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State/Territory Name: Michigan

State Plan Amendment (SPA) #: 22-1500

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

MI - Submission Package - MI2022MS0001O - (MI-22-1500) - Health Homes

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

Package Information

Package ID	MI2022MS0001O	Submission Type	Official
Program Name	Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions	State	MI
SPA ID	MI-22-1500	Region	Chicago, IL
Version Number	1	Package Status	Approved
Submitted By	Erin Black	Submission Date	3/1/2022
Package Disposition		Approval Date	4/1/2022 4:18 PM EDT
Priority Code	P2		

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 East 12th Street
Suite 0300
Kansas City, MO 64106-2898



Center for Medicaid & CHIP Services

April 01, 2022

Elizabeth Hertel
Director, Department of Health and Human Services
Michigan Department of Health and Human Services
400 S Pine
Lansing, MI 48909

Re: Approval of State Plan Amendment MI-22-1500 Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

Dear Elizabeth Hertel,

On March 01, 2022, the Centers for Medicare and Medicaid Services (CMS) received Michigan State Plan Amendment (SPA) MI-22-1500 for Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions to expand its Health Home for Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions in select Michigan Counties.

We approve Michigan State Plan Amendment (SPA) MI-22-1500 with an effective date(s) of April 01, 2022.

For payments made to Health Homes providers for Health Homes participants who newly qualify based on the Health Homes program's increased geographical coverage under this amendment, a medical assistance percentage (FMAP) rate of 90 percent applies to such payments for the period 4/1/2022 to 3/31/2024.

The FMAP rate for payments made to health homes providers will return to the state's published FMAP rate at the end of the enhanced match period. The Form CMS-64 has a designated category of service Line 43 for states to report health homes services expenditures for enrollees with chronic conditions.

If you have any questions regarding this amendment, please contact kerri rosenbloom at kerri.toback@cms.hhs.gov

Sincerely,
James G. Scott
Director, Division of Program
Operations
Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MI2022MS00010 | MI-22-1500 | Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

Package Header

Package ID	MI2022MS00010	SPA ID	MI-22-1500
Submission Type	Official	Initial Submission Date	3/1/2022
Approval Date	4/1/2022	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Michigan

Medicaid Agency Name: Michigan Department of Health and Human Services

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MI2022MS0001O | MI-22-1500 | Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

Package Header

Package ID	MI2022MS0001O	SPA ID	MI-22-1500
Submission Type	Official	Initial Submission Date	3/1/2022
Approval Date	4/1/2022	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID MI-22-1500

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Geographic Limitations	4/1/2022	MI-20-1500

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MI2022MS0001O | MI-22-1500 | Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

Package Header

Package ID	MI2022MS0001O	SPA ID	MI-22-1500
Submission Type	Official	Initial Submission Date	3/1/2022
Approval Date	4/1/2022	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives The Michigan Department of Health and Human Services (MDHHS) is seeking approval from Centers of Medicare and Medicaid Services (CMS) to expand the Health Home in select Michigan counties.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$26000000
Second	2023	\$26000000

Federal Statute / Regulation Citation

Section 1945 of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MI2022MS0001O | MI-22-1500 | Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

Package Header

Package ID	MI2022MS0001O	SPA ID	MI-22-1500
Submission Type	Official	Initial Submission Date	3/1/2022
Approval Date	4/1/2022	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Kate Massey, Director
Health and Aging Services
Administration

Health Homes Geographic Limitations

MEDICAID | Medicaid State Plan | Health Homes | MI2022MS0001O | MI-22-1500 | Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

Package Header

Package ID	MI2022MS0001O	SPA ID	MI-22-1500
Submission Type	Official	Initial Submission Date	3/1/2022
Approval Date	4/1/2022	Effective Date	4/1/2022
Superseded SPA ID	MI-20-1500		
	System-Derived		

- Health Homes services will be available statewide
- Health Homes services will be limited to the following geographic areas
- Health Homes services will be provided in a geographic phased-in approach

Specify the geographic limitations of the program

- By county
- By region
- By city/municipality
- Other geographic area

Specify which counties:

- Alcona
- Alger
- Alpena
- Antrim
- Baraga
- Benzie
- Charlevoix
- Cheboygan
- Chippewa
- Crawford
- Delta
- Dickinson
- Emmet
- Gogebic
- Grand Traverse
- Houghton
- Iosco
- Iron
- Kalkaska
- Keweenaw
- Leelanau
- Lenawee
- Livingston
- Luce
- Mackinac
- Manistee
- Marquette
- Menominee
- Missaukee
- Monroe
- Montmorency
- Oakland
- Ogemaw
- Ontonagon
- Oscoda
- Otsego
- Presque Isle
- Roscommon
- Schoolcraft
- Washtenaw
- Wayne
- Wexford

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

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