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State/Territory Name: Michigan

State Plan Amendment (SPA)#: 23-0019

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179
- 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 12, 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) 23-0019

Dear Ms. Groen:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0019. This amendment provides a temporary extension to continue the supplemental payment for in-person direct care services provided in Skilled Nursing Facilities, Adult Foster Care Homes, and Homes for the Aged currently authorized in Disaster Relief (DR) SPA 21-0016.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Michigan's Medicaid SPA Transmittal Number 23-0019 is approved effective May 12, 2023.

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

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2023.07.12
09:02:51 -04'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures
cc: Erin Black

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 23 — 0019	2. STATE MI
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	3. PROPOSED EFFECTIVE DATE Effective May 12, 2023 until May 11, 2024	
5. FEDERAL STATUTE/REGULATION CITATION Sections 201 and 301 of the National Emergencies Act (50 U.S.C.1601 et seq.) Section 1135 of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2023 \$27,000,000 b. FFY 2024 \$43,300,000	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 7.4.B Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) New	

9. SUBJECT OF AMENDMENT
This SPA provides a temporary extension to continue the supplemental payment for in-person direct care services provided in Skilled Nursing Facilities, Adult Foster Care Homes, and Homes for the Aged currently authorized in DR SPA 21-0016.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

[Redacted] Meghan Groen	15. RETURN TO 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 Attn: Erin Black
12. TITLE Senior Deputy Director	
13. DATE SUBMITTED June 30, 2023	

FOR CMS USE ONLY	
16. DATE RECEIVED 06/30/2023	17. DATE APPROVED 07/12/2023

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL 05/12/2023	19. SIGNATURE OF APPROVING OFFICIAL Alissa M. Deboy <small>Digitally signed by Alissa M. Deboy -S Date: 2023.07.12 09:03:12</small>
20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy On Behalf of Anne Marie Costello	21. TITLE OF APPROVING OFFICIAL Deputy Director, Center for Medicaid and CHIP Services

22. REMARKS

State/Territory: Michigan

Section 7 – General Provisions

7.4. B. Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency

Effective May 12, 2023 until May 11, 2024, the agency temporarily extends the following election(s) of section 7.4 (approved 01/26/2022 in SPA number MI-21-0016) of the state plan:

Payments:

X The agency makes the following adjustments to payment rates currently covered in the state plan:

Personal Care Services:

Supplemental payment of \$2.35 per hour will be paid for in-person care provided by registered nurses, licensed practical nurses, competency-evaluated nursing assistants, and respiratory therapists employed by Medicaid-certified nursing facilities, as well as for in-person direct care services provided in Adult Foster Care Homes and Homes for the Aged serving Medicaid beneficiaries. The supplemental payment for these providers will also include any associated share of employer Federal Insurance Contributions Act (FICA) payroll taxes..

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. All rates are published at www.michigan.gov/medicaidproviders.

TN: 23-0019

Supersedes TN: NEW

Approval Date: 07/12/2023

Effective Date: 05/12/2023