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State/Territory Name: Michigan

State Plan Amendment (SPA) #: 25-0006

This file contains the following documents in the order listed:

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

September 15, 2025

Meghan E. Groen
Senior Deputy Director
Behavioral and Physical Health and Aging Services Administration
Michigan Department of Health and Human Services
400 S Pine Street, 7th Floor
Lansing, MI 48933-2250

Re: Michigan State Plan Amendment (SPA) 25-0006

Dear Director Groen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number MI-25-0006. This SPA amends the Medicaid state plan to provide for mandatory coverage in accordance with section 1902(a)(84)(D) of the Social Security Act (the Act) for eligible juveniles that are incarcerated in a public institution post-adjudication of charges. This SPA is effective on January 1, 2025, and will sunset on December 31, 2026.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Michigan's Medicaid SPA TN MI-25-0006 was approved on September 15, 2025, effective January 1, 2025.

Please note that accompanying this SPA approval, along with the CMS-179 and approved state plan pages, there is an enclosed companion letter describing actions that the state must complete by December 31, 2026, the sunset date.

If you have any questions, please contact Christine Davidson at (312) 886-3642 or via email at Christine.Davidson@cms.hhs.gov.

Sincerely,

[redacted]

Shantrina Roberts, Acting Director
Division of Program Operations

Enclosures

cc: Erin Black, MI DHHS
Jacqueline Coleman, MI DHHS

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

Medicaid and CHIP Operations Group

September 15, 2025

Meghan E. Groen
Senior Deputy Director
Behavioral and Physical Health and Aging Services Administration
Michigan Department of Health and Human Services
400 S Pine Street, 7th Floor
Lansing, MI 48933-2250

Re: Michigan State Plan Amendment (SPA) – 25-0006

Dear Director Groen:

The Centers for Medicare & Medicaid Services (CMS) is sending this companion letter to MI-25-0006, approved on September 15, 2025. This SPA amends the Medicaid state plan to provide for mandatory coverage in accordance with section 1902(a)(84)(D) of the Social Security Act (the Act) for eligible juveniles who are incarcerated in a public institution post-adjudication of charges. As noted in the approval letter and state plan, this SPA is effective January 1, 2025, and will sunset on December 31, 2026. The state must complete the actions identified in this letter by the sunset date. Once these actions are completed, the state should submit a SPA to remove the sunset date from the state plan.

Effective January 1, 2025, section 1902(a)(84)(D) of the Act requires states to have an internal operational plan and, in accordance with such plan, provide for the following for eligible juveniles as defined in section 1902(nn) of the Act (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children under 42 C.F.R. § 435.150 who are at least age 18 but under age 26) who are within 30 days of their scheduled date of release from a public institution following adjudication:

- In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, the state must provide any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.

- In the 30 days prior to release and for at least 30 days following release, the state must provide targeted case management services, including referrals to appropriate care and

services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid State Plan (or waiver of such plan).

We appreciate the state's efforts to implement this mandatory coverage and recognize the progress that has been made, as well as the complexities associated with full implementation. However, during the review of MI-25-0006, CMS identified actions that must be completed to fully implement mandatory coverage in accordance with section 1902(a)(84)(D) of the Act. CMS is issuing this companion letter to document these actions and establish a timeframe for their completion.

The state must complete the following actions by December 31, 2026, to fully implement section 1902(a)(84)(D) of the Act. Once these actions are completed, the state should submit a SPA to remove the sunset date from the State Plan.

1. **Standardize Medicaid Eligibility and Enrollment Processes**: Establish standardized, bi-directional information sharing for Medicaid enrollment and suspension processes, including developing data sharing processes for identifying individuals who are uninsured and require Medicaid application assistance, as well as individuals who are already enrolled in Medicaid and for whom the state must initiate suspension and release processes. Michigan Department of Health & Human Services (MDHHS) will review the eligibility and enrollment operations approach with correctional facilities, starting with state-run juvenile justice facilities, and provide targeted technical assistance to ensure consistent implementation.

