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State/Territory Name: MI

State Plan Amendment (SPA) #: 19-0001

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form (with 179-like data)
3) Approved SPA Page
Regional Operations Group

March 5, 2019

Kathy Stiffler, Acting State Medicaid Director
Medical Services Administration
Michigan Department of Health and Human Services
400 South Pine Street, P.O. Box 30479
Lansing, Michigan 48909-7979

ATTN: Erin Black

Dear Ms. Stiffler:

Enclosed for your records is an approved copy of the following State Plan Amendment:

- Transmittal #: 19-0001: Certified Nurse Midwives Update
- Effective Date: April 1, 2019
- Approval Date: March 5, 2019

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

Sincerely,

/s/

Todd McMillion
Acting Deputy Director
Division of Medicaid Field Operations North

cc: Erin Black, MDHHS
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

1. TRANSMITTAL NUMBER: 19 - 0001
2. STATE: Michigan

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE: April 1, 2019

5. TYPE OF PLAN MATERIAL (Check One):
   - NEW STATE PLAN
   - AMENDMENT TO BE CONSIDERED AS NEW PLAN
   - AMENDMENT

   COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
   - 42 CFR 440.165

7. FEDERAL BUDGET IMPACT:
   a. FFY 2019 $0
   b. FFY 2020 $0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
   - Suppemental to Attachment 3.1-A Page 33

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
   - Suppemental to Attachment 3.1-A Page 33

10. SUBJECT OF AMENDMENT:
    This SPA will update language regarding coverage of services provided by certified nurse midwives (CNMs). There will also be a corresponding ABP SPA.

11. 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: Kathleen Stiffler, Acting Director Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:
    Kathleen Stiffler

13. TYPED NAME:
    Kathleen Stiffler

14. TITLE:
    Acting Director, Medical Services Administration

15. DATE SUBMITTED:
    February 4, 2019

16. RETURN TO:
    Medical Services Administration
    Actuarial Division - Federal Liaison
    Capitol Commons Center - 7th Floor
    400 South Pine
    Lansing, Michigan 48933
    Attn: Erin Black

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
    February 4, 2019

18. DATE APPROVED:
    March 5, 2019

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
    April 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:
    /s/

21. TYPE NAME:
    Todd McMillion

22. TITLE:
    Acting Deputy Director

23. REMARKS:
17. NURSE-MIDWIFE SERVICES

CERTIFIED NURSE MIDWIFE SERVICES ARE COVERED WHEN MEDICALLY NECESSARY AND PROVIDED BY A QUALIFIED, LICENSED PROVIDER WITHIN THEIR SCOPE OF PRACTICE AS DEFINED BY STATE LAW.

COVERED SERVICES INCLUDE: OBSTETRIC AND NEWBORN CARE, WOMEN’S PRIMARY HEALTH CARE, AND GYNECOLOGICAL AND FAMILY PLANNING SERVICES. SERVICES MUST BE FURNISHED WITHIN AN ALLIANCE AGREEMENT THAT PROVIDES FOR PHYSICIAN CONSULTATION, COLLABORATION, AND REFERRAL AS INDICATED BY THE HEALTH OF THE BENEFICIARY.