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State Territory Name: MICHIGAN

State Plan Amendment (SPA) #: 24-0022

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, Suite 330F
Chicago, IL 60604-1505



Financial Management Group

December 17, 2024

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

RE: TN 24-0022

Dear Director Groen:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Michigan state plan amendment (SPA) to Attachment 4.19-B 24-0022 which was submitted to CMS on November 14, 2024. This plan amendment updates the rates for behavioral health treatment services.

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 November 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 24 — 0022 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
November 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 \$13,300,000
b. FFY 2026 \$14,509,100

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B Page 9

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B Page 9 (TN# 23-0025)

9. SUBJECT OF AMENDMENT
This SPA increases payment by establishing a Behavioral Health Treatment service reimbursement rate for CPT procedure code 97153 of not less than \$16.50/unit or \$66.00/hour.

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
November 14, 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
November 14, 2024

17. DATE APPROVED
December 17, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
November 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL
[Redacted Signature]

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)***

17 (Continued).

Behavioral Health Treatment services are covered when prior authorized by the single state agency:

Except as otherwise noted in the plan, Michigan's Medicaid payment rates are uniform for both private and governmental providers of Behavioral Health Treatment. The Michigan Medicaid fee schedule rates were set as of October 1, 2023, and are effective for dates of service on or after that date. The fee schedule may be found at www.michigan.gov/medicaidproviders.

Reimbursement is made in accordance with Medicaid's maximum fee screens associated with direct Behavioral Health Treatment or the usual and customary charge for these types of services, whichever amount is less.

THE BEHAVIORAL HEALTH TREATMENT-APPLIED BEHAVIOR ANALYSIS SERVICE REIMBURSEMENT RATE FOR CPT PROCEDURE CODE 97153 IS A STATE DIRECTED PAYMENT OF NOT LESS THAN \$16.50/UNIT (\$66.00/HOUR). THIS REIMBURSEMENT METHODOLOGY APPLIES TO SERVICES RENDERED ON AND AFTER NOVEMBER 1, 2024. ALL RATES ARE PUBLISHED AT WWW.MICHIGAN.GOV/MEDICAIDPROVIDERS.

TN NO.: 24-0022Approval Date: December 17, 2024Effective Date: 11/1/2024

Supersedes

TN No.: 23-0025