DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTHCARE FINANCING ADMINISTRATION	FORM APPROV OMB NO. 0938-01	
	1. TRANSMITTAL NUMBER: 2. STATE:	
TRANSMITTAL AND NOTICE OF APPROVAL OF	0 9 - 0 6 Michigan	
STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL	_
	SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH FINANCING ADMINISTRATION DEPARTMENT OF HUMAN SERVICES	January 1, 2009	
5. TYPE OF PLAN MATERIAL (Check One):		_
☐ NEW STATE PLAN ☐ AMENDMENT TO		
	D BE CONSIDERED AS NEW PLAN AMENDMENT	
<u> </u>	IENDMENT (Separate Transmittal for each amendment)	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447, Subpart C	7. FEDERAL BUDGET IMPACT: a. FFY 09 \$ 17,000,000.00	
•	b. FFY 10 \$ 21,250,000.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION	
Attachment 4.19-D, Section IV, page 25	OR ATTACHMENT (If Applicable):	
	N/A - new page	
40 OUDJECT OF AMENDUENE		
10. SUBJECT OF AMENDMENT:		
County Medical Care Facilities - special payments		
11. GOVERNOR'S REVIEW (Check One):		
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Paul Reinhart, Director		
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA	Medical Services Administration	
12. SIGNATUE OF STATE AGENCY OFFICIAL:	6. RETURN TO:	—
Atypha Fillon		
10. I II ED IVAIIE.	Medical Services Administration Program/Eligibility Policy Division - Federal Liaison Unit Capitol Commons Center - 7 <sup>th</sup> Floor 400 South Pine Lansing, Michigan 48933	
14. TITLE:		
15. DATE SUBMITTED: March 19, 2009	Attn: Nancy Bishop	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTHCARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193	
	1. TRANSMITTAL NUMBER:	2. STATE:	
TRANSMITTAL AND NOTICE OF APPROVAL OF		2.2.2.2	
STATE PLAN MATERIAL	0 9 - 0 6 3. PROGRAM IDENTIFICATION: TITLE	Michigan	
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)	XIX OF THE SOCIAL	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH FINANCING ADMINISTRATION DEPARTMENT OF HUMAN SERVICES	January 1, 2009		
5. TYPE OF PLAN MATERIAL (Check One):			
☐ NEW STATE PLAN ☐ AMENDMENT TO	O BE CONSIDERED AS NEW PLAN		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AI	MENDMENT (Separate Transmittal for each a	amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:		
42 CFR 447, Subpart C		,000,000.00	
		,250,000.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEI	DED PLAN SECTION	
Attachment 4.19-D, Section IV, page 25, 26, 27	OR ATTACHMENT (If Applicable):	•	
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	M OTHER AS SPECIEIED.		
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED: Paul Reinhart, Director		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		tration	
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITT	AL Wedical Cervices Adminis	dauon	
12. SIGNATUE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
Stephen Fetter			
13. TYPED NAME:	edical Services Administration		
Stephen Fitton	rogram/Eligibility Policy Division - Federal Liaison Unit		
	apitol Commons Center - 7 <sup>th</sup> Floor		
	0 South Pine		
	Lensing, Michigan 48933		
15. DATE SUBMITTED:	A through the state of the stat		
March 19, 2009	Attn: Nancy Bishop		
FOR REC	GIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED	: IAN a a ania	
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19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF R	EGIONAL OFFICIAL:	
19. EFFECTIVE DATE OF APPROVED MATERIAL:  JAN - 1 2009		DOIOTHE OTT TOTALE.	
21. TYPED NAME: \ \	22. TITLE:		
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23. REMARKS: Pen & int Change	made in money	Ü	
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