FORM APPROVED OMB NO. 0938-0193

HEALTHCARE FINANCING ADMINISTRATION		OIVID INO. 0936-019-
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER: 1 3 - 05	2. STATE:
STATE PLAN MATERIAL		Michigan
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	January 1, 2013	
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:	7. FEDERAL BUDGET IMPACT:	
42 CFR 435.832(d)	a. FFY 2012 \$ 0	
42 CFR 435.725(d)	b. FFY 2013 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED	PLAN SECTION
Attachment 2.6-A, Page 5	OR ATTACHMENT (If Applicable):	
Attachment 2.6-A, Page 5		
	Attachment 2.0-A, 1 age 3	
10. SUBJECT OF AMENDMENT:		
This amendment changes the amount allowed for home maintenance from a fixed dollar amount to an amount that is tied to the Federal SSI benefit rate.		
11. GOVERNOR'S REVIEW (Check One):		
M OTHER AS OFFICE		
Ctaphan Fittan Director		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Stephen Fitton, Director		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Medical Services Administration		
40 DETUDUTO		
12. SIGNATUE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
Xtepken Fitton		
13 TYPED NAME:	edical Services Administration	
Stephen Fitton	ctuarial Division	
	apitol Commons Center - 7th Floor	
14. TITLE:	00 South Pine Street	
Director, Medical Services Administration	ansing, Michigan 48933	
15. DATE SUBMITTED:	3, · · · · · · · · · · · · · · · · · · ·	
	Attn: Loni Hackney	
Watch 29, 2013	7ttiii. Loiii Flackiicy	
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18 DATE APPROVED:	
March 29, 2013	April 17, 2013	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 20. SIGNATURE OF REGIONAL OFFICIAL:		
	20. SIGNATURE OF REGIONAL OFFICIAL.	
January 1, 2013	Han treund	
21. TYPE NAME:	22. TITLE:	
	Acting Associate Regional Administrator	
Alan Freund	Totalig / 10000lato Proglotiai / tallillist	ilatoi
23. REMARKS:		