

Table of Contents

State/Territory Name: MI

State Plan Amendment (SPA) #: 16-0120

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



November 23, 2016

Chris Priest, 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 a copy of the State Plan Amendment 16-0120 approved on September 22, 2016.

- Transmittal #: 16-0120: Single State Agency
- Effective: April 1, 2016

This approval package follows the formal approval sent to the state on September 22, 2016 from the Medicaid Model Data Laboratory (MMDL) system.

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

Sincerely,

/s/

Mara Siler-Price
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

Medicaid State Plan Eligibility

Medicaid State Plan Eligibility: General Information

State/Territory name: Michigan
Transmittal Number: MI-16-0120

General Information:

Submission Title:

short (under 100 characters) label used to identify this submission in the web application

MI Single State Agency (MI 16-0120)

PDFs superseded by this SPA

(Include Transmittal Number):

PDFs A1-A3 of State Plan Administration Designation and Authority (MI 13-0130)

Description:

Addresses the single state agency designation and authority.

Changes are made with this amendment 01 to update the designation to recognize the Michigan Department of Health and Human Services(MDHHS) as the single state agency to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act.

Medicaid State Plan Eligibility: File Management Summary

State/Territory name: Michigan
Transmittal Number: MI-16-0120

Type of SPA	Form Code	Form Name/Description	Uploaded?
MAGI-Based Eligibility Groups	S14	AFDC Income Standard	no
MAGI-Based Eligibility Groups	S25	Mandatory: Parents and Other Caretakers	no
MAGI-Based Eligibility Groups	S28	Mandatory: Pregnant Women	no
MAGI-Based Eligibility Groups	S30	Mandatory: Infants and Children Under Age 19	no
MAGI-Based Eligibility Groups	S32	Mandatory: Individuals Below 133% of the FPL	no
MAGI-Based Eligibility Groups	S33	Mandatory: Former Foster Care Children up to age 26	no
MAGI-Based Eligibility Groups	S50	Optional: Individuals Above 133% of the FPL	no
MAGI-Based Eligibility Groups	S51	Optional: Optional Parents and Caretakers	no

Type of SPA	Form Code	Form Name/Description	Uploaded?
MAGI-Based Eligibility Groups	S52	Optional: Reasonable Classifications of Individuals	no
MAGI-Based Eligibility Groups	S53	Optional: Non IV-E Adoption Assistance	no
MAGI-Based Eligibility Groups	S54	Optional: Optional Targeted Low Income Children	no
MAGI-Based Eligibility Groups	S55	Optional: Tuberculosis	no
MAGI-Based Eligibility Groups	S57	Optional: Foster Care Adolescents - Chafee	no
MAGI-Based Eligibility Groups	S59	Optional: Family Planning	no
Eligibility Process	S94	Single streamlined application or alternative, Renewals, Coordination for enrollment and eligibility (agreements with Exchanges)	no
MAGI Income Methodology	S10	Designates the income options the state is electing in 2014 (e.g. how pregnant women are counted, reasonably predictable changes in income, cash support, how full-time students are counted)	no
Single State Agency	A1-3	Addresses single state agencies delegation of appeals and determinations	yes
Residency	S88	State affirms residency regulations and addresses interstate agreements and temporary absence	no
Citizenship & Immigration Status	S89	State affirms citizenship regulations, specifies reasonable opportunity options, and specifies policy options related to immigrant eligibility	no
Hospital Presumptive Eligibility	S21	State specifies options for presumptive eligibility conducted by hospitals	no
Marriage Policy	S12	Medicaid Eligibility Marriage Policy	no

Medicaid State Plan Eligibility: File Management Detail

Form S14: AFDC Income Standards

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S25: Eligibility Groups - Mandatory Coverage: Parents and Other Caretaker Relatives

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S28: Eligibility Groups - Mandatory Coverage: Pregnant Women

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S30: Eligibility Groups - Mandatory Coverage: Infants and Children under Age 19

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S32: Eligibility Groups - Mandatory Coverage: Adult Group

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Form S33: Eligibility Groups - Mandatory Coverage: Former Foster Care Children

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Form S50: Eligibility Groups - Options for Coverage: Individuals above 133% FPL

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Form S51: Eligibility Groups - Options for Coverage: Optional Coverage of Parents and Other Caretaker Relatives

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Form S52: Eligibility Groups - Options for Coverage: Reasonable Classification of Individuals under Age 21

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S53: Eligibility Groups - Options for Coverage: Children with Non IV-E Adoption Assistance

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S54: Eligibility Groups - Options for Coverage: Optional Targeted Low Income Children

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S55: Eligibility Groups - Options for Coverage: Individuals with Tuberculosis

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S57: Eligibility Groups - Options for Coverage: Independent Foster Care Adolescents

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S59: Eligibility Groups - Options for Coverage: Individuals Eligible for Family Planning Services

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S94: General Eligibility Requirements: Eligibility Process

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S10: MAGI-Based Income Methodologies

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form A1-3: Medicaid Administration: Single State Agency

Form Description:

State Plan Administration Designation and Authority (A1, A2, A3)

Uploaded Form:

Date Uploaded: 09/21/2016

SPA 16-120 Single State Agency A1-A3 Revised 9-20-16.pdf

Support Documents

Document
Please provide a short description of this support document: Organizational structure for the Michigan Department of Community Health(MDCH), Department of Licensing and Regulatory Affairs (LARA), and the State of Michigan. Uploaded Document Name: Date Uploaded: 09/21/2016 MDHHS and State OrgChart August 2016 SSA SPA.pdf
Please provide a short description of this support document: Attorney General Certification of Single State Agency Uploaded Document Name: Date Uploaded: 06/27/2016 Final AG Certification.pdf

Form S88: Non-Financial Eligibility: State Residency

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S89: Non-Financial Eligibility: Citizenship and Non-Citizen Eligibility

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S21: Presumptive Eligibility by Hospitals

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S12: Medicaid Eligibility Marriage Policy

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Medicaid State Plan Eligibility: Tribal Input

State/Territory name:

Michigan

Transmittal Number:

MI-16-0120

☒ One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this State.

