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State/Territory Name: Michigan

State Plan Amendment (SPA)#: 23-0011

This file contains the following documents in the order listed

- 1) Approval Letter
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- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

July 19, 2023

Meghan E. Groen
Senior Deputy Director
Behavioral and Physical Health and Aging Services Administration
Michigan Department of Health and Human Services
400 S Pine St 7th Fl
Lansing, MI 48933-2250

Re: Michigan State Plan Amendment (SPA) 23-0011

Dear Ms. Groen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0011. This amendment provides an update to language regarding family planning services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations in 1905(a)(4)(C). This letter is to inform you that KY Medicaid SPA 23-0011 was approved on July 17, 2023, with an effective date of July 1, 2023.

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

Sincerely,

James G. Scott, Director Division of Program Operations

Enclosures cc: Erin Black

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	3. PROPOSED EFFECTIVE DATE July 1, 2023
5. FEDERAL STATUTE/REGULATION CITATION 1905(a)(4)(C)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2023 \$0 b. FFY 2024 \$0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplemental to Attachment 3.1-A Page 14	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTIONOR ATTACHMENT (If Applicable) Supplemental to Attachment 3.1-A Page 14 (TN# 93-08)
9. SUBJECT OF AMENDMENT This SPA updates language regarding family planning services.	
10. 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	
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
11. TYPED NAME () Farah Hanley	Behavioral and Physical Health and Aging Services Administration Office of Strategic Partnerships & Medicaid Administrative Services – Federal Liaison
	Capitol Commons Center – 7 th Floor 400 South Pine
	Lansing, Michigan 48933
April 20, 2023	Attn: Erin Black
FOR CMS USE ONLY	
04/20/2023	17. DATE APPROVED 07/17/2023
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2023	19. SIGNA
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
James G. Scott	Director, Division of Program Operations
22. REMARKS	

FORM CMS-179 (09/24)

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

4c. Family Planning Services 1905(a)(4)(C)

Family Planning Services and Supplies:

- Office visits for purposes of family planning, including patient history, contraceptive counseling, physical exams, and laboratory tests
- Pharmaceutical supplies and devices to prevent or delay pregnancy, including all methods of contraception approved by the U.S. Food and Drug Administration
- Family planning education, counseling, and referrals
- Limited laboratory examinations and tests for purposes related to family planning; and
- Male and female sterilization procedures provided in accordance with 42 CFR 441,
 Subpart F.

Family Planning Related Services Provided under the State Eligibility Option:

Outpatient services that are routinely provided as part of, or as follow-up to, a family planning services visit, including, but not limited to:

- Diagnostic procedures, drugs, and follow-up visits to treat an STI or STI-related disorder identified or diagnosed at a routine/periodic family planning visit (other than HIV/ AIDS and hepatitis)
- Diagnostic procedures, drugs and follow-up visits for lower genital tract and genital skin infections and urinary tract infections, when the infection/disorder is identified or diagnosed during a routine/periodic family planning visit
- Family planning-related services associated with sterilization procedures and follow-up care
- PAP screens and treatment for pre-cancerous conditions which commonly originate from a Sexually Transmitted Infection (STI)
- Family planning-related preventive services recommended by the USPSTF, and vaccines to prevent STIs; and
- Treatment of major complications related to family planning services and family planning related procedures.

TN NO.: <u>23-0011</u> Approval Date: <u>07/17/2023</u> Effective Date: <u>07/01/2023</u>

Supersedes
TN No: 93-08