## **Table of Contents**

# State/Territory Name: Michigan

## State Plan Amendment (SPA)#: 23-0020

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179
- 3) Approved SPA Pages

## 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

October 23, 2023

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

Re: Michigan State Plan Amendment (SPA) 23-0020

Dear Senior Deputy Director Groen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0020. This SPA provides authority to recognize Community Health Workers (CHWs) as Medicaid providers of necessary CHW services.

We conducted our review of your submittal according to the statutory requirements in 42 CFR §440.130. We hereby inform you that Michigan's State Plan Amendment 23-0020 was approved on October 19, 2023, with an effective date of January 1, 2024. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please contact Keri Toback at (312) 353-1754 or via email at <u>keri.toback@cms.hhs.gov</u>.

Sincerely,



James G. Scott, Director Division of Program Operations

Enclosures

cc: Erin Black

CENTERS FOR MEDICARE & MEDICAID SERVICES	OMB No. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER         2. STATE           23         0020         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, 2024
5. FEDERAL STATUTE/REGULATION CITATION 42CFR §440.130	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)           a. FFY 2024         \$3,015,000           b. FFY 2025         \$4,006,300
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTIONOR ATTACHMENT (If Applicable)
Supplement to Attachment 3.1-A Pages 26.1.b to 26.1.c Attachment 4.19-B Page 6i	
<ol> <li>SUBJECT OF AMENDMENT</li> <li>This SPA provides authority to recognize Community Health Workers (CHWs) as Medicaid providers of necessary CHW services.</li> </ol>	
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:
1	5. RETURN TO
В	ehavioral and Physical Health and Aging Services
TYPED MANIE	dministration ffice of Strategic Partnerships & Medicaid Administrative
S S S S S S S S S S S S S S S S S S S	ervices – Federal Liaison
	apitol Commons Center – 7 <sup>th</sup> Floor 00 South Pine
13. DATE SUBMITTED	ansing, Michigan 48933
July 28, 2023	ttn: Erin Black
FOR CMS USE ONLY	
16. DATE RECEIVED July 28, 2023	7. DATE APPROVED October 19, 2023
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL 19 January 1, 2024	9. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL 2	1. TITLE OF APPROVING OFFICIAL
James G. Scott	Director, Division of Program Operations
22. REMARKS	

FORM CMS-179 (09/24)

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

## Amount, Duration and Scope of Medical and Remedial Care Services Provided to the Categorically and Medically Needy

#### 13. OTHER DIAGNOSTIC, SCREENING, PREVENTIVE AND REHABILITATIVE SERVICES

#### C. PREVENTIVE SERVICES (CONTINUED) - COMMUNITY HEALTH WORKER SERVICES

Effective January 1, 2024, the program covers services of the Community Health Worker (CHW) as a preventive service as defined in 42 CFR 440.130(c), to prevent disease, disability, and other health conditions or their progression; to prolong life; and promote physical and mental health and efficiency. CHWs are trusted members of their community who help address chronic conditions, preventive health care needs, and health-related social needs.

#### DESCRIPTION OF SERVICES:

The following component services are covered when performed by CHWs:

#### Health System Navigation and Resource Coordination

Health system navigation and resource coordination services include providing information, training, referrals, or support to encourage beneficiary-led efforts to:

- Access covered services, understand, engage, or re-engage in the health care system, or engage in their own care needs.
- Connect to relevant community resources necessary to promote health, address health care barriers, or address health-related social needs.

#### Health Promotion and Education

Health education to promote the beneficiary's health or address barriers to physical and mental health care, including providing information, instruction, methods, and measures on health topics that have been proven effective in preventing disease, disability, and other health conditions or their progression; prolonging life; and/or promoting physical and mental health and efficiency. The content of health promotion and education services must be consistent with established or recognized health care standards and best practices. Health education may include coaching and goal-setting to improve a beneficiary's health or ability to self-manage health conditions.

#### Screening and Assessment

Screening and assessment services include the use of standardized, validated tools that do not require a license and that support the identification of needed services.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

#### State of Michigan

## Amount, Duration and Scope of Medical and Remedial Care Services Provided to the Categorically and Medically Needy

## COVERAGE LIMITATIONS:

CHW services are limited to 2 hours (8 units) per day and 16 visits per month, for a maximum of 32 hours (128 units) per month, per beneficiary. This limit may be exceeded based on medical necessity determined in collaboration with the recommending licensed provider and require prior authorization. Group services are limited to eight unique beneficiaries at one time. There are no Place of Service restrictions for CHW services.

## PROVIDER QUALIFICATIONS:

An individual meeting the qualifications set by MDHHS and verified by the certifying vendor contracted with MDHHS is eligible to deliver CHW services and seek Medicaid reimbursement. Minimum gualifications required include:

- Have completed a skills-based Community Health Worker training program or curriculum.
- Continuing Education Community Health Workers must complete a minimum of 6 hours of continuing education training annually.

## 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)

#### 16. Other Services (continued)

#### Preventive Services - Community Health Worker Services

Community health worker services will be on a fee-for- service basis. Community health worker services are reimbursed separate from the prospective payment system for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics and separate from the all-inclusive rate reimbursement methodology for Tribal FQHCs and Tribal Health Centers. 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, 2024, may be found at www.michigan.gov/medicaidproviders.