☐ This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.

- ☒ The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.

Complete the following information regarding any tribal consultation conducted with respect to this submission:

Tribal consultation was conducted in the following manner. States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- ☐ Indian Tribes
☐ Indian Health Programs
☐ Urban Indian Organization

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Document	
Please provide a short description of this support document: Michigan's Tribal Notification Letter, dated 6-24-13 Uploaded Document Name: _____ Date Uploaded: 09/13/2013	
Tribal Notification Letter - 6-24-13 (L-13-34).pdf	
Please provide a short description of this support document: Michigan's Tribal Notification Letter, dated 4-29-16 Uploaded Document Name: _____ Date Uploaded: _____	
L 16-29.pdf	

Indicate the key issues raised in Indian consultative activities:

- ☐ Access

Summarize Comments

Summarize Response

- ☐ Quality

Summarize Comments

Summarize Response

- ☐ Cost

Summarize Comments

Summarize Response

- ☐ Payment methodology

Summarize Comments

	< >
Summarize Response	< >
	< >
☐ Eligibility	
Summarize Comments	< >
	< >
Summarize Response	< >
	< >
☐ Benefits	
Summarize Comments	< >
	< >
Summarize Response	< >
	< >
☐ Service delivery	
Summarize Comments	< >
	< >
Summarize Response	< >
	< >
☐ Other Issue	

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: **Michigan**

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

MI-16-0120

Proposed Effective Date

04/01/2016

(mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 431.10, 431.11, 431.12, 431.50

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2016	\$0.00
Second Year	2017	\$0.00

Subject of Amendment

TN No: MI 16-0120
Michigan

Approval Date: 9/22/16
Effective Date: 4/1/16

Updates the designation to recognize the Michigan Department of Health and Human Services(MDHHS) as the single state agency to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act.

Governor's Office Review

☐ Governor's office reported no comment

☐ Comments of Governor's office received

Describe:

☐ No reply received within 45 days of submittal

☒ Other, as specified

Describe:

Chris Priest, Director

Medical Services Administration

Signature of State Agency Official

Submitted By:	Erin Black
Last Revision Date:	Sep 21, 2016
Submit Date:	Jun 27, 2016

Date Received:

6/2 /16

Effective Date of Approved Material:

April 1, 2016

Typed Name:

Ruth A. Hughes

Date Approved:

9/22/16

Signature of Regional Official:

/s/

Title:

Associate Regional Administrator



Medicaid Administration

State Name:

OMB Control Number: 0938-1148

Transmittal Number: MI - 16 - 0120

Expiration date: 10/31/2014

State Plan Administration Designation and Authority

A1

42 CFR 431.10

Designation and Authority

State Name:

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Type of Agency:

- ☐ Title IV-A Agency
☐ Health
☐ Human Resources
☒ Other

Type of Agency

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

The single state agency supervises the administration of the state plan by local political subdivisions.

☐ Yes ☒ No

☒ The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

☐ Yes ☒ No



Medicaid Administration

- ☒ Waivers of the single state agency requirement have been granted under authority of the Intergovernmental Cooperation Act of 1968.

The waivers are still in effect.

☒ Yes ☐ No

Enter the following information for each waiver:

Remove

Date waiver granted (MM/DD/YY): 04/07/14

The type of responsibility delegated is (check all that apply):

- ☐ Determining eligibility
☒ Conducting fair hearings
☐ Other

Name of state agency to which responsibility is delegated:

Department of Licensing and Regulatory Affairs

Describe the organizational arrangement authorized, the nature and extent of responsibility for program administration delegated to the above named agency, and the resources and/or services of such agency to be utilized in administration of the plan:

The agreement MDHHS has with LARA is under the ICA waiver and is not a delegation under CMS Rules 42 CFR 431.10. LARA is responsible for providing administrative hearings to appellants requesting a hearing following a decision made by MDHHS or an MDHHS contracted agency. MDHHS and LARA jointly conduct operations to the extent necessary to assure MDHHS control over Medicaid decisions and fair hearings. The agreement between MDHHS and LARA assures MDHHS control over all Medicaid fair hearings. MDHHS has delegated to LARA the authority to issue decisions entitled Decisions and Orders (D & Os) for only certain case types.

The methods for coordinating responsibilities among the agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

Decisions and Orders are forwarded to MDHHS staff for review from LARA. MDHHS has a specified period of time to review the Decisions and Orders.

MDHHS retains oversight of the State Plan and monitors the entire appeals process, including the quality and accuracy of all final decisions issued by LARA. MDHHS will ensure that every applicant and beneficiary is informed in writing of the fair hearing process, how to contact LARA and how to obtain information about requesting a fair hearing from the agency. MDHHS will ensure that LARA complies with all federal and state laws, regulations, policies and guidance covering the Medicaid program.

MDHHS retains final authority to change or modify a particular individual decision. The MDHHS review is limited to conclusions of law.

Add

- ☐ The agency that administers or supervises the administration of the plan under Title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that portion of this plan related to blind individuals.



Medicaid Administration

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- ☒ The Medicaid agency
- ☐ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- ☒ The Medicaid agency
- ☐ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☒ The Federal agency administering the SSI program

Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

- ☒ Medicaid agency
- ☐ Title IV-A agency
- ☐ An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- ☒ Medicaid agency
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☐ An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

☒ Yes ☐ No

State Plan Administration

Organization and Administration

A2

42 CFR 431.10

42 CFR 431.11

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

The Michigan Department of Health and Human Services(MDHHS) is designated as Michigan's single state agency. MDHHS is responsible for health policy and management of public-funded health services systems. MDHHS plans and delivers services through a number of integrated components including Medicaid. MDHHS is responsible for all aspects of the Medicaid and CHIP programs, including the development of all eligibility, provider, and payment policies, the administration of the MMIS system, contract management, sub-recipient monitoring, and oversight over the administrative hearings process. MDHHS is Michigan's



Medicaid Administration

public assistance, child and family welfare agency. MDHHS also serves as Michigan's IV-A agency. MDHHS directs the operations of public assistance and service programs through a network of county offices around the state. MDHHS is the designated entity responsible for determining Medicaid eligibility. MDHHS also works with the Department of Licensing and Regulatory Affairs (LARA) to administer the Medicaid Program. LARA, which administers the administrative fair hearing system for MDHHS, is responsible for providing administrative hearings to appellants requesting a hearing who do not agree with a decision made by MDHHS or an MDHHS contracted agency. The Bureau of Medicaid Policy and the Bureau of Medicaid Operations both review decisions from LARA.

SENIOR CHIEF DEPUTY DIRECTOR

The Senior Chief Deputy Director is responsible for directing the activities of all employees and programs within the Department, as well as responsible for assisting the Director in the formulation and implementation of policies and programs that are critical to the mission of the Department. The Senior Chief Deputy Director has direct supervision of the Department's Deputy Directors as well as the Bureau of Legal and Policy Affairs. This includes the day-to-day operations of the Department. This position takes a lead role in the Department's infrastructure development and for assuring appropriate outcomes for Department-wide committees and work groups related to the infrastructure.

MEDICAL SERVICES ADMINISTRATION

Oversees the Healthy Michigan Plan, MIChild and Medicaid-related programs providing health services for eligible Michigan residents. MSA's primary responsibility is oversight of Michigan's Medicaid program. Medicaid provides medical assistance for low-income residents who meet certain eligibility criteria. The program pays for a broad range of services, such as inpatient and outpatient hospital care, physician visits, drugs, nursing home care, durable medical equipment, and mental health services. Medicaid comprises more than two-thirds of MDHHS's budget. More than half of the Medicaid beneficiaries receiving services are children. The current Medicaid caseload is over 2.3 million people—the highest ever for the program. Approximately ninety-six per cent of Medicaid beneficiaries are enrolled in managed care.

The Bureau of Medicaid Policy and Health System Innovation is responsible for the development, coordination and promulgation of policy related to Medicaid and other health care programs. Assistance with policy promulgation is also provided for programs in the areas of public health and behavioral health managed by other administrations within MDHHS. This bureau also handles long-term care policy and the management of various long-term care programs including the MI Choice Home and Community Based Waiver, Program for All Inclusive Care for the Elderly (PACE), and MI Health Link, a demonstration program to integrate care for people who are dually eligible for Medicare and Medicaid. Certain elements of the Home Help (personal care services) program are also managed and/or facilitated by bureau staff.

Program Policy Division

The Program Policy Division is responsible for policies related to Ancillary Services, Ambulatory Services, Inpatient and Outpatient Hospital service coverage, coordination of benefits, etc. as well as determining eligibility for Medicaid based upon policies and regulations

The division is responsible for oversight of
Policy promulgation activities for Medicaid
CSHCS

Healthy Michigan Plan

Maternal Outpatient Medical Services program.

Current Procedural Terminology (CPT) code sets for the Medical Services Administration.

Long Term Care Division

This division is responsible for the policy, oversight, and operation of the spectrum of long-term supports and services offered by Medicaid. Through its many programs, the division positively impacts the lives of over 100,000 elderly or disabled Michigan citizens each year. The division coordinates the activities of the Long Term Care Policy Section and the Home and Community-Based Service Section. This includes creating policies for licensing and certification, program eligibility, service definitions, provider requirements and reimbursement methodologies. For the MI Choice program, the division handles the contracting and reimbursement for the 20 agencies that coordinate the waiver services, administrative and clinical reviews for the program, quality improvement initiatives, community transition initiatives and outreach and housing concerns.

Program areas this division administers are:

- Nursing Facilities
- County Medical Care Facilities



Medicaid Administration

•Home Health Care Services including:

- In-home Physical Therapy
- In-home Occupational Therapy
- In-home Speech Therapy
- Private Duty Nursing
- Hospice Services
- MI Choice
- Home Help

The division also oversees projects funded with Civil Monetary Penalty funds and participates in the multi-departmental Nursing Facility Closure Team, Nursing Facility Transition Program, Money Follows the Person grant and the Traumatic Brain Injury program.

Integrated Care Division

The Integrated Care Division administers MI Health Link, a demonstration program to integrate care for people who are dually eligible for Medicare and Medicaid.

Bureau of Medicaid Operations and Actuarial Services

The Bureau of Medicaid Operations and Actuarial Services is responsible for the efficient administration of the Medicaid program through direct operations of core functions and technical, financial and analytical support for the Medical Services Administration. The bureau includes three divisions: Actuarial, Medicaid Payments and Third Party Liability. It is also responsible for Provider Enrollment and Systems supporting Medicaid managed care programs.

Actuarial Division

The Actuarial Division is responsible for several major financial and programmatic aspects of Michigan's Medicaid program. Some specific areas of responsibility include:

- Managed care rate setting and implementation.
- Encounter data collection and management./li>
- Hospital reimbursement policy and implementation.
- Implementation/oversight of hospital and nursing facility provider tax programs.
- Management of state/federal relationship via oversight of Medicaid State Plan and Medicaid waivers.
- Broad analytical and technical support for the program.

Third Party Liability Division

The Third Party Liability (TPL) Division enforces federal law and regulations to ensure Medicaid beneficiaries use all other resources available to them to pay for all or part of their medical care before turning to Medicaid. The TPL Division ensures that the coverage for all Medicaid beneficiaries is on file and accurate to avoid costs up front for a beneficiary that has other third party resources. The TPL Division also identifies claims that have been paid when a third party resource is available and will work with third party resources to recover costs.

Medicaid Payments Division

The Medicaid Payments Division is charged with ensuring timely and accurate payments of Medicaid claims, particularly fee-for-service claims from Medicaid enrolled providers, along with other non-traditional invoices from parties supplying services to Medicaid beneficiaries. The division is comprised of two sections: Policy Implementation Section and the Claims Processing Section.

The Policy Implementation Section's responsibilities include ensuring that CHAMPS (Community Health Automated Medicaid Processing System) adjudicates claims consistent with Medicaid policy. This requires research of state and federal legislation and working closely with agency staff to verify the intent of published regulations and policy. Analysts in the Policy Implementation Section write change requests describing systems changes necessary to implement new policy, correct defects and implement enhancements. They also identify test scenarios and test changes prior to implementation and monitor changes post-implementation. The Medicaid Claims Processing Section is responsible for the processing of Medicaid claims that have suspended from the CHAMPS claim processing system, due to many factors. The claims are processed through payment, denial and/or referral to a subject matter expert.

Office of Medical Affairs

The Office of Medical Affairs is a team of primary care physicians (internists, pediatricians and family practitioners) with the primary responsibility of providing clinical leadership and support to the Michigan Medicaid and Children Special Health Care



Medicaid Administration

Services programs. The office further collaborates with other areas of MDHHS, such as the Population Health and Behavioral Health administrations, to promote the health and wellbeing for the citizens of Michigan.

Bureau of Medicaid Care Management and Quality Assurance

The Bureau of Medicaid Care Management and Quality Assurance is responsible for assuring high quality, cost effective services are provided, with an emphasis on meeting our customers' needs in a timely, efficient and respectful manner. Our customers include Medicaid beneficiaries and providers. The bureau includes the following four divisions: Customer Service Division, which addresses enrollment and access to care issues related to eligibility and coverage and oversees the beneficiary and provider call centers; Managed Care Plan Division, which oversees numerous managed care contracts such as the Medicaid Health Plans, MIChild Plans and Healthy Kids Dental Plan (covering 1.7 million people); Pharmacy Management Division, which administers the Medicaid Fee-for-Service (FFS) pharmacy benefit including all pharmaceuticals carved out of the Managed Care Organizations (MCOs) contracts, oversees the Pharmacy Benefit Management (PBM) contract, manages the drug rebate programs and a special program on care management of pharmaceuticals for foster care children; and Program Review Division, which administers all prior authorization processes for Medicaid FFS beneficiaries, non-Medicaid Children's Special Health Care Services beneficiaries, services carved out of the MCO contracts and the state's MCO contract for non-emergency medical transportation.

Pharmacy Management Division

Pharmacy Management Division, which administers the Medicaid Fee-for-Service (FFS) pharmacy benefit including all pharmaceuticals carved out of the MCOs contracts and oversees the Pharmacy Benefit Management (PBM) contract. This division also manages the drug rebate programs and a special program on care management of pharmaceuticals for foster care children.

Managed Care Plan Division

The Managed Care Plan Division is responsible for health plan management, quality improvement and program development for the statewide Comprehensive Health Plan for Medicaid, Healthy Michigan Plan, Children's Health Insurance Program (CHIP) (MIChild) and Healthy Kids Dental. Division activities include managed care support, operations, quality assessment/improvement/assurance and contract compliance.

Customer Services Division

The Customer Service Division is responsible to insure that beneficiaries are enrolled in the appropriate benefit plan and manages the health plan enrollment function for program recipients. This includes Community Health Automated Medicaid Processing System (CHAMPS) eligibility and enrollment subsystem management and the administration of the Customer Relations Management (CRM) system. The division manages the beneficiary call center, handles beneficiary complaint and problem resolution tasks and manages the eligibility quality control functions.

This division also handles:

- Specialty programs like the Breast and Cervical Cancer Control Program (BCCCP), Maternity Outpatient Medical Services ((MOMS), Children's Waiver, etc.).

- Pre-Eligibility Medical Expense patient pay amount (PPA) offset determinations.

- Special for-cause disenrollments and unique beneficiary direct reimbursements.

- Guardianship requests.

- MIChild department reviews.

- Garnishment hearings.

- Monitors the implementation of Medicaid administrative hearing decisions.

The Provider Relations Section also resides in this division. Provider Relations responds to provider inquiries via e-mail and call center transfers related to policy, claim status, CHAMPS navigation and system issues, predictive modeling, electronic billing, appeals, etc. The section also provides professional, institutional, enrollment, and specialty specific outreach and training to all medical and atypical providers via the listserv and website resources, virtual trainings, 1:1, association meetings and large group trainings

Program Review Division

The Program Review Division (PRD) provides prior authorization for selected Fee-for-Service (FFS) services provided by medical suppliers, hearing aid dealers, orthotics and prosthetics, opticians, dentists, vision providers, outpatient hospitals, inpatient hospitals (elective admissions, long term care), private duty nursing agencies, therapists and transportation services. The division manages the Benefits Monitoring Program (BMP) for beneficiaries who have been found to engage in incorrect utilization of services to allow the department to monitor and assure the medical necessity of services for that beneficiary.

PRD also manages five contracts in order to manage the provision of and improve services to beneficiaries, conduct aspects of



Medicaid Administration

payment authorization process and control the cost and/or the utilization of selected services. Populations covered in these contracts are Medicaid FFS, Children's Special Health Care Services FFS, Healthy Michigan FFS (Healthy Michigan Plan) and beneficiaries in a Medicaid Health Plan (MHP) for services that are carved out (e.g. transportation, dental services, etc.).

Children's Special Health Care Services (CSHCS)

CSHCS helps persons with chronic health problems by providing:

- Coverage and referral for specialty services based on the person's health problems.
- Family centered services to support you in your role as primary caretaker of your child.
- Community-based services to help you care for your child at home and maintain normal routines.
- Culturally competent services which demonstrate awareness of cultural differences.
- Coordinated services to pull together the services of many different providers who work within different agencies.

POPULATION HEALTH AND COMMUNITY SERVICES ADMINISTRATION

Promotes and protects the health of the population as a whole through surveillance and response to health issues, prevention of illness and injury and improvements in access to care.

BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES ADMINISTRATION (BHDDA)

Serves people who have specialty services or support needs related to mental illness, developmental disability, substance use disorders and children with serious emotional disturbance.

MICHIGAN CHILDREN'S SERVICES AGENCY

The Children Services Agency supports our children, youth and families by partnering with them to help them reach their full potential and ensure their safety, permanency and well-being.

AGING AND ADULT SERVICES AGENCY

Coordinates services for Michigan's aging and adult population.

OFFICE OF RECIPIENT RIGHTS (ORR)

The Office of Recipient Rights provides direct rights protection and advocacy services to individuals admitted to state psychiatric hospitals and centers for developmental disabilities and assesses and monitors the quality and effectiveness of the rights protection systems in community mental health services programs and licensed private psychiatric hospitals/units.

BUSINESS INTEGRATION CENTER

Provides MDHHS program areas the support they need for successful project implementation

EXTERNAL RELATIONS AND COMMUNICATIONS

Oversees MDHHS communications and marketing programs and manages relationships with the statewide business community, not-for-profit organizations, governmental entities, universities and other stakeholder groups.

FINANCIAL OPERATIONS ADMINISTRATION

Financial operations oversees budgeting, purchasing, accounting, audit and organizational services for MDHHS.

FIELD OPERATIONS ADMINISTRATION

Provides emergency aid, food, child care and other services to eligible Michigan residents

LEGAL AFFAIRS ADMINISTRATION

Provides legal advice and support to MDHHS employees

OFFICE OF INSPECTOR GENERAL

Prevents, detects, investigates and recovers program fraud, waste and abuse in MDHHS.

POLICY AND LEGISLATIVE

Oversees inter- and intradepartmental policy development and implementation; works with the governor's office on policy initiatives; and communicates with the Legislature on policy development and constituent services.



Medicaid Administration

OFFICE OF NURSE POLICY

The Office of Nurse Policy works with health care partners on strategic initiatives and nursing policy efforts that promote safe patient care in all nursing practice environments, advance the safe practice of the nursing profession and assure a continuous supply of high-quality direct care nurses, nurse faculty, and nursing education programs.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

The Michigan executive branch is comprised of 18 State departments. Michigan's Governor oversees the departments and is vested with principal executive authority.

Licensing And Regulatory Affairs

The Department of Licensing and Regulatory Affairs (LARA) is responsible for the state's regulatory environment and makes the delivery of services more efficient for consumers and business customers. LARA oversees the licensing and regulation of more than 1.2 million individuals and entities on an annual basis. Through the oversight of the department's diverse agencies, bureaus and commissions, LARA safeguards Michigan citizens. LARA administers the administrative fair hearing system for MDHHS. LARA is responsible for providing administrative hearings to appellants requesting a hearing following a decision made by MDHHS or an MDHHS contracted agency. MDHHS and LARA jointly conduct operations to the extent necessary to assure MDHHS control over Medicaid decisions and fair hearings. The agreement between MDHHS and LARA assures MDHHS control over all Medicaid fair hearings. MDHHS has delegated to LARA the authority to issue decisions entitled Decisions and Orders (D & Os) for only certain case types.

Administrative Law Examiners (ALEs) have been authorized by MDHHS to issue only Proposals for decisions for Medicaid provider appeals pursuant to the Social Welfare Act, 1939 PA 280, MCL 400.1 et seq., and 1979 AC R 400.3401 et seq.

In all other cases referred to LARA by MDHHS, ALEs are authorized to issue D & Os. D & Os are issued by ALEs in a timely manner and are forwarded for review to MDHHS. In form and substance, the administrative law judges' decisions continue to be subject to the oversight, supervision, and authority of the Director of MDHHS.



Medicaid Administration

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- ☐ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☒ The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for the Supplemental Security Income recipients.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☐ An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

The Medicaid agency delegates authority to the Licensing And Regulatory Affairs (LARA) to conduct all Medicaid hearings.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

☐ Yes ☒ No

The types of the local subdivisions that administer the state plan under the supervision of the Medicaid agency are:

- ☐ Counties
- ☐ Parishes
- ☐ Other

Are all of the local subdivisions indicated above used to administer the state plan?

☐ Yes ☐ No

**State Plan Administration
Assurances**

A3



Medicaid Administration

42 CFR 431.10
42 CFR 431.12
42 CFR 431.50

Assurances

- ☒ The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- ☒ All requirements of 42 CFR 431.10 are met.
- ☒ There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- ☒ The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- ☒ There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

- ☐ There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- ☐ When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- ☒ The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V 20141203

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State of MICHIGAN

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

The Michigan Department of Health and Human Services is the single State agency responsible for:

☒ Administering the plan.

The legal authority under which the agency administers the plan on a statewide basis is contained in

Section 105 of the Michigan Social Welfare Act (Act 280, Public Acts of 1939), as most recently amended by Act 289, Public Acts of 1967, and Executive Order 2015-4

(statutory citation)

☐ Supervising the administration of the plan by local political subdivisions.

The authority under which the agency supervises the administration of the plan on a statewide basis is contained in

(statutory citation)

The agency's legal authority to make rules and regulations that are binding on the political subdivisions administering the plan is

(statutory citation)

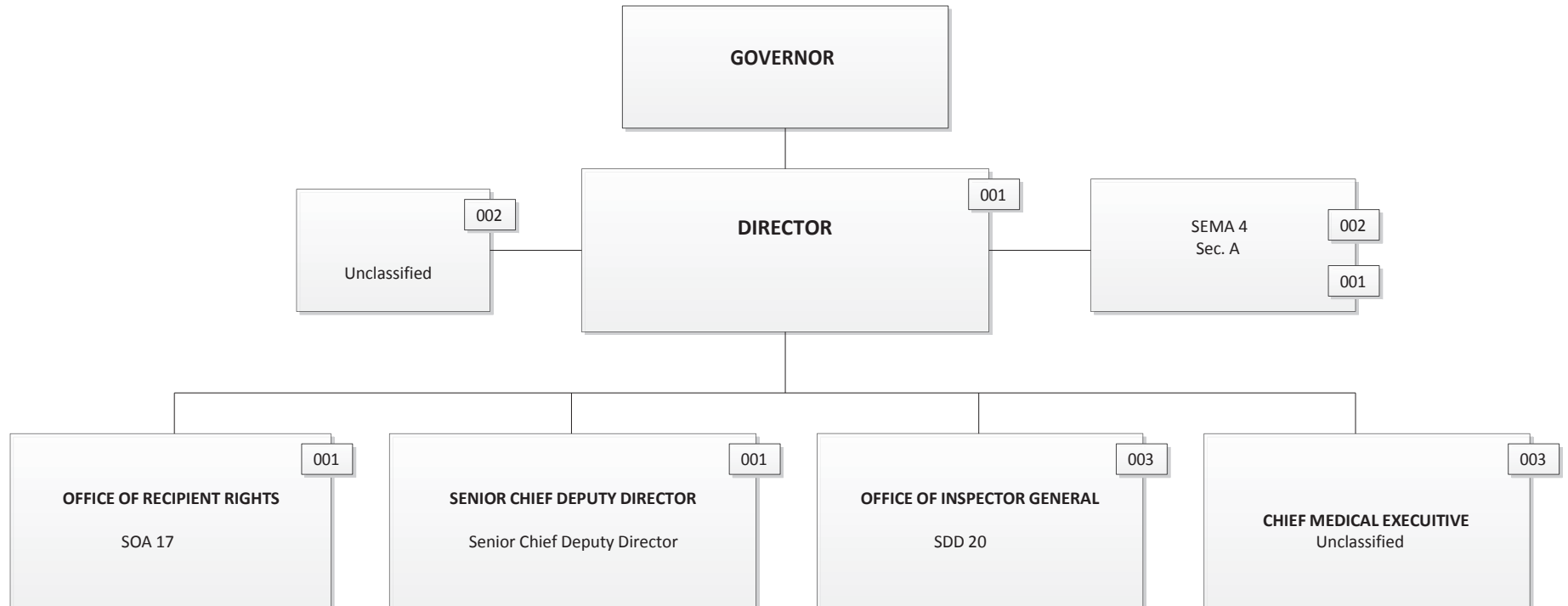
6-20-16

Date



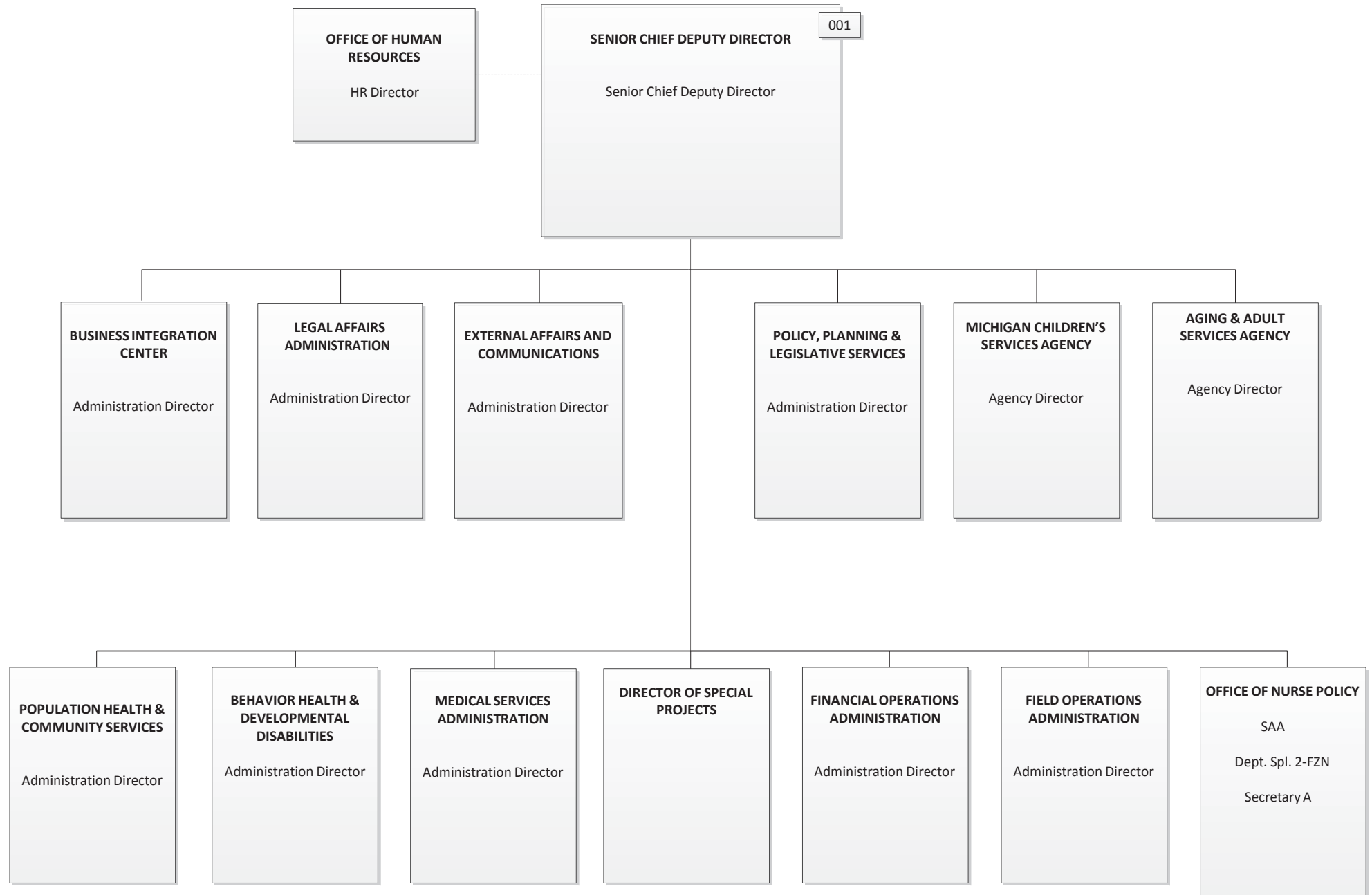
Bill Schuette
Attorney General

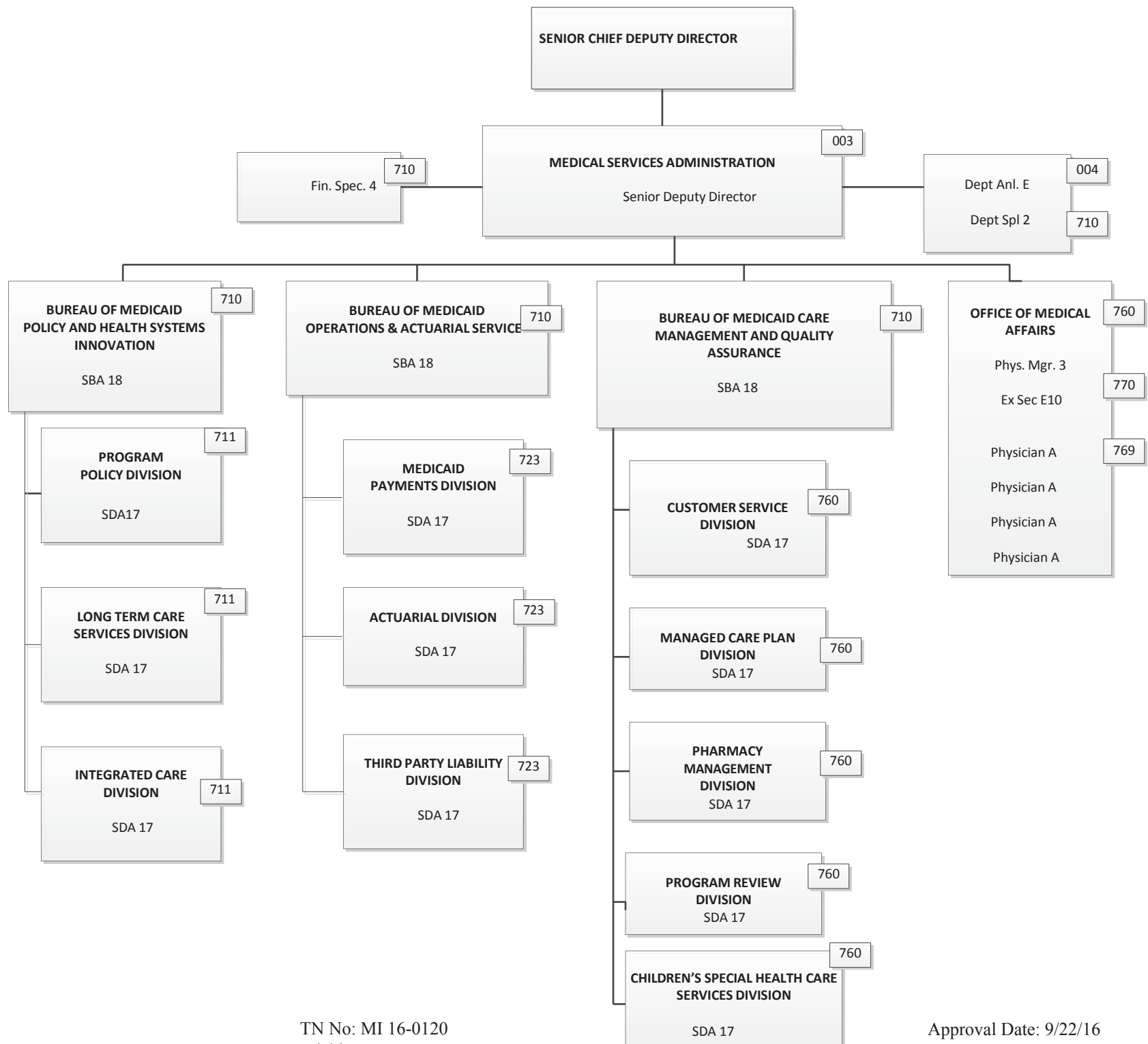
Michigan Department of Health and Human Services



Michigan Department of Health and Human Services

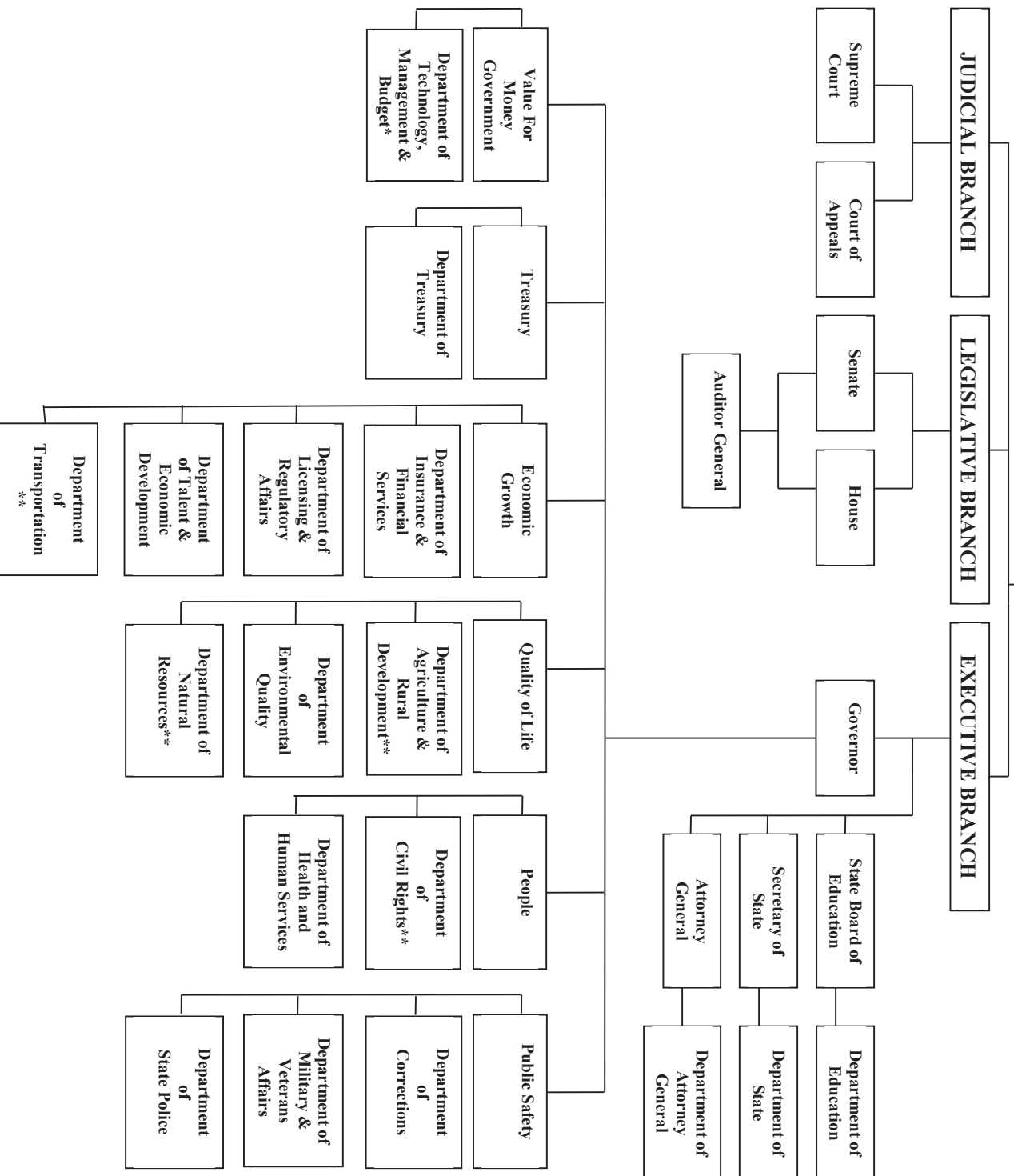
Deputy Director's Office





STATE OF MICHIGAN ORGANIZATIONAL STRUCTURE

(As of December 31, 2015)



Approval Date: 9/22/16
Effective Date: 4/1/16

TN No: MI 16-0120
Michigan

* Includes Civil Service Commission appointed by Governor
** Has Commission appointed by Governor, confirmed by Senate