

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

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| 1. TRANSMITTAL NUMBER: 19 - 0012 | 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 October 1, 2019 | |

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

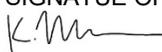
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

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| 6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 456.705 42 CFR 456.709 | 7. FEDERAL BUDGET IMPACT: a. FFY 2020 \$0 b. FFY 2021 \$0 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 74a Page 74a.1 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Page 74a |

10. SUBJECT OF AMENDMENT:
The purpose of this SPA is to demonstrate compliance with federal SUPPORT Act Drug Utilization Review (DUR) requirements.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Kate Massey, Director
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Medical Services Administration

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| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | 16. RETURN TO: Medical Services Administration Actuarial Division - Federal Liaison Capitol Commons Center - 7 th Floor 400 South Pine Lansing, Michigan 48933 Attn: Erin Black |
| 13. TYPED NAME: Kate Massey | |
| 14. TITLE: Director, Medical Services Administration | |
| 15. DATE SUBMITTED: December 19, 2019 | |

| FOR REGIONAL OFFICE USE ONLY | |
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| 17. DATE RECEIVED: | 18. DATE APPROVED: |

| PLAN APPROVED – ONE COPY ATTACHED | |
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| 19. EFFECTIVE DATE OF APPROVED MATERIAL: | 20. SIGNATURE OF REGIONAL OFFICIAL: |
| 21. TYPE NAME: | 22. TITLE: |

23. REMARKS:

State/Territory: MichiganCitation

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| 1927 (g) (1) (D) 42 CFR 456.703(b) | D. | DUR is not required for drugs dispensed to residents of nursing facilities that are in compliance with drug regimen review procedures set forth in 42 CFR 483.60. The State has never-the-less chosen to include nursing home drugs in: _ Prospective DUR. <u>X</u> Retrospective DUR. |
| 1927 (g) (2) (A) 42 CFR 456.705(b) | E.1. | The DUR program includes prospective review of drug therapy at the point of sale or point of distribution before each prescription is filled or delivered to the Medicaid recipient. |
| 1927 (g) (2) (A) (i) 42 CFR 456.705(b), (1) – (7) | 2. | Prospective DUR includes screening each prescription filled or delivered to an individual receiving benefits for potential drug therapy problems due to: <ul style="list-style-type: none"> • Therapeutic duplication • Drug-disease contraindications • Drug-drug interactions • Drug-interactions with non-prescription or over-the-counter drugs • Incorrect drug dosages or duration of drug treatment • Drug allergy interactions • Clinical abuse/misuse AND FRAUD |
| 1902(a)(85) AND SECTION 1004 OF THE SUBSTANCE USE-DISORDER PREVENTION THAT PROMOTES OPIOID RECOVERY AND TREATMENT FOR PATIENTS AND COMMUNITIES ACT (SUPPORT ACT) | 2.1 | PROSPECTIVE DUR ALSO INCLUDES THE IMPLEMENTATION OF SECTION 1004 OF THE SUBSTANCE USE-DISORDER PREVENTION THAT PROMOTES OPIOID RECOVERY AND TREATMENT (SUPPORT) FOR PATIENTS AND COMMUNITIES ACT (P.L. 115-271). MICHIGAN IS IN COMPLIANCE WITH THESE REQUIREMENTS BY SCREENING EACH OPIOID PRESCRIPTION FILLED OR DELIVERED TO AN INDIVIDUAL RECEIVING BENEFITS AS FOLLOWS: <ul style="list-style-type: none"> • DAYS' SUPPLY • EARLY REFILLS • DUPLICATE FILLS • QUANTITY LIMITATIONS • MAXIMUM DAILY MORPHINE MILLIGRAM EQUIVALENTS (MME) • AGE EDITS FOR CHILDREN YOUNGER THAN THE STATE SPECIFIED AGE RECEIVING ANTIPSYCHOTICS |
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TN NO.: 19-0012

Approval Date: _____

Effective Date: 10-01-19

Supersedes

TN No.: 93-28

State/Territory: MichiganCitation

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| 1902(a)(85) AND SECTION 1004 OF THE SUBSTANCE USE-DISORDER PREVENTION THAT PROMOTES OPIOID RECOVERY AND TREATMENT FOR PATIENTS AND COMMUNITIES ACT (SUPPORT ACT) | 2.2 | <p>PROSPECTIVE DUR IN COMPLIANCE WITH SECTION 1004 OF THE SUBSTANCE USE-DISORDER PREVENTION THAT PROMOTES OPIOID RECOVERY AND TREATMENT (SUPPORT) FOR PATIENTS AND COMMUNITIES ACT INCLUDES SCREENING EACH OPIOID PRESCRIPTION FILLED OR DELIVERED TO AN INDIVIDUAL RECEIVING BENEFITS AS FOLLOWS:</p> <ul style="list-style-type: none"> • DAYS' SUPPLY • EARLY REFILLS • DUPLICATE FILLS • QUANTITY LIMITATIONS • MAXIMUM DAILY MORPHINE MILLIGRAM EQUIVALENTS (MME) • AGE EDITS FOR CHILDREN YOUNGER THAN THE STATE SPECIFIED AGE RECEIVING ANTIPSYCHOTICS |
| 1927 (g) (2) (A) (ii) 42 CFR 456.705 (c) and (d) | 3. | Prospective DUR includes counseling for Medicaid recipients based on standards established by State law and maintenance patient profiles. |
| 1927 (g) (2) (B) 42 CFR 456.709 (a) | F.1. | <p>The DUR program includes retrospective DUR through its mechanized drug claims processing and information retrieval system or otherwise which undertakes ongoing periodic examination of claims data and other records to identify:</p> <ul style="list-style-type: none"> • Patterns of fraud and abuse • Gross overuse • Inappropriate or medically unnecessary care among physicians, pharmacists, Medicaid recipients, or associated with specific drugs or groups of drugs. |
| 1902(a)(85) AND SECTION 1004 OF THE SUBSTANCE USE-DISORDER PREVENTION THAT PROMOTES OPIOID RECOVERY AND TREATMENT FOR PATIENTS AND COMMUNITIES ACT (SUPPORT ACT) | F.1.1 | <p>RETROSPECTIVE DUR ALSO INCLUDES THE IMPLEMENTATION OF SECTION 1004 OF THE SUBSTANCE USE-DISORDER PREVENTION THAT PROMOTES OPIOID RECOVERY AND TREATMENT (SUPPORT) FOR PATIENTS AND COMMUNITIES ACT (P.L. 115-271). MICHIGAN IS IN COMPLIANCE WITH THESE REQUIREMENTS BY PERIODIC EXAMINATION OF CLAIMS DATA AND OTHER RECORDS TO IDENTIFY</p> <ul style="list-style-type: none"> • OPIOID PRESCRIPTIONS EXCEEDING LIMITATIONS • MAXIMUM DAILY MORPHINE MILLIGRAM EQUIVALENTS (MME) • CONCURRENT UTILIZATION OF OPIOIDS AND BENZODIAZEPINES • CONCURRENT UTILIZATION OF OPIOIDS AND ANTIPSYCHOTICS • APPROPRIATENESS FOR CHILDREN INCLUDING FOSTER CHILDREN OF ALL AGES RECEIVING ANTIPSYCHOTICS |

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Supersedes

TN No.: 93-28