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State Territory Name: MICHIGAN

State Plan Amendment (SPA) #: 23-0030

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

February 1, 2024

Farah Hanley
Medicaid Director
Medical Services Administrations
400 South Pine Street 7th Floor
Lansing, MI 48933-2250

RE: TN 23-0030

Dear Director Hanley:

We have reviewed the proposed Michigan State Plan Amendment (SPA) to Attachment 4.19-B MI-23-0030, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 29, 2023. This plan amendment updates the effective date for the 1915(i) Community Transition Services, Targeted Case Management.

Based upon the information provided by the State, we have approved the amendment with an effective date of February 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Debi Benson at 1-(312)-886-0360 or Deborah.Benson@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>23</u> — <u>0030</u>	2. STATE <u>MI</u>
	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 February 1, 2024	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.225 and 42 CFR 440.170(a)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2024 \$262,500 b. FFY 2025 \$393,800	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Pages 25 through 26	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Pages 25 through 26 (TN# 23-0010)	

9. SUBJECT OF AMENDMENT
This SPA provides authority to increase the rate for CTS 1915(i) Targeted Case Management.

10. GOVERNOR'S REVIEW (Check One)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

[REDACTED]	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. TYPED NAME Meghan Groen	
13. TITLE Senior Deputy Director	
14. DATE SUBMITTED December 29, 2023	

FOR CMS USE ONLY

16. DATE RECEIVED December 29, 2023	17. DATE APPROVED February 1, 2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL February 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL [REDACTED]
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review

22. REMARKS

Methods and Standards for Establishing Payment Rates

1. Services Provided Under Section 1915(i) of the Social Security Act. For each optional service, describe the methods and standards used to set the associated payment rate. *(Check each that applies, and describe methods and standards to set rates):*

<input type="checkbox"/>	HCBS Case Management	
<input type="checkbox"/>	HCBS Homemaker	
<input type="checkbox"/>	HCBS Home Health Aide	
<input checked="" type="checkbox"/>	HCBS Personal Care	Effective 10/1/2018, the state uses the same reimbursement rates for HCBS Personal Care as is used for the State Plan Personal Care Option on Item #7 Person Care Services option of Attachment 4.19-B. This service is prior authorized based upon a review of the person-centered service plan and the individual’s assessed needs. Michigan uses HCPCS code T1019, Personal care services per 15 minutes for this service. The reimbursement rate depends on whether the provider is an individual or an agency and the participant’s county of residence. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of HCBS Personal Care services.
<input type="checkbox"/>	HCBS Adult Day Health	
<input type="checkbox"/>	HCBS Habilitation	
<input type="checkbox"/>	HCBS Respite Care	
For Individuals with Chronic Mental Illness, the following services:		
<input type="checkbox"/>	HCBS Day Treatment or Other Partial Hospitalization Services	
<input type="checkbox"/>	HCBS Psychosocial Rehabilitation	
<input type="checkbox"/>	HCBS Clinic Services (whether or not furnished in a facility for CMI)	
<input checked="" type="checkbox"/>	Other Services (specify below)	

✓	<p>Transition Navigator Case Management Services</p> <p>Michigan has been providing nursing facility transition services officially since January 1, 2005. Historically, these services have been State funded, or a service available through a HCBS waiver. MDHHS developed rates based upon the historical use and payment for these services, while considering factors such as overhead, non-labor costs, and inflation.</p> <p>Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Community Transition services. The Agency's fee schedule rate was set as of 2/1/2024 and is effective for services provided on or after that date. All rates are published on the Agency's website at http://www.michigan.gov/medicaidproviders</p>
✓	<p>Community Transition services</p> <p>Michigan has been providing Community Transition services officially since January 1, 2005. Historically, these services have been State funded, or a service available through a HCBS waiver. MDHHS developed rates based upon the historical use and payment for these services, while considering factors such as overhead, non-labor costs, and inflation.</p> <p>Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of NFT services. The Agency's fee schedule rate was set as of 10/1/2018, and list revised on 10/1/22, and is effective for services provided on or after that date. All rates are published on the Agency's website at http://www.michigan.gov/medicaidproviders</p>
✓	<p>Non-Medical (Non-Emergency) Transportation (NENMT)</p> <p>Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of NENMT services. The Agency's fee schedule rate was set as of 10/1/2018, is revised to correspond with the agency's NEMT fee schedule and is effective for services provided on or after the effective date of any changes. All rates are published on the Agency's website at http://www.michigan.gov/medicaidproviders</p>
✓	<p>Home Modifications</p> <p>Michigan has not established a reimbursement structure for this service as the cost of this service is subject to wide variation based upon the type of modification needed. MDHHS requires prior authorization of all home modifications and approves reimbursement on a case-by-case basis. For this service to be approved, the transition navigator must submit at least one bid from a qualified provider that describes the modification, how that modification meets the service definition, the cost of building and other materials needed, and the expected labor costs. Smaller items (such as environmental controls) are reimbursed at cost for the item purchased plus the cost of installation. The transition navigator must provide proof of the cost of the item and labor/installation costs prior to approval.</p>