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State Territory Name: MICHIGAN

State Plan Amendment (SPA) #: 23-0027

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

November 8, 2023

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

RE: TN 23-0027

Dear Director Hanley:

We have reviewed the proposed Michigan State Plan Amendment (SPA) to Attachment 4.19-B MI-23-0027, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on October 23, 2023. This plan amendment updates rates for Home Health Services.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 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 Deborah.Benson@cms.hhs.gov.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER	2. STATE MI	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT		
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2023		
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2024 \$1,259,600 b. FFY 2025 \$1,259,600		
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	PAGE NUMBER OF THE SUPERSEDED PLAN SECTIONOR ATTACHMENT (If Applicable)		
Attachment 4.19-B Page 2c	Attachment 4.19-B Page 2c (TN# 18-0003)		
9. SUBJECT OF AMENDMENT This SPA updates authority to reflect increased payment rate for home health 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			
CIAL 1	RETURN TO		
12. TYPED NAME	Behavioral and Physical Health and Agi Administration		
Meghan Groen	fice of Strategic Partnerships & Medicaid Administrative ervices – Federal Liaison		
13. TITLE	pitol Commons Center – 7 th Floor		
	Ö South Pine nsing, Michigan 48933		
October 22, 2022	tn: Erin Black		
FOR CMS USE ONLY			
N	. DATE APPROVED ovember 8, 2023		
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL 0CTOBER 1, 2023	SIGNATURE OF APPROVING OFFICIAL		
TODD MOMILLION	TITLE OF APPROVING OFFICIAL RECTOR, 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)

4. Home Health Services

Reimbursement to home health agencies is made on a per visit basis in accordance with Medicaid's maximum fee screens or the home health agency's usual and customary charge (acquisition cost for medical supply items), whichever amount is less. The Michigan Medicaid rates were set April 1, 2007. 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 October 1, 2023, may be found at www.michigan.gov/medicaidproviders.

TN NO.: <u>23-0027</u> Approval Date: <u>November 8, 2023</u> Effective Date: <u>10/01/2023</u>

Supersedes TN No.: <u>18-0003</u>