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State/Territory Name: Michigan

State Plan Amendment (SPA)#: 21-0012

This file contains the following documents in the order listed

1) Approval Letter
2) CMS 179
3) Approved SPA Pages
November 18, 2021

Ms. Kate Massey
Medicaid Director
Medical Services Administration
400 S Pine St 7th Fl
Lansing, MI 48933-2250

RE: State Plan Amendment (SPA) Transmittal Number 21-0012

Dear Ms. Massey:

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

Transmittal #21-0012  Effective Date: 11/01/2021
Approval Date: 11/18/2021

If you have any questions regarding this State Plan Amendment, please have a member of your staff contact Keri Toback at 312 353 1754 or by email at keri.toback@cms.hhs.gov.

Sincerely,

[Redacted]

Ruth A. Huges, Acting Director
Division of Program Operations

Enclosures

cc: Erin Black, MDHHS
**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

**TO:** REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

**1. TRANSMITTAL NUMBER:** 21 - 0012

**2. STATE:** Michigan

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

**4. PROPOSED EFFECTIVE DATE:** November 1, 2021

**5. TYPE OF PLAN MATERIAL (Check One):**
- [ ] NEW STATE PLAN
- [ ] AMENDMENT TO BE CONSIDERED AS NEW PLAN
- [X] AMENDMENT

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

**6. FEDERAL STATUTE/REGULATION CITATION:** 42 CFR 440.6

**7. FEDERAL BUDGET IMPACT:**
- a. FFY 2022 $0
- b. FFY 2023 $0

**8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:**
- Supplement to Attachment 3.1-A Page 17a.3
- Attachment 4.19-B, Page 5b.2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):**

**10. SUBJECT OF AMENDMENT:**
This SPA provides authority for licensed Genetic Counselors to become enrolled with Michigan Medicaid and be reimbursed for their services. There will also be a corresponding ABP SPA.

**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
- [X] OTHER, AS SPECIFIED:
  - Kate Massey, Director
  - Medical Services Administration

**12. SIGNATURE OF STATE AGENCY OFFICIAL:**

**13. TYPED NAME:** Kate Massey

**14. TITLE:** Director, Medical Services Administration

**15. DATE SUBMITTED:** August 24, 2021

**16. RETURN TO:**
- Medical Services Administration
- Actuarial Division - Federal Liaison
- Capitol Commons Center - 7th Floor
- 400 South Pine
- Lansing, Michigan 48933
- Attn: Erin Black

**FOR REGIONAL OFFICE USE ONLY**

**17. DATE RECEIVED:** 08/24/2021

**18. DATE APPROVED:** 11/18/2021

**PLANT APPROVED – ONE COPY ATTACHED**

**19. EFFECTIVE DATE OF APPROVED MATERIAL:** 11/01/2021

**20. SIGNATURE OF REGIONAL OFFICIAL:**

**21. TYPE NAME:** Ruth A. Hughes

**22. TITLE:** Acting Director
Division of Program Operations

**23. REMARKS:**

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Instructions on Back
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

6. Medical Care Furnished by Practitioners within the Scope of their Practice as Defined by State Law (continued)
   d. Other Practitioner Services (continued)

   Genetic counseling services - genetic counseling services are covered when furnished by a licensed master’s or doctoral level genetic counselor, certified by the American Board of Genetic Counseling, Inc. (ABGC) or the American Board of Medical Genetics and Genomics (ABMGG), or by a temporary licensed genetic counselor under the appropriate supervision of a qualified licensed genetic counselor. Covered services are limited to those under the genetic counselors’ scope of practice as defined by state law.
N. Genetic counseling services

Except as otherwise noted in the plan, state-developed payment rates are the same for both governmental and private providers of genetic counseling services. Rates are established utilizing the same methodology described for physician services located in attachment 4.19-b page 1. The agency’s fee schedule rate was set as of 11/1/2021 and are effective for services provided on or after that date. All rates are published on the agency’s website at www.michigan.gov/medicaidproviders.