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State Territory Name: MICHIGAN

State Plan Amendment (SPA) #: 24-0020

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
Center for Medicaid & CHIP Services
230 South Dearborn Street
Chicago, IL 60604-1505



Financial Management Group

November 6, 2024

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

RE: TN 24-0020

Dear Director Groen:

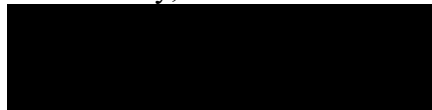
The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Michigan state plan amendment (SPA) to Attachment 4.19-B 24-0020 which was submitted to CMS on September 26, 2024. This plan amendment updates rates for Prosthetic Orthotics.

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <div>24 — 0020</div>	2. STATE <div>MI</div>
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.120 (c) & 440.225		3. PROPOSED EFFECTIVE DATE October 1, 2024	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B Page 3.1		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2025 \$423,800 b. FFY 2026 \$423,800	
		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B Page 3.1 (TN# 09-0015)	
9. SUBJECT OF AMENDMENT This SPA provides authority for an orthotic & prosthetic provider rate change.			
10. GOVERNOR'S REVIEW (Check One) <div><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT</div> <div><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</div> <div><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</div> <div><input checked="" type="checkbox"/> OTHER, AS SPECIFIED:</div>			
11. TYPED NAME Meghan Groen		15. RETURN TO Behavioral and Physical Health and Aging Services Administration Office of Strategic Partnerships & Medicaid Administrative Services – Federal Liaison Capitol Commons Center – 7 th Floor 400 South Pine Lansing, Michigan 48933 Attn: Erin Black	
12. TITLE Senior Deputy Director			
13. DATE SUBMITTED September 26, 2024			
FOR CMS USE ONLY			
16. DATE RECEIVED September 26, 2024		17. DATE APPROVED November 6, 2024	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2024		APPROVING OFFICIAL <div></div>	
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion		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)

3.) Prosthetic Limbs, Orthotic Braces and Shoes

Prosthetic Limbs, orthotic braces and shoes reimbursement methodology is 74% of the annual Medicare rates. Except as otherwise noted in the state plan, Michigan's Medicaid payment rates are uniform for both private and governmental providers. Providers are reimbursed the lesser of the Medicaid payment rate or the provider's usual and customary charge minus any third-party payment. The provider's usual and customary charge is the fee most frequently charged to patients. This reimbursement methodology applies to services rendered on and after October 1, 2024. All rates are published at www.michigan.gov/medicaidproviders.

A. Eyeglasses/optical house services/Optician services

Payment for optical house services is on the basis of contracted prices established in conformance with federal procurement policies. Optical houses are reimbursed only for materials.

Providers furnishing materials obtained from an optical house under contract with the State are reimbursed only for the services involved in dispensing such materials. Providers are reimbursed the lesser of the Medicaid fee screen or the provider's usual and customary charge minus any third party payment. The provider's usual and customary charge should be the fee most frequently charged to patients.