2. **Provider and Stakeholder Communications:** Finalize and distribute provider bulletin detailing provider requirements, service coverage, provider qualifications, and billing guidelines. The provider bulletin will be posted to the MDHHS website and distributed through mailing lists and stakeholder channels. MDHHS will also conduct informational webinars to present the provider bulletin, gather provider feedback, and offer targeted technical assistance. In addition, the state will continue to leverage its Reentry Implementor Advisory Group to disseminate updates and facilitate stakeholder engagement -- MDHHS is developing a three-part *Reentry Initiative Policy Primer* webinar series to provide further insight into the state's reentry strategies and serve as another avenue for stakeholder engagement and feedback.

3. **Training and Capacity Building:** Complete internal staff training to support new programs with new Medicaid provider types, including training support and system staff on policy expectations, system processing, and data identification for reporting. The state will develop tailored training modules, support comprehensive training sessions, and establish ongoing training support mechanisms.

4. **Support Medicaid Provider Enrollment**: Prepare and implement necessary system and process changes to support correctional facility providers' Medicaid enrollment as they navigate the enrollment process. MDHHS's operational teams will identify eligible provider types and establish provider enrollment pathways within the state's Medicaid provider system to ensure that providers, including facility-based providers, can enroll as Medicaid providers.

5. **Conduct System Configuration and Testing to Support Medicaid Eligibility, Billing, and Claiming Processes in Correctional Facilities:** Update Michigan's Medicaid Management Information System (MMIS) and eligibility systems to incorporate coverage requirements, support Medicaid billing and claiming, and conduct comprehensive User Acceptance Testing (UAT) for all systems changes to support new coverage groups and services. Testing will validate the functionality of system updates and ensure operational readiness ahead of go-live.

6. **Oversight and Monitoring Processes:** Establish internal monitoring and oversight infrastructure. This will include defining metrics, data sources, and reporting timelines.

7. **Readiness Assessment Document**: Prepare for and conduct final readiness assessments of carceral facilities and formally document facility participation and/or non-cooperation. The tool will assess readiness to provide reentry services across five key focus areas: Medication Application Support, Reentry Services Access Screening, Reentry Service Delivery, Reentry Planning and Coordination, and Oversight and Project Management. MDHHS will document each facility's level of readiness based on assessment results.

As always, CMS is available to provide technical assistance on any of these actions. If you have any questions, please get in touch with Christine Davidson at (312) 886-3641 or via email at Christine.Davidson@cms.hhs.gov.

Sincerely,

[redacted]

Shantrina Roberts, Acting Director
Division of Program Operations

cc: Erin Black, MI DHHS
Jacqueline Coleman, MI DHHS

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: 25 — 0006

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
January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
Section 1902(a)(84)(D) of the Social Security Act
Section 1902(nn) of the Social Security Act
Section 1905(a)(13) and 1905(a)(19) and 42 CFR 440.169

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 $183,100
b. FFY 2026 $378,700

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement 1 to Attachment 3.1-A Pages 1-G-1 to 1-G-7
Supplement 1 to Attachment 3.1-A Pages 1-K-1 to 1-K-9 (New)
Attachment 3.1-M Pages 1 and 2 (New)
Attachment 4.19-B Page 4c (New)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTIONOR ATTACHMENT *(If Applicable)*
Supplement 1 to Attachment 3.1-A Pages 1-G-1 to 1-G-5 (TN# 22-0018)

9. SUBJECT OF AMENDMENT
This SPA provides authority to meet the requirements of Section 5121 of the Consolidated Appropriations Act of 2023, including screening and diagnosis services and Target Case Management services.

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 AGE. CY OFFICIAL
[redacted]

11. TYPED NAME
Meghan Groen

12. TITLE
Senior Deputy Director

13. DATE SUBMITTED
March 17, 2025

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
March 17, 2025

17. DATE APPROVED
September 15, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Shantrina Roberts

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

FORM CMS-179 (09/24)

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 is any justice-involved individual who is 18 years of age and older and not otherwise managed in another target group; meets Medicaid eligibility requirements; has a chronic or complex physical or behavioral health care need; and were a recent inmate or was involuntarily residing in a prison or jail. An inmate is an individual who was in custody and held involuntarily through operation of law enforcement authorities in a public institution which is the responsibility of a governmental unit or over which a governmental unit exercises administrative control.

