

## **Table of Contents**

**State/Territory Name: MI**

**State Plan Amendment (SPA) #: 16-0017**

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



---

March 10, 2017

Chris Priest, State Medicaid 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 Mr. Priest:

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

- Transmittal #: 16-0017: Prevention Services
- Effective Date: July 1, 2017
- Approval Date: March 10, 2017

If you have any questions, please contact Keri Toback at (312) 353-1754 or [keri.toback@cms.hhs.gov](mailto:keri.toback@cms.hhs.gov).

Sincerely,

/s/

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

cc: Erin Black, MDHHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

16 - 0017

2. STATE:

Michigan

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH FINANCING ADMINISTRATION  
DEPARTMENT OF HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2017

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 440.130

7. FEDERAL BUDGET IMPACT:

a. FFY 2017 \$13,700

b. FFY 2018 \$54,900

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 6

Supplement to Attachment 3.1-A, Page 26

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):

Attachment 3.1-A, Page 6

Supplement to Attachment 3.1-A, Page 26

10. SUBJECT OF AMENDMENT:

Adds language regarding coverage parameters for prevention care services to the State Plan.

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:

Chris Priest, Director

Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Chris Priest

14. TITLE:

Director, Medical Services Administration

15. DATE SUBMITTED:

December 27, 2016

16. RETURN TO:

Medical Services Administration  
Actuarial Division - Federal Liaison  
Capitol Commons Center - 7<sup>th</sup> Floor  
400 South Pine  
Lansing, Michigan 48933

Attn: Erin Black

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

December 27, 2016

18. DATE APPROVED:

March 10, 2017

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPE NAME:

Ruth A. Hughes

22. TITLE:

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***

---

b. Screening services

Provided:       No limitations                       With limitations\*  
 Not Provided

c. Preventive services

Provided:       No limitations                       With limitations\*  
 Not Provided

d. Rehabilitative services

Provided:       No limitations                       With limitations\*  
 Not Provided

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services

Provided:       No limitations                       With limitations\*  
 Not Provided

b. Skilled nursing facility services

Provided:       No limitations                       With limitations\*  
 Not Provided

c. Intermediate care facility services.

Provided:       No limitations                       With limitations\*  
 Not Provided

\*Descriptions provided on attachment

---

TN NO.: 16-0017

Approval Date: 03/10/2017    Effective Date: 07/01/2017

Supersedes  
TN No.: 10-01

## 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***

---

#### 13. OTHER DIAGNOSTIC, SCREENING, PREVENTIVE AND REHABILITATIVE SERVICES

a. **Diagnostic Services** Provided With Limitations

The program covers medically necessary diagnostic services when provided in accordance with currently accepted standards of medical or professional practice.

b. **Screening services** Provided With limitations

The program covers medically necessary screening services when provided in accordance with currently accepted standards of medical or professional practice.

c. **Preventive Services** – Provided With limitations

The program covers medically necessary preventive services when provided in accordance with currently accepted standards of medical or professional practice.

The program covers one preventive medicine visit annually. Additional visits may be covered per recommended clinical guidelines.

All United States Preventive Services Task Force (USPSTF) Grade A and B preventive services and approved vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), and their administration, are covered without beneficiary cost sharing.

In compliance with Section 4106 of the Affordable Care Act, the State assures that it has a method in place to update coverage and billing codes to comply with any changes made to USPSTF or ACIP recommendations. Additionally, the State assures that it has documentation to support the claiming of any additional federal match for such services.

d. **Rehabilitative Services**

1) **Substance abuse rehabilitation services**

The program covers medically necessary rehabilitation services for persons with a chemical dependency diagnosis. Medical necessity is documented by physician referral or approval of the treatment plan.

Services may be provided in residential settings or on an outpatient basis. Reimbursement will be excluded for rehabilitation services provided to any individual who is a patient in an IMD.

Substance Abuse Treatment Programs have been defined as those meeting the following criteria which assure that providers have the capacity to provide services but do not restrict client freedom of choice: