## **Table of Contents**

**State Territory Name: MICHIGAN** 

State Plan Amendment (SPA) #: 23-0018

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 233 North Michigan Ave., Suite 600 Chicago, Illinois 60601



### **Financial Management Group**

September 8, 2023

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

RE: TN 23-0018

Dear Director Hanley:

We have reviewed the proposed Michigan State Plan Amendment (SPA) to Attachment 4.19-B, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 30, 2023. This plan amendment continues premium payments for in-person Behavioral Health Treatment Behavior Technician Services after the Public Health Emergency (PHE)

Based upon the information provided by the State, we have approved the amendment with an effective date of May 12, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Debi Benson at 1-(312)-886-0360 or <u>Deborah.Benson@cms.hhs.gov.</u>

Sincerely,

Todd McMillion Director Division of Reimbursement Review

**Enclosures** 

	TRANSMITTAL NUMBER	2. STATE	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	23 — 001 <u>8</u>	MI	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL		
FOR. CENTERS FOR MEDICARE & MEDICAID SERVICES	SECURITY ACT	,o <u>.</u>	
TO: CENTER DIRECTOR	3. PROPOSED EFFECTIVE DATE		
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	May 12, 2023	May 12, 2023	
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)		
42 C.F.R. Part 440.225	a. FFY 2023 \$3,178,700		
	b. FFY 2024 \$7,982	b. FFY 2024 \$7,982,100	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTIONOR ATTACHMENT (If Applicable)		
Attachment 4.19-B, Page 9	Attachment 4.19-B, Page 9		
Automitent 1.10 B, 1 age 0	(TN# 16-0016)		
	(		
9. SUBJECT OF AMENDMENT	•		
This SPA provides updates the date by which the Medicaid fee screen is effective to continue the in-person premium payment			
beyond the PHE for Behavioral Health Treatment Behavior Technician Services.			
10. GOVERNOR'S REVIEW (Check One)			
GOVERNOR'S OFFICE REPORTED NO COMMENT  OTHER, AS SPECIFIED:			
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO		
	ehavioral and Physical Health and Aging Services		
11. TYPED NAME	dministration		
Meghan Groen	Office of Strategic Partnerships & Medicaid Administrative Services – Federal Liaison		
12. TITLE	Capitol Commons Center – 7 <sup>th</sup> Floor		
Senior Deputy Director  13. DATE SUBMITTED	l00 South Pine .ansing, Michigan 48933		
June 30,2023			
04110 00,2020	Attn: Erin Black		
FOR CMS USE ONLY			
16. DATE RECEIVED JUNE 30, 2023	17. DATE APPROVED September 8, 2023		
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL	9. SIGNATURE OF APPROVING OFFICIAL		
MAY 12, 2023			
20. TYPED NAME OF APPROVING OFFICIAL	TITLE OF APPROVING OFFICIAL		
TODD MCMILLION	DIRECTOR, DIVISION OF REIMBURSEMENT REVIEW		
22. REMARKS			

FORM CMS-179 (09/24)

#### 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 May 12, 2023, and are effective for dates of service on or after that date. The fee schedule may be found at <a href="https://www.michigan.gov/medicaidproviders">www.michigan.gov/medicaidproviders</a>.

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.

TN NO.: <u>23-0018</u> Approval Date: <u>September 8, 2023 Effective Date: <u>05/12/2023</u></u>

Supersedes

TN No.: 16-0016