___ 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:

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.

A case manager should perform an in-person comprehensive assessment visit with an individual following their recent release from a prison or jail. The comprehensive assessment visit is limited to 1 visit per individual throughout each period of eligibility. Additional comprehensive assessment visits may be prior authorized if medically necessary.

State Plan under Title XIX of the Social Security Act
State/Territory: Michigan

TARGETED CASE MANAGEMENT SERVICES

- 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.

It must be determined, on an ongoing basis, if the services and supports have been delivered, and if they are adequate to meet the needs/wants of the individual. Frequency and scope of case management monitoring activities must reflect the intensity of the individual's physical health, behavioral health, and welfare needs identified in the individual's specific care plan.

Individuals are eligible for targeted case management services for one year following release from a prison or jail. Monitoring and follow-up activities may or may not require face-to-face interaction (i.e. telephonically, virtually, or in person) and are based on the needs of the individual and are provided as frequently, at a minimum of one visit per month, or as necessary throughout each period of eligibility. Additional monitoring visits and follow up activities and extending beyond the year limit may be prior authorized if medically necessary.

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))

State Plan under Title XIX of the Social Security Act
State/Territory: Michigan

TARGETED CASE MANAGEMENT SERVICES

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Targeted Case Management Provider

The targeted case management provider must be enrolled as a Michigan Medicaid provider and have the ability to 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.

Case Manager Provider Entities

The case manager provider entities employ case manager supervisors and case managers. The targeted case manager provider entity may be a:

- Community Mental Health Services Program (CMHSP);
- Federally Qualified Health Center (FQHC);
- Rural Health Center (RHC);
- Tribal Health Center (THC);
- Tribal Federally Qualified Health Center (Tribal FQHC); or
- other any qualified provider, not otherwise funded to provide similar services.

The targeted case manager provider entity must employ a case manager who is qualified to practice in accordance with Michigan law. Documentation of the provider's qualifications and credentials must be maintained by the targeted case manager provider entity.

State Plan under Title XIX of the Social Security Act
State/Territory: Michigan

TARGETED CASE MANAGEMENT SERVICES

Case Manager Supervisors

Supervision of the case manager must be provided by a case manager supervisor who is an enrolled Medicaid provider. Medicaid enrolled providers that may serve as a case manager supervisor include a physician, physician assistant, nurse practitioner, clinical nurse specialist, licensed professional counselor, licensed psychologist, marriage and family therapist, or master's social worker.

Case Managers

Case managers must provide all components of targeted case management. The following individuals may be case managers:

- Licensed registered nurse; and have
  - Experience in the case management or social work field; or
  - Experience working with justice-involved populations.

- Licensed or limited, educational, temporary licensed master's or bachelor's social worker or clinical social worker; and have
  - Experience in the case management or social work field; or
  - Experience working with justice-involved populations.

- Qualified mental health professional (QMHP). This is an individual with specialized training or who has one or more years of experience in treating or working with a person who has a mental illness. The following professionals are considered QMHPs:
  - Physician;
  - Physician's assistant;
  - Licensed or limited, educational, temporary licensed psychologist;
  - Licensed or limited, educational, temporary licensed master's or bachelor's social worker;
  - Licensed or limited, educational, temporary licensed professional counselor; or
  - Licensed or limited, educational, temporary licensed marriage and family therapist.; or
  - Licensed registered nurse.

- Qualified intellectual disability professional (QIDP). This is an individual with specialized training or who has one or more years of experience in treating or working with a person who has an intellectual or developmental disability. The following professionals are considered QIDPs:
  - Physician;
  - Licensed or limited, educational, temporary licensed psychologist;
  - Licensed or limited, educational, temporary licensed master's or bachelor's social worker;
  - Licensed or limited, educational, temporary licensed professional counselor;

State Plan under Title XIX of the Social Security Act
State/Territory: Michigan

TARGETED CASE MANAGEMENT SERVICES

- Behavior analyst; or
- Licensed registered nurse.

- Child mental health professional (CMHP). This is an individual with specialized training and who has one or more years of experience in the examination, evaluation, and treatment of minors and their families. The following professionals are considered CMHPs:
  - Physician;
  - Licensed or limited, educational, temporary licensed psychologist;
  - Licensed or limited, educational, temporary licensed master's social worker;
  - Licensed or limited, educational, temporary licensed professional counselor; or
  - Licensed registered nurse.

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.

State Plan under Title XIX of the Social Security Act
State/Territory: Michigan

TARGETED CASE MANAGEMENT SERVICES

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**:**

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 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

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

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))

Federal Financial Participation (FFP) is not available in expenditures for services provided to individuals who are inmates of public institutions.

State Plan under Title XIX of the Social Security Act
State/Territory: Michigan

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Eligible juveniles as defined in §1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution **following adjudication**, and for at least 30 days following release.

Post Release TCM Period beyond 30 day post release minimum requirement:
☒State will provide TCM beyond the 30 day post release requirement.
Eligible juveniles are eligible for targeted case management services beginning 30 days prior to release and for one year following release from a public institution. Additional targeted case management services extending beyond the year limit may be prior authorized if medically necessary.

Areas of State in which services will be provided (§1915(g)(1) of the Act):
☒ Entire State

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))
☒ Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management (TCM) 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
State/Territory: Michigan

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

The periodic reassessment is conducted every (check all that apply):

- ☐ 1 month
- ☐ 3 months
- ☐ 6 months
- ☒ 12 months: The comprehensive assessment visit is limited to 1 visit per eligible juvenile throughout each period of eligibility. Additional comprehensive assessment visits may be prior authorized if medically necessary.
- ☐ Other frequency

- ❖ 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, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible (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 are:
  - 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.

State Plan under Title XIX of the Social Security Act
State/Territory: Michigan

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Frequency of additional monitoring:
Specify the type and frequency of monitoring (check all that apply)
☒ Telephonic. Frequency: Minimum of one visit and up to three prerelease monitoring and three prerelease follow-up visits. Post-release monitoring and follow-up visits are based on the needs of the individual and are provided as frequently as necessary throughout each period of eligibility. Additional monitoring visits and follow-up activities during the period of eligibility may be prior authorized if medically necessary.
☒ In-person. Frequency: Same as telephonic.
☒ Other: Same as telephonic. Monitoring and follow-up activities may or may not require face-to-face interaction (i.e. telephonically, virtually, or in person).

☒ 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. For instance, a case manager might also work with state children and youth agencies for children who are involved with the foster care system.
(42 CFR 440.169(e))

☒ If another case manager is involved upon release or for case management after the 30-day post release mandatory service period, states should ensure a warm hand off to transition case management and support continuity of care of needed services that are documented in the person-centered care plan. A warm handoff should include a meeting between the eligible juvenile, and both the pre-release and post-release case manager. It also should include a review of the person-centered care plan and next steps to ensure continuity of case management and follow-up as the eligible juvenile transitions into the community.

State Plan under Title XIX of the Social Security Act
State/Territory: Michigan

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Targeted Case Management Provider
The targeted case management provider must be enrolled as a Michigan Medicaid provider and have the ability to 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.

Case Manager Provider Entities
The case manager provider entities employ case manager supervisors and case managers. The targeted case manager provider entity may be a:

- Carceral Provider (for pre-release service only);
- Community Mental Health Services Program (CMHSP);
- Federally Qualified Health Center (FQHC);
- Rural Health Center (RHC);
- Tribal Health Center (THC);
- Tribal Federally Qualified Health Center (Tribal FQHC); or
- other any qualified provider, not otherwise funded to provide similar services.

State Plan under Title XIX of the Social Security Act
State/Territory: Michigan

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

The targeted case manager provider entity must employ a case manager who is qualified to practice in accordance with Michigan law. Documentation of the provider's qualifications and credentials must be maintained by the targeted case manager provider entity.

Case Manager Supervisors

Supervision of the case manager must be provided by a case manager supervisor who is an enrolled Medicaid provider. Medicaid enrolled providers that may serve as a case manager supervisor include a physician, physician assistant, nurse practitioner, clinical nurse specialist, licensed professional counselor, licensed psychologist, marriage and family therapist, or master's social worker.

Case Managers

Case managers must provide all components of targeted case management. The following individuals may be case managers:

- Licensed registered nurse; and have
  - Experience in the case management or social work field; or
  - Experience working with justice-involved populations.

- Licensed or limited, educational, temporary licensed master's or bachelor's social worker or clinical social worker; and have
  - Experience in the case management or social work field; or
  - Experience working with justice-involved populations.

- Qualified mental health professional (QMHP). This is an individual with specialized training or who has one or more years of experience in treating or working with a person who has a mental illness. The following professionals are considered QMHPs:
  - Physician;
  - Physician's assistant;
  - Licensed or limited, educational, temporary licensed psychologist;

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- Licensed or limited, educational, temporary licensed master's or bachelor's social worker;
- Licensed or limited, educational, temporary licensed professional counselor; or
- Licensed or limited, educational, temporary licensed marriage and family therapist.; or
- Licensed registered nurse.

- Qualified intellectual disability professional (QIDP). This is an individual with specialized training or who has one or more years of experience in treating or working with a person who has an intellectual or developmental disability. The following professionals are considered QIDPs:
  - Physician;
  - Licensed or limited, educational, temporary licensed psychologist;
  - Licensed or limited, educational, temporary licensed master's or bachelor's social worker;
  - Licensed or limited, educational, temporary licensed professional counselor;
  - Behavior analyst; or
  - Licensed registered nurse.

- Child mental health professional (CMHP). This is an individual with specialized training and who has one or more years of experience in the examination, evaluation, and treatment of minors and their families. The following professionals are considered CMHPs:
  - Physician;
  - Licensed or limited, educational, temporary licensed psychologist;
  - Licensed or limited, educational, temporary licensed master's social worker;
  - Licensed or limited, educational, temporary licensed professional counselor; or
  - Licensed registered nurse.

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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:

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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 plans.
- Delivery of TCM and the policies, procedures, and processes developed to support implementation of these provisions are built in consideration of the individuals release and will not effectuate a delay of an individual's release or lead to increased involvement in the juvenile and adult justice systems

Payment (42 CFR 441.18(a)(4)):
☒ The state assures 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)):
☒ The state assures 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 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:
☒ The state assures that case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169

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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 has additional limitations **[Specify any additional limitations.]**
Click or tap here to enter text.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Mandatory Coverage for Eligible Juveniles who are Inmates of a Public Institution Post Adjudication of Charges

General assurances. State must indicate compliance with all four items below with a check.

☒ In accordance with section 1902(a)(84)(D) of the Social Security Act, the state has an internal operational plan and, in accordance with such plan, provides for the following for eligible juveniles as defined in 1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication:

> ☒ In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.
>
> ☒ In the 30 days prior to release and for at least 30 days following release, targeted case management services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

☒ The state acknowledges that a correctional institution is considered a public institution and may include prisons, jails, detention facilities, or other penal settings (e.g., boot camps or wilderness camps).

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State of MICHIGAN

Mandatory Coverage for Eligible Juveniles who are Inmates of a Public Institution Post Adjudication of Charges

Additional information provided (optional):

☐ No

☒ Yes [provide below]

The authority to provide for mandatory coverage for eligible juveniles who are inmates of a public institution post adjudication of charges will cease on December 31, 2026.

The state may determine that it is not feasible to provide the required services during the pre-release period in certain carceral facilities (e.g., identified local jails, youth correctional facilities, and state prisons) and/or certain circumstances (e.g. unexpected release or short-term stays). The state will maintain clear documentation in its internal operational plan regarding each facility and/or circumstances where the state determines that it is not feasible to provide for the required services during the pre-release period. This information is available to CMS upon request. Services will be provided post-release, including the mandatory 30-days of targeted case management, screening, and diagnostic services.

The state will maintain clear documentation in its internal operational plan indicating which carceral facility/facilities are furnishing required services during the pre-release period but not enrolling in or billing Medicaid. This information is available to CMS upon request.

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

J. Reimbursement for Targeted Group K 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 January 1, 2025, may be found at www.michigan.gov/medicaidproviders.