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State/Territory Name: **Michigan**

State Plan Amendment (SPA)#: **24-0006**

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

September 19, 2024

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) 24-0006

Dear Director Groen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0006. This SPA provides authority to cover targeted case management for children, youth, and young adults ages 0-21 with either a serious mental illness (SMI), serious emotional disturbance (SED), or intellectual/developmental disability (I/DD), and their families.

We conducted our review of your submittal according to the statutory requirements at 42 CFR 440.60. We hereby inform you that Medicaid State plan amendment 24-0006 is approved effective October 1, 2024. We are enclosing the CMS-179 and the amended plan pages.

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

Sincerely,

A black rectangular redaction box covering the signature of Ruth A. Hughes.

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures
cc: Erin Black

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

24 — 0006

2. STATE

MI3. 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

October 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.60

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 7,620,000

b. FFY 2026 \$ 8,270,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplemental 1 to Attachment 3.1-A Pages 1-I-1 to 1-I-5
Attachment 4.19-B Page 4a8. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable)

New Pages

9. SUBJECT OF AMENDMENT

This SPA provides authority to cover targeted case management for children, youth, and young adults ages 0-21 with either a serious mental illness (SMI), serious emotional disturbance (SED), or intellectual/developmental disability (I/DD), and their families.

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

11. SIGNATURE OF STATE AGENCY OFFICIAL

11. TYPED NAME

Meghan Groen

12. TITLE

Senior Deputy Director

13. DATE SUBMITTED

July 1, 2024

15. RETURN TO

Behavioral and Physical Health and Aging Services
AdministrationOffice of Strategic Partnerships & Medicaid Administrative
Services – Federal LiaisonCapitol Commons Center – 7th Floor

400 South Pine

Lansing, Michigan 48933

Attn: Erin Black

FOR CMS USE ONLY

16. DATE RECEIVED

07/01/2024

17. DATE APPROVED

09/18/2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

10/01/2024

19. SIGNATURE OF

20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

State Plan under Title XIX of the Social Security Act
State/Territory: Michigan

TARGETED CASE MANAGEMENT SERVICES

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

The target group consists of children under 21 years of age with a serious mental illness (SMI), serious emotional disturbance (SED), or intellectual or developmental disability (I/DD), with most intensive behavioral health and other physical health or health-related social needs as identified by the TCM who may be served by multiple child-serving systems, and/or may be at risk of out-of-home placement if not for the provision of TCM.

TCM for this target group is provided at a higher intensity and frequency than TCM for Target Group A, and it is expected that individuals may be referred to this TCM when higher intensity and/or frequency is needed or higher level need is identified. It is also expected that individuals may continue TCM in target group A if their level of need or intensity decrease as a result of being connected to services and resources.

This comprehensive and intensive TCM in combination with any identified or current "wraparound services" is often referred to by the Michigan Department of Health and Human Services (MDHHS) Medicaid Program as Intensive Care Coordination with Wraparound (ICCW). This TCM represents the case management component only which includes assessment, care plan development and updating, monitoring, referral to services and related activities in accordance with 42 CFR § 440.169.

X Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

- X Entire State
 Only in the following geographic areas:

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

- Services are provided in accordance with §1902(a)(10)(B) of the Act.
X Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include

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TARGETED CASE MANAGEMENT SERVICES

- taking client history;
- identifying the individual's needs and completing related documentation; and
- gathering information from other sources such as family members, medical providers, community service agencies, and educational professionals (if necessary), to form a complete assessment of the eligible individual;

Assessments will be conducted no less than quarterly or more based on the needs and circumstances of the child, youth, or young adult and their families including, but not limited to, whenever there is a significant change in need or circumstance.

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual, including services which are for the direct benefit of the child
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's appropriate legal representative) and others to develop those goals; and
 - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan including those for the direct benefit of the child as noted above; and
- ❖ Monitoring and follow-up activities:
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual's care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Monitoring is conducted at a minimum, once per month, to determine if the services and supports have been delivered, and if they are adequate to meet the needs of the child/youth/young adult and their family. Monitoring may be conducted telephonically or in person.

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X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.
(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Targeted Case Management Entity Provider Qualifications:

Given the complexity of this target group, and the likelihood of needed behavioral health services, MDHHS requires that TCM organizations who are providers of this TCM include case managers and supervisors referred to as facilitators and supervisors of ICCW as well as Child Mental Health Professionals (CMHPs) and Qualified Intellectual Disability Professionals (QIDPs) as part of the interdisciplinary team which meets the qualifications described below.

Facilitators:

- Must achieve and maintain MDHHS ICCW certification (provisional approval may be granted to facilitators through a MDHHS provisional approval process);
- Must complete Person-Centered Planning and Self-Determination trainings; and
- Must hold a bachelor's degree in any field and be supervised by a Child Mental Health Professional (CMHP) when providing TCM to youth with SED, SMI, or Qualified Intellectual Disability Professional (QIDP) when providing TCM to youth with I/DD.

Supervisors:

- Must achieve and maintain MDHHS ICCW certification;
- Must complete Person-Centered Planning and Self-Determination trainings; and
- Must be a CMHP for TCM of youth with SED, SMI, or QIDP for TCM of youth with I/DD.

CMHP Supervisors:

- Must have:
 - specialized training and one year of experience in the examination, evaluation, and treatment of minors and their families.
- Must be:
 - a physician, licensed or limited license psychologist, licensed or limited-licensed master's social worker, licensed or limited-licensed professional counselor, or registered nurse; or
 - an individual with at least a bachelor's degree in a mental health-related field from an accredited school who is trained and has three years supervised experience in the examination, evaluation, and treatment of minors and their families; or
 - an individual with at least a master's degree in a mental health-related field from an accredited school who is trained and has one year of experience in the examination, evaluation and treatment of minors and their families.

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QIDP Supervisors:

- Must have:
 - specialized training (including fieldwork and/or internships associated with the academic curriculum where the student works directly with persons with intellectual or developmental disabilities as part of that experience); or
 - one year of experience in treating or working with a person who has intellectual disability;
- Must be:
 - a licensed or limited licensed psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech-language pathologist, audiologist, behavior analyst, registered nurse, dietician, therapeutic recreation specialist, a licensed/limited-licensed professional counselor; or
 - a human services professional with at least a bachelor's degree in a human services field.

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

X Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other

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TARGETED CASE MANAGEMENT SERVICES

program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Policy and Methods for Establishing Payment Rates
(Other than Inpatient Hospital and Long-Term Care Facilities)***

9. Case Management Services Continued

- H. REIMBURSEMENT FOR TARGETED GROUP I CASE MANAGEMENT SERVICES WILL BE ON A FEE-FOR-SERVICE BASIS. EXCEPT AS OTHERWISE NOTED IN THE PLAN, STATE-DEVELOPED FEE SCHEDULE RATES ARE THE SAME FOR BOTH GOVERNMENTAL AND PRIVATE PROVIDERS. THE MICHIGAN MEDICAID FEE SCHEDULE EFFECTIVE FOR DATES OF SERVICE ON OR AFTER OCTOBER 1, 2024, MAY BE FOUND AT WWW.MICHIGAN.GOV/MEDICAIDPROVIDERS.