

Approval Date: MAR 09 2010

Effective Date: 07/01/2009

Supersedes
TN No.: 91-36