

## **Table of Contents**

**State/Territory Name: MI**

**State Plan Amendment (SPA) #: 14-012**

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  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



**Disabled & Elderly Health Programs Group**

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August 1, 2014

Stephen Fitton  
Director, Medical Services Administration  
Actuarial Division  
Capitol Commons Center – 7<sup>th</sup> Floor  
400 South Pine Street  
Lansing, Michigan 48933

Attention: Loni Hackney

Dear Mr. Fitton,

We have reviewed Michigan's State Plan Amendment (SPA) 14-012 received in the Chicago regional office on June 30, 2014. This amendment proposed a removal of the optional coverage of benzodiazepines, barbiturates and smoking cessation medications from the excludable drug category. This change would make these drug categories covered for Michigan's Medicaid beneficiaries.

We are pleased to inform you that the amendment is approved with an effective date of April 1, 2014. A copy of the CMS-179 form, as well as the page(s) approved for incorporation into the Michigan's state plan, will be forwarded to you by the Chicago regional office. If you have any questions regarding this amendment, please contact Emeka Egwim at (410) 786-1092.

Sincerely,

/s/

Joseph L. Fine  
Acting Director  
Division of Pharmacy

cc: Verlon Johnson, ARA, Chicago Regional Office  
Trish O'Keefe, Michigan Department of Community Health  
Leslie Campbell, Chicago Regional Office

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

1. TRANSMITTAL NUMBER:  
14 - 012

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  
April 1, 2014

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:  
1927(d)(2) and 1935(d)(2)

7. FEDERAL BUDGET IMPACT:  
a. FFY 2014 \$ (32,500)  
b. FFY 2015 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 3.1-A.1, Page 2


9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Attachment 3.1-A.1, Page 2

10. SUBJECT OF AMENDMENT:

This SPA is submitted in order to align Michigan Medicaid coverage consistent with Affordable Care Act (ACA) outpatient drug coverage.

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:  


13. TYPED NAME:  
Stephen Fitton

14. TITLE:  
Director, Medical Services Administration

15. DATE SUBMITTED:  
June 30, 2014

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:  
June 30, 2014

18. DATE APPROVED:  
August 1, 2014

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
April 1, 2014

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

**Requirements Relating to Covered Outpatient Drugs  
For the Categorically and Medically Needy**

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| Citation(s)                  | Provision(s)   |
|------------------------------|--|
| 1927(d)(2) and<br>1935(d)(2) | <p>1. The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit – Part D</p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> The following excluded drugs are covered:<ul style="list-style-type: none"><li><input type="checkbox"/> (a) agents when used for anorexia, weight loss, weight gain (see specific drug categories below)</li><li><input type="checkbox"/> (b) agents when used to promote fertility (see specific drug categories below)</li><li><input type="checkbox"/> (c) agents when used for cosmetic purposes or hair growth (see specific drug categories below)</li><li><input type="checkbox"/> (d) agents when used for the symptomatic relief cough and colds (see specific categories below)</li><li><input checked="" type="checkbox"/> (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride (see specific categories below)</li><li><input checked="" type="checkbox"/> (f) nonprescription drugs (see specific categories below)</li><li>- (g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)</li></ul></li></ul> <p>Specific category of drugs:</p> <ul style="list-style-type: none"><li>- Vitamin and mineral products (except prenatal vitamins and fluoride) prescribed by a physician to treat a specific diagnosed deficiency.</li><li>- Select over-the-counter (OTC) "drugs" limited to analgesic/antipyretics, antihistamines, dermatological, family planning, gastrointestinal, ophthalmic, otic, and vaginal antifungals.</li></ul> <p><input type="checkbox"/> No excluded drugs are covered</p> |

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TN NO.: 14-012

Approval Date: 8/1/14

Effective Date: 4/1/2014

Supersedes  
TN No.: 13-09