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State/Territory Name: MI

State Plan Amendment (SPA) #: 16-0017

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 Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Chicago Regional Office
233 N. Michigan
Suite 600
Chicago, Illinois 60601



March 10, 2017

Chris Priest, 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 Mr. Priest:

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

- Transmittal #: 16-0017: Prevention Services
- Effective Date: July 1, 2017
- Approval Date: March 10, 2017

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

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Erin Black, MDHHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

16 - 0017

2. STATE:

Michigan

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

TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2017

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 440.130

7. FEDERAL BUDGET IMPACT:

a. FFY 2017 \$13,700

b. FFY 2018 \$54,900

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 6

Supplement to Attachment 3.1-A, Page 26

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):

Attachment 3.1-A, Page 6

Supplement to Attachment 3.1-A, Page 26

10. SUBJECT OF AMENDMENT:

Adds language regarding coverage parameters for prevention care services to the State Plan.

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:

Chris Priest, Director

Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Chris Priest

14. TITLE:

Director, Medical Services Administration

15. DATE SUBMITTED:

December 27, 2016

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:

December 27, 2016

18. DATE APPROVED:

March 10, 2017

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPE NAME:

Ruth A. Hughes

22. TITLE:

Associate Regional Administrator

23. REMARKS:

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***

b. Screening services

Provided: No limitations With limitations*
 Not Provided

c. Preventive services

Provided: No limitations With limitations*
 Not Provided

d. Rehabilitative services

Provided: No limitations With limitations*
 Not Provided

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services

Provided: No limitations With limitations*
 Not Provided

b. Skilled nursing facility services

Provided: No limitations With limitations*
 Not Provided

c. Intermediate care facility services.

Provided: No limitations With limitations*
 Not Provided

*Descriptions provided on attachment

TN NO.: 16-0017

Approval Date: 03/10/2017 Effective Date: 07/01/2017

Supersedes
TN No.: 10-01

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

a. **Diagnostic Services** Provided With Limitations

The program covers medically necessary diagnostic services when provided in accordance with currently accepted standards of medical or professional practice.

b. **Screening services** Provided With limitations

The program covers medically necessary screening services when provided in accordance with currently accepted standards of medical or professional practice.

c. **Preventive Services** – Provided With limitations

The program covers medically necessary preventive services when provided in accordance with currently accepted standards of medical or professional practice.

The program covers one preventive medicine visit annually. Additional visits may be covered per recommended clinical guidelines.

All United States Preventive Services Task Force (USPSTF) Grade A and B preventive services and approved vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), and their administration, are covered without beneficiary cost sharing.

In compliance with Section 4106 of the Affordable Care Act, the State assures that it has a method in place to update coverage and billing codes to comply with any changes made to USPSTF or ACIP recommendations. Additionally, the State assures that it has documentation to support the claiming of any additional federal match for such services.

d. **Rehabilitative Services**

1) **Substance abuse rehabilitation services**

The program covers medically necessary rehabilitation services for persons with a chemical dependency diagnosis. Medical necessity is documented by physician referral or approval of the treatment plan.

Services may be provided in residential settings or on an outpatient basis. Reimbursement will be excluded for rehabilitation services provided to any individual who is a patient in an IMD.

Substance Abuse Treatment Programs have been defined as those meeting the following criteria which assure that providers have the capacity to provide services but do not restrict client freedom of choice: