

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 16 - 0010	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 October 1, 2016	

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)

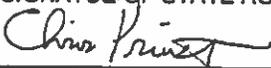
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.130(c)	7. FEDERAL BUDGET IMPACT: a. FFY 2016 \$0 b. FFY 2017 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1-A, Page 27	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement to Attachment 3.1-A, Page 27

10. SUBJECT OF AMENDMENT:

This SPA modifies language to allow for the enrollment of Diabetes Self-Management Education (DSME) programs that are American Diabetes Association-recognized or American Association of Diabetes Educators-accredited, in addition to those certified as a DSME program by MDHHS. The new language also recognizes DSME ordered by a non-physician practitioner, in addition to physician, responsible for the beneficiary's diabetic care.

11. GOVERNOR'S REVIEW (Check One):

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

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Medical Services Administration Actuarial Division - Federal Liaison Capitol Commons Center - 7th Floor 400 South Pine Lansing, Michigan 48933
13. TYPED NAME: Chris Priest	Attn: Erin Black
14. TITLE: Director, Medical Services Administration	
15. DATE SUBMITTED: July 19, 2016	

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

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

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***

13. OTHER DIAGNOSTIC, SCREENING, PREVENTIVE AND REHABILITATIVE SERVICES

d. Rehabilitative Services (cont.)

- 2) Sub acute Ventilator-dependent Care- If a hospital has a sub acute ventilator-dependent care unit, the unit must be certified and meet all other requirements established by the Michigan Department of Community Health AND HUMAN SERVICES.

Each admission must be prior authorized by the Michigan Department of Community Health AND HUMAN SERVICES. Each admission shall be from an acute care inpatient hospital setting where the recipient has reached a case specific outlier point under the Medicaid diagnostic related group (DRG) system whereby the Department has determined that objectives of the DRG system have been satisfied. Reimbursement shall not exceed the cost of continued acute care in the inpatient hospital setting. Placement in a community or long-term-care setting at less cost to the Department must be unavailable in infeasible.

- 3) ~~Diabetes Patient~~ SELF-MANAGEMENT Education (DSME) - Medicaid will cover diabetes patient education when prescribed ORDERED by a physician OR QUALIFIED NON PHYSICIAN PRACTITIONER (AS DEFINED IN 42 CFR §410.32 (A) (2)) WHO IS MANAGING THE BENEFICIARY'S DIABETES. ~~The outpatient hospital or health department clinic must have the diabetes patient education program certified by the Michigan Department of Community Health. Diabetes patient education rendered in any other setting will not be covered by Medicaid.~~ THE DIABETES EDUCATION PROGRAM MUST BE:
- i. AN OUTPATIENT DSME PROGRAM CERTIFIED BY THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES; OR
 - ii. RECOGNIZED AS AN AMERICAN ASSOCIATION OF DIABETES EDUCATORS (AADE) ACCREDITED PROGRAM BY THE DIABETES EDUCATION ACCREDITATION PROGRAM (DEAP); OR
 - iii. RECOGNIZED AS MEETING AMERICAN DIABETES ASSOCIATION (ADA) REQUIREMENTS BY THE EDUCATION RECOGNITION PROGRAM (ERP).

DSME IS ONLY COVERED WHEN PROVIDED TO BENEFICIARIES WITH A DIABETES DIAGNOSIS IN THE APPROPRIATE SETTING.

- 4) Rehabilitation Service for Persons with a Neurological Damage - The program covers, upon prior authorization, medically necessary rehabilitation services for persons with neurological damage. Medical necessity is documented by an authorized assessment and physician approval of a care plan which has been developed by an interdisciplinary team. Services may be provided in supervised residential settings or on an outpatient basis.

Rehabilitation programs for persons with neurological damage must meet the program and staffing requirements stipulated by the single state agency. These requirements are based on the relevant standards established by the Commission on the Accreditation of Rehabilitation Facilities (CARF). All Medicaid enrolled providers of these services must have/maintain a three year CARF accreditation as a condition of participation in the Medicaid program.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

NICK LYON
DIRECTOR

May 19, 2016

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Diabetes Self-Management Education and Training Program Requirements

This letter, in compliance with Section 1902(a)(73) and Section 2107(e)(1)(C) of the Social Security Act, serves as notice of intent to all Tribal Chairs and Health Directors of the request by the Michigan Department of Health and Human Services (MDHHS) to submit a State Plan Amendment.

Pending approval by the Centers for Medicare and Medicaid Services (CMS), MDHHS will accept enrollment of Diabetes Self-Management Education (DSME) programs that are American Diabetes Association (ADA)-recognized or American Association of Diabetes Educators (AADE)-accredited, in addition to those certified as a DSME program by MDHHS. MDHHS will continue to limit DSME services to outpatient hospitals or local health departments.

MDHHS will also recognize DSME ordered by a physician or non-physician practitioner responsible for the beneficiary's diabetic care. The anticipated effective date of this State Plan Amendment is October 1, 2016. This change is expected to have no impact on Native American beneficiaries, tribal health clinics or urban Indian organizations.

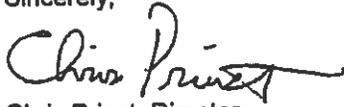
There is no public hearing scheduled for this State Plan Amendment. Input regarding this Amendment is highly encouraged, and comments regarding this Notice of Intent may be submitted to Lorna Elliott-Egan, MDHHS Liaison to the Michigan Tribes. Lorna can be reached at 517-373-4963 until June 6, 2016, or via email at Elliott-EganL@michigan.gov. Effective June 6, 2016, Lorna can be reached by phone at 517-284-4747. **Please provide all input by July 5, 2016.**

In addition, MDHHS is offering to set up group or individual meetings for the purposes of consultation in order to discuss this Amendment according to the tribes' preference. This consultation meeting will allow tribes the opportunity to address any concerns and voice any suggestions, revisions, or objections to be relayed to the author of the proposal. If you would like additional information or wish to schedule a consultation meeting, please contact Lorna Elliott-Egan at the telephone number or email address provided above.

L 16-08
May 19, 2016
Page 2

MDHHS appreciates the continued opportunity to work collaboratively with you to care for the residents of our state.

Sincerely,

A handwritten signature in black ink that reads "Chris Priest". The signature is fluid and cursive, with a long horizontal stroke at the end.

Chris Priest, Director
Medical Services Administration

cc: Leslie Campbell, Region V, CMS
Pamela Carson, Region V, CMS
Ashley Tuomi, MHPA, Executive Director, American Indian Health and Family Services of
Southeastern Michigan
L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc.
Keith Longie, Acting Area Director, Indian Health Service - Bemidji Area Office
Loma Elliott-Egan, MDHHS

**Distribution List for L 16-08
May 19, 2016**

Mr. Levi Carrick, Sr., Tribal Chairman, Bay Mills Indian Community
Ms. Audrey Breakie, Health Director, Bay Mills (Ellen Marshall Memorial Center)
Mr. Alvin Pedwaydon, Tribal Chairman, Grand Traverse Band Ottawa & Chippewa Indians
Ms. JoAnne Cook, Tribal Vice Chair, Grand Traverse Band Ottawa & Chippewa Indians
Ms. Loi Chambers, Health Director, Grand Traverse Band Ottawa/Chippewa
Mr. Kenneth Meshigaud, Tribal Chairman, Hannahville Indian Community
Ms. G. Susie Meshigaud, Health Director, Hannahville Health Center
Mr. Warren C. Swartz, Jr., President, Keweenaw Bay Indian Community
Ms. Carole LaPointe, Health Director, Keweenaw Bay Indian Community - Donald Lapointe Health/Educ Facility
Mr. James Williams, Jr., Tribal Chairman, Lac Vieux Desert Band of Lake Superior Chippewa Indians
Ms. Sadie Valliere, Health & Human Services Director, Lac Vieux Desert Band
Mr. Larry Romanelli, Ogema, Little River Band of Ottawa Indians
Mr. Donald MacDonald, Health Director, Little River Band of Ottawa Indians
Ms. Regina Gasco-Bentley, Tribal Chairman, Little Traverse Bay Band of Odawa Indians
Ms. Sharon Sierzputowski, Health Director, Little Traverse Bay Band of Odawa
Mr. Ed Pigeon, Vice Chairman, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)
Ms. Phyllis Davis, Health Director, Match-E-Be-Nash-She-Wish Potawatomi
Mr. Homer Mandoka, Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians
Ms. Rosalind Johnston, Health Director, Huron Potawatomi Inc.- Tribal Health Department
Mr. John Warren, Tribal Chairman, Pokagon Band of Potawatomi Indians
Mr. Matt Clay, Health Director, Pokagon Potawatomi Health Services
Mr. Frank Cloutier, Tribal Chief, Saginaw Chippewa Indian Tribe
Mrs. Karmen Fox, Executive Health Director, Nimkee Memorial Wellness Center
Mr. Aaron Payment, Tribal Chairman, Sault Ste. Marie Tribe of Chippewa Indians
Ms. Bonnie Culfa, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

CC: Leslie Campbell, Region V, CMS
Pamela Carson, Region V, CMS
Ashley Tuomi, MHPA, Executive Director, American Indian Health and Family Services of Southeastern Michigan
L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc.
Keith Longie, Acting Area Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS

**Order Confirmation**

Ad Order Number 0007834321

Customer

MICHIGAN DEPARTMENT OF HEALTH
 Account: 1000560354
 MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
 PO BOX 30479
 LANSING MI 48909 USA
 (517)241-9444

Payor Customer

MICHIGAN DEPARTMENT OF HEALTH
 Account: 1000560354
 MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
 PO BOX 30479
 LANSING MI 48909 USA
 (517)241-9444

PO Number

Sales Rep. Karen Jones

Order Taker Karen Jones

Order Source

Special Pricing

FAX:

smithp2@michigan.gov

Tear Sheets	1	Net Amount	\$834.01
Proofs	0	Tax Amount	\$0.00
Affidavits	0	Total Amount	\$834.01
Blind Box		Payment Method	Invoice
Promo Type		Payment Amount	\$0.00
Materials		Amount Due	\$834.01
Invoice Text	DIABETES SELF-MANAGEMENT EDUCATION		

Ad Schedule

Product	Kalamazoo Gazette	Placement/Class	Announcements
# Inserts	1	POS/Sub-Class	Public Notices
Cost	\$121.94	AdNumber	0007834321-01
Ad Type	CLS Liner	Ad Size	1 X 78 li
Pick Up #	0007825634	Ad Attributes	
External Ad #		Color	<NONE>
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Run Dates	Sort Text	PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONDIA	
09/22/2016			

Product	Saginaw News	Placement/Class	Announcements
# Inserts	1	POS/Sub-Class	Public Notices
Cost	\$132.72	AdNumber	0007834321-01
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External Ad #		Color	<NONE>
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Run Dates	Sort Text	PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONDIA	
09/22/2016			

Product	Grand Rapids Press	Placement/Class	Announcements
# Inserts	1	POS/Sub-Class	Public Notices
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External Ad #		Color	<NONE>
Production Method	AdBooker	Production Notes	
Run Dates	Sort Text	PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONDIA	
09/22/2016			

Ad Content Proof

**Public Notice
Michigan Department of
Health and Human
Services
Medical Services
Administration**

**Diabetes
Self-Management
Education (DSME)
State Plan Amendment
Request**

The Michigan Department of Health and Human Services (MDHHS) has submitted a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS) to allow Medicaid coverage of DSME programs who meet one of the following requirements:

- Certified as a