

Table of Contents

State Territory Name: MICHIGAN

State Plan Amendment (SPA) #: 24-0019

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
John C. Kluczynski Federal Building
230 S Dearborn Street
Chicago, IL 60604-1505



Financial Management Group

October 29, 2024

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

RE: TN 24-0019

Dear Director Groen:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Michigan state plan amendment (SPA) to Attachment 4.19-B 24-0019 which was submitted to CMS on September 26, 2024. This plan amendment provides updated rates for Other Licensed Practitioners (OLP).

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,

A solid black rectangular box redacting the signature of Todd McMillion.

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 24 — 0019 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
October 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.60

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 \$16,285,500
b. FFY 2026 \$16,285,500

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B Page 5b

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B Page 5b (TN# 18-0011)

9. SUBJECT OF AMENDMENT
This SPA provides authority for updated payment methodologies for specific outpatient non-physician providers.

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. TYPED NAME
Meghan Groen
 12. TITLE
Senior Deputy Director
 13. DATE SUBMITTED
September 26, 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
September 26, 2024

17. DATE APPROVED
October 29, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL
[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillon

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

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

F. Registered/Licensed Dental Hygienists (RDHs)

Except as otherwise noted in the plan, state-developed payment rates are the same for both governmental and private providers of dental hygiene services. The payment rate methodology is effective for dates of service on or after October 1, 2010. All rates are published on the agency's website at www.michigan.gov/medicaidproviders.

G. Psychologists

Except as otherwise noted in the plan, state-developed payment rates are the same for both governmental and private providers of behavioral health services. Payment rates are 90% of the rate established utilizing the methodology described for physician services on Attachment 4.19-B Page 1. This reimbursement methodology applies to services rendered on and after the day after October 1, 2024. All rates are published on the Agency's website at www.michigan.gov/medicaidproviders.

H. Social Workers

Except as otherwise noted in the plan, state-developed payment rates are the same for both governmental and private providers of behavioral health services. Payment rates are 90% of the rate established utilizing the methodology described for physician services on Attachment 4.19-B Page 1. This reimbursement methodology applies to services rendered on and after the day after October 1, 2024. All rates are published on the Agency's website at www.michigan.gov/medicaidproviders.

I. Professional Counselors

Except as otherwise noted in the plan, state-developed payment rates are the same for both governmental and private providers of behavioral health services. Payment rates are 90% of the rate established utilizing the methodology described for physician services on Attachment 4.19-B Page 1. This reimbursement methodology applies to services rendered on and after the day after October 1, 2024. All rates are published on the Agency's website at www.michigan.gov/medicaidproviders.

J. Marriage and Family Therapists

Except as otherwise noted in the plan, state-developed payment rates are the same for both governmental and private providers of behavioral health services. Payment rates are 90% of the rate established utilizing the methodology described for physician services on Attachment 4.19-B Page 1. This reimbursement methodology applies to services rendered on and after the day after October 1, 2024. All rates are published on the Agency's website at www.michigan.gov/medicaidproviders.
