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State/Territory Name: **Michigan**

State Plan Amendment (SPA)#: **24-0007**

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 18, 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) 24-0007

Dear Director Groen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0007. This SPA provides authority to move parent support partner services to EPSDT from the behavioral health 1915(i).

We conducted our review of your submittal according to the statutory requirements at 42 CFR 440.225. We hereby inform you that Medicaid State plan amendment 24-0007 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 solid black rectangular box used to redact 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 — 0007

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 C.F.R. Part 440.225

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 2,320,000

b. FFY 2026 \$ 2,420,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement to Attachment 3.1-A Page 13a continued (p.9)

Attachment 4.19-B Page 9b

8. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable)

New

9. SUBJECT OF AMENDMENT

This SPA provides authority to move parent support partner services to EPSDT from the behavioral health 1915(i).

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

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 of Michigan

***Amount, Duration and Scope of Medical and Remedial Care
Services Provided to the Categorically and Medically Needy***

4b. EPSDT (continued)

Parent Support Partner Services

1905(a)(4)(b) of the Act provides early and periodic screening, diagnostic, and treatment (EPSDT) services (as defined in subsection (r)) for individuals who are eligible under the state plan and are under the age of 21. EPSDT services include medically necessary Parent-to-Parent support for parents/caregivers of children with Serious Emotional Disturbance or an Intellectual/Developmental Disability. In accordance with 42 CFR 440.130(d), parent support services are recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law.”

A. Services

- Providing support to parent(s), guardians(s), or caregiver(s) on advocating for their child and family's needs with systems that support youth with mental health, behavioral and emotional needs.
- Fostering empowerment of parent(s), guardian(s), or caregiver(s) through connection around shared lived experience for parent(s), guardian(s), or caregiver(s) of youth with mental health needs and encouraging participation in peer/parent support;
- Modeling self-advocacy and empowerment skill-building support skills for parent(s), guardians(s), or caregiver(s);

B. Provider Criteria

Services are provided by individuals who meet the following criteria:

- Lived experience as a parent or primary caregiver of a child with behavioral or mental health needs and/or intellectual/developmental disability, including autism.
- Willing and able to use their experiences as a peer parent to support others.
- Experience receiving services for their child in a variety of systems (such as child welfare, special education, juvenile justice system, etc.) is preferred.
- Trained in the MDHHS approved curriculum, certification and re-certification model.
- Receives regular supervision by a child mental health professional or qualified intellectual disabilities professional as defined by the State.

C. Prior Authorization

parents, guardians, and caregivers of Medicaid-eligible children can receive parent support partner services when the service is directed exclusively toward the benefit of a Medicaid-eligible child. Parent Support Partner Services are authorized for a period not to exceed 12 months. Medically necessary services may be re-authorized at the request of a clinician within their scope of practice.

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)***

17 (EPSDT Continued).

Parent Support Partner Services

Parent Support Partner Services furnished by certified providers or provider agencies, shall be reimbursed on a direct service by service basis and billed by encounter. 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 is effective for dates of service on or after October 1, 2024, and may be found at www.michigan.gov/medicaidproviders.

TN NO.: 24-0007

Approval Date: **09/18/2024**

Effective Date: 10/01/2024

Supersedes

TN No.: N/A-New Page