

## **Table of Contents**

**State/Territory Name: Michigan**

**State Plan Amendment (SPA)#: 23-0024**

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

---

November 22, 2023

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

Re: Michigan State Plan Amendment (SPA) 23-0024

Dear Ms. Groen:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0024. This amendment provides a temporary extension to continue the supplemental payment for in-person direct care services provided in Skilled Nursing Facilities, Adult Foster Care Homes, and Homes for the Aged currently authorized in Disaster Relief (DR) SPA 21-0019.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Michigan's Medicaid SPA Transmittal Number 23-0024 is approved effective October 1, 2023.

If you have any questions, please contact Keri Toback at 312-353-1754 or via email at [keri.toback@cms.hhs.gov](mailto:keri.toback@cms.hhs.gov).

Sincerely,

Alissa M.  
Deboy -S

Digitally signed by Alissa  
M. Deboy -S  
Date: 2023.11.22  
07:27:42 -05'00'

Alissa Mooney DeBoy  
On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid and CHIP Services

Enclosures

cc: Erin Black

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>23</u> — <u>0024</u>	2. STATE <u>MI</u>
	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 October 1, 2023
--	---

5. FEDERAL STATUTE/REGULATION CITATION Sections 201 and 301 of the National Emergencies Act (50 U.S.C.1601 et seq.) Section 1135 of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2024 \$39,500,000 b. FFY 2025 \$0
---	--

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  7.4. C. Temporary Policies in Effect Following the COVID-19 National Emergency	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Section 7.4.B Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency (TN: 23-0019)
--	--

9. SUBJECT OF AMENDMENT  
This SPA updates temporary authority related to in-person premium payments for skilled nursing facilities, adult foster care homes, and homes for the aged by amending SPA 23-0019.

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

[REDACTED] ICIAL	15. RETURN TO Behavioral and Physical Health and Aging Services Administration Office of Strategic Partnerships & Medicaid Administrative Services – Federal Liaison Capitol Commons Center – 7 <sup>th</sup> Floor 400 South Pine Lansing, Michigan 48933  Attn: Erin Black
11. TYPED NAME Meghan Groen	
12. TITLE Senior Deputy Director	
13. DATE SUBMITTED October 9, 2023	

FOR CMS USE ONLY	
16. DATE RECEIVED 10/09/2023	17. DATE APPROVED 11/22/2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/2023	19. SIGNATURE OF APPROVING OFFICIAL Alissa M. <small>Digitally signed by Alissa M. Deboy -S Date: 2023.11.22</small>
20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy On Behalf of Anne Marie Costello	21. TITLE OF APPROVING OFFICIAL Deputy Director, Center for Medicaid and CHIP Services

22. REMARKS

State/Territory: Michigan

## Section 7 – General Provisions

### 7.4. C. Temporary Policies in Effect Following the COVID-19 National Emergency

*Effective October 1, 2023 until September 30, 2024, the agency is amending the temporarily policies of the following election(s) of section 7.4 (approved 07/12/2023 in SPA number MI-23-0019) of the state plan:*

#### **Payments:**

X The agency makes the following adjustments to payment rates currently covered in the state plan:

*Personal Care Services:*

*A supplemental payment of \$3.20 per hour will be paid for in-person care provided by registered nurses, licensed practical nurses, competency-evaluated nursing assistants, and respiratory therapists employed by Medicaid-certified nursing facilities, as well as for in-person direct care services provided in Adult Foster Care Homes and Homes for the Aged serving Medicaid beneficiaries. In addition, in-person premium payments in the amount of \$0.85 per hour will be paid to non-clinical direct care workers in skilled nursing facilities. The supplemental payment for these providers will also include any associated share of employer Federal Insurance Contributions Act (FICA) payroll taxes.*

*Except as otherwise noted in the state plan, Michigan's Medicaid payment rates are uniform for both private and governmental providers. Reimbursement is made in accordance with Medicaid's fee screens or the usual and customary charge for these services, whichever amount is less. All rates are published at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders).*

TN: 23-0024

Supersedes TN: 23-0019

Approval Date: 11/22/2023

Effective Date: 10/01/2023