

## **Table of Contents**

**State/Territory Name: Michigan**

**State Plan Amendment (SPA) #: 20-0004**

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 S2-26-12  
Baltimore, Maryland 21244-1850



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**Financial Management Group/Division of Reimbursement Review**

April 24, 2020

Kate Massey, State Medicaid Director  
Medical Services Administration  
Michigan Department of Health and Human Services  
400 south Pine Street, P.O. Box 30479  
Lansing, MI 48909-7979

RE: State Plan Amendment 20-0004

Dear Mr. Jones:

We have reviewed the proposed amendment to your Medicaid State plan submitted under transmittal number 20-0004. This amendment proposes to reimburse for psychiatric diagnostic evaluations services for beneficiaries under 21 years of age at 100% of the annual Medicare rates published each year.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of February 1, 2020.

If you have any questions, please contact Debi Benson at [Deborah.Benson@cms.hhs.gov](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

cc:  
Deborah Benson  
Keri Toback

|  |  |                              |
|--|--|------------------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL</b><br><b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b> | 1. TRANSMITTAL NUMBER:<br><b>20 - 0004</b>   | 2. STATE:<br><b>Michigan</b> |
|  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)<br><b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b> |                              |
| TO: REGIONAL ADMINISTRATOR<br>HEALTH FINANCING ADMINISTRATION<br>DEPARTMENT OF HUMAN SERVICES                            | 4. PROPOSED EFFECTIVE DATE<br><b>February 1, 2020</b>  |                              |

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

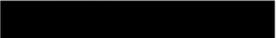
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

|   |   |
|---|---|
| 6. FEDERAL STATUTE/REGULATION CITATION:<br><b>42 C.F.R. Part 440.50</b>                   | 7. FEDERAL BUDGET IMPACT:<br>a. FFY 2020 \$832,800<br>b. FFY 2021 \$1,253,500                       |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><b>Attachment 4.19-B, Page 1.b.9</b> | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):<br><b>New</b> |

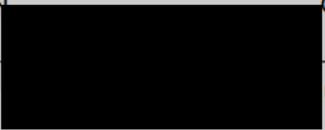
10. SUBJECT OF AMENDMENT:  
This SPA will provide details describing the methodology for establishing rates associated with pediatric psychiatric diagnostic services.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Kate Massey, Director  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      Medical Services Administration

|   |  |
|---|--|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:<br> | 16. RETURN TO:<br>Medical Services Administration<br>Actuarial Division - Federal Liaison<br>Capitol Commons Center - 7 <sup>th</sup> Floor<br>400 South Pine<br>Lansing, Michigan 48933 |
| 13. TYPED NAME:<br>Kate Massey  | Attn: Erin Black   |
| 14. TITLE:<br>Director, Medical Services Administration   |  |
| 15. DATE SUBMITTED:<br>March 24, 2020   |  |

| FOR REGIONAL OFFICE USE ONLY           |   |
|--|---|
| 17. DATE RECEIVED:<br><b>3/24/2020</b> | 18. DATE APPROVED:<br><b>04/24/2020</b> |

| PLAN APPROVED – ONE COPY ATTACHED                           |   |
|---|---|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br><b>2/1/2020</b> | 20. SIGNATURE OF REGIONAL OFFICIAL:<br> |
| 21. TYPE NAME:<br><b>Todd McMillion</b>                     | 22. TITLE:<br><b>Surveillance Review</b>  |

23. REMARKS:

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of MICHIGAN

***Policy and Methods for Establishing Payment Rates  
Other than Inpatient Hospital and Long-Term-Care Facilities***

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**PHYSICIAN SERVICES, PEDIATRIC PSYCHIATRIC DIAGNOSTIC SERVICES**

PEDIATRIC PSYCHIATRIC DIAGNOSTIC SERVICES REIMBURSEMENT METHODOLOGY

REIMBURSEMENT FOR PSYCHIATRIC DIAGNOSTIC EVALUATION SERVICES FOR BENEFICIARIES UNDER 21 YEARS OF AGE IS 100% OF THE ANNUAL MEDICARE RATES PUBLISHED JANUARY OF EACH YEAR. EXCEPT AS OTHERWISE NOTED IN THE STATE PLAN, MICHIGAN'S MEDICAID PAYMENT RATES ARE UNIFORM FOR BOTH PRIVATE AND GOVERNMENTAL PROVIDERS. REIMBURSEMENT IS MADE IN ACCORDANCE WITH MEDICAID'S FEE SCREENS OR THE USUAL AND CUSTOMARY CHARGE FOR THESE SERVICES, WHICHEVER AMOUNT IS LESS.

EFFECTIVE DATE OF PAYMENT

THIS REIMBURSEMENT METHODOLOGY APPLIES TO SERVICES RENDERED ON AND AFTER FEBRUARY 1, 2020. ALL RATES ARE PUBLISHED AT [WWW.MICHIGAN.GOV/MEDICAIDPROVIDERS](http://WWW.MICHIGAN.GOV/MEDICAIDPROVIDERS).

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TN NO.: 20-0004

Approval Date: 04/24/20

Effective Date: 02/01/2020

Supersedes

TN No.: NEW