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State/Territory Name: Michigan

State Plan Amendment (SPA)#: 24-0009

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

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

October 1, 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) 24-0009

Dear Director Groen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0009. This SPA provides authority to cover targeted case management services for recuperative care.

We conducted our review of your submittal according to the statutory requirements at 42 CFR440.60. We hereby inform you that Medicaid State plan amendment 24-0009 is approved effective September 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,

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Erin Black

DEPARTMENT OF HEALTH ANDHUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 24 — 0009
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
September 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.60

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 $243,000
b. FFY 2025 $2,936,300

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplemental 1 to Attachment 3.1-A Pages 1-J-1 to 1-J-5
Attachment 4.19-B Page 4b

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*

9. SUBJECT OF AMENDMENT
This SPA provides authority to cover targeted case management services for recuperative care.

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
- ☑ OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

11. TYPED NAME
Meghan Groen

12. TITLE
Senior Deputy Director

13. DATE SUBMITTED
July 22, 2024

15. RETURN TO

Behavioral and Physical Health and Aging Services Administration
Office of Strategic Partnerships & Medicaid Administrative Services – Federal Liaison
Capitol Commons Center – 7th Floor
400 South Pine
Lansing, Michigan 48933

Attn: Erin Black

FOR CMS USE ONLY

16. DATE RECEIVED: 07/22/2024

17. DATE APPROVED: **09/30/2024**

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
09/01/2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
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)):

Target Group consists of unhoused beneficiaries over the age of 18 who are discharging from an inpatient hospital admission for an acute condition and not continuing care through an extended hospital admission, skilled nursing facility admission, in-patient psychiatric admission, or other Medicaid inpatient services who meet all the following criteria:

- homeless as defined by Housing and Urban Development as homeless category 1: literally homeless
- has an acute condition that can be addressed in a less than a year.
- medically stable, independently mobile, and be able to perform their own activities of daily living (ADLs).
- able to manage medications and durable medical equipment independently.
- have a need for short-term supportive services and intensive case coordination.
- be at risk for re-hospitalization or severe complications without the support of recuperative care services.

___ Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to _____ 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: **[Specify 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
  - taking client history;
  - identifying the individual's needs and completing related documentation; and
  - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

State Plan under Title XIX of the Social Security Act
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TARGETED CASE MANAGEMENT SERVICES

- completing initial assessments and periodic reassessments that evaluate a range of service needs to help establish and update what is important for the individual in a way that is important to the individual, with the following frequency:
    - an initial assessment is conducted upon discharge from an inpatient admission
    - a reassessment is conducted at least quarterly or when there are significant changes in the individual's health or functional status, or significant changes in the individual's network of allies (i.e. death of a primary caregiver)

❖ 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;
- includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) 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; 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 must be an in-person encounter and is provided on at least a weekly basis, unless otherwise indicated by the needs and circumstances of the individual and/or family.

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TARGETED CASE MANAGEMENT SERVICES

_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)):
Case Management Provider Organizations - Must be enrolled as a Michigan Medicaid provider and can demonstrate the following criteria:

a. the capacity to provide all core elements of case management services including:
    - comprehensive client assessment
    - comprehensive care/service plan development
    - linking/coordination of services
    - monitoring and follow-up of services
    - reassessment of the client's status and needs
b. case management experience in coordinating and linking such community resources as required by the target population;
c. experience with the target population;
d. the sufficient number of staff to meet the case management service needs of the target population;
e. an administrative capacity to ensure quality of services in accordance with State and Federal requirements;
f. a financial management capacity and system that provides a record of services and costs; and
g. the capacity to document and maintain individual case records in accordance with State and Federal requirements.

The targeted case management provider must have the capability to coordinate with the individual's health plan and the individual facilitating discharge post-hospitalization. The targeted case management provider must employ a qualified case manager who is licensed to practice in accordance with Michigan law. Documentation of the provider's qualifications and credentials must be maintained by the targeted case management provider.

Qualified Case Manager
Qualified case managers may provide all components of targeted case management within their scope of practice. A qualified case manager must meet one of the following criteria:

• Licensure as a Registered Nurse by the Michigan Department of Licensing and Regulatory Affairs and at least one year of experience providing community health or case management services; or
• Licensure as a fully licensed Clinical Social Worker by the Michigan Department of Licensing and Regulatory Affairs and at least one year of experience providing social work or case management services.

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TARGETED CASE MANAGEMENT SERVICES

Physician or Non-Physician Practitioner (NPP)
A Medicaid enrolled physician or NPP licensed by the Michigan Department of Licensing and Regulatory Affairs must provide general supervision of the case manager. An NPP is a healthcare professional licensed as a nurse practitioner, physician assistant, or a clinical nurse specialist.

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)):
____ 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: [**Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups 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 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

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TARGETED CASE MANAGEMENT SERVICES

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

I. REIMBURSEMENT FOR TARGETED GROUP J 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 SEPTEMBER 1, 2024, MAY BE FOUND AT WWW.MICHIGAN.GOV/MEDICAIDPROVIDERS.