## **Table of Contents**

**State Territory Name: MICHIGAN** 

State Plan Amendment (SPA) #: 24-0017

This file contains the following documents in the order

listed:) 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 230 South Dearborn Street Chicago, Illinois 60604



### **Financial Management Group**

October 16, 2024

Meghan Groen Medicaid Director Medical Services Administrations 400 South Pine Street 7<sup>th</sup> Floor Lansing, MI 48933-2250

RE: TN 24-0017

Dear Director Groen:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Michigan state plan amendment (SPA) to Attachment 4.19-B 24-0017 which was submitted to CMS on September 11, 2024. This plan amendment updates Private Duty Nursing rates.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

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

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

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

**Enclosures** 

FORM CMS-179 (09/24)

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES  TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES  5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.130	1. TRANSMITTAL NUMBER  24 — 0017  3. PROGRAM IDENTIFICATION: TITLE XIX SECURITY ACT  4. PROPOSED EFFECTIVE DATE October 1, 2024  6. FEDERAL BUDGET IMPACT (Amour a FFY 2025 \$5,285 b. FFY 2026 \$5,285	nts in WHOLE dollars)
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B Page 8	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTIONOR ATTACHMENT (If Applicable)  Attachment 4.19-B Page 8 (TN: 10-25)	
9. SUBJECT OF AMENDMENT This SPA reflects a Private Duty Nursing reimbursement rate increase.  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		
11. SIGNATURE OF STATE AGENCY OFFICIAL  12. TYPED NAME     Meghan Groen  13. TITLE     Senior Deputy Director  14. DATE SUBMITTED     September 11, 2024	RETURN TO  Chavioral and Physical Health and Aging Services ministration fice of Strategic Partnerships & Medicaid Administrative crvices – Federal Liaison upitol Commons Center – 7 <sup>th</sup> Floor 0 South Pine nsing, Michigan 48933 cn: Erin Black	
16. DATE RECEIVED	7. DATE APPROVED	
September 11, 2024 October 16, 2024  PLAN APPROVED - ONE COPY ATTACHED		
18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2024  20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion  22. REMARKS	. SIGNATURE OF APPROVING OFFICIAL  . TITLE OF APPROVING OFFICIAL irector, Division of Reimbursement Review	

#### 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. An EPSDT visit is paid a flat rate for the visit, and if the following are performed, reimbursement is made over and above of the visit rate:
  - urine test
  - hematocrit or hemoglobin
  - TB test
  - hearing test using a pure tone audiometer
  - developmental test
  - immunizations

EPSDT is paid on a weekly cycle through the invoice processing system using established HCPCS codes and the normal Medicaid methods.

Whenever an EPSDT component that has an HCPCS code is provided outside of an EPSDT package, it is billed under regular Medicaid. An example would be if the only service provided to a child is a developmental test, it is billed separately to Medicaid because there is no method for tracking the child to assure that the rest of the components are performed.

EPSDT visit rates are set under individual practitioner services for given HCPCS codes. (See Attachment 4.19-B, Page 1, 1)

Investigations to determine the necessity for the abatement of blood lead risks are reimbursed at a flat rate taking into account costs associated with assessment of the site, on-site testing, and professional services used per environmental investigation. External laboratory testing of water, paint and soil are not covered. Payment is limited to services provided by certified assessors in accordance with state law.

Medicaid covers the on-site investigation of a child's home or primary residence as a diagnostic service. A maximum of two sites may be investigated.

Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers of lead investigations. The Michigan Medicaid fee schedule was last updated October 1, 2024 and may be found at <a href="http://www.michigan.gov/medicaidproviders">http://www.michigan.gov/medicaidproviders</a>.

The following services are covered when prior authorized by the single state agency:

- private duty nursing reimbursement will be made on a fee for service basis
- religious non-medical health care nursing services (formerly Christian Science nursing services) – reimbursement will be on a fee for service basis

Screening and preventive services' reimbursement is governed by the applicable category of the specific service.

Reimbursement for EPSDT support services is on a fee for service basis, within Medicaid established frequency limits, to providers that have been certified by the single state agency as qualified to provide these services.

TN NO.: <u>24-0017</u> Approval Date: <u>October 16</u>, 2024 Effective Date: <u>10-01-2024</u>

Supersedes TN No.: 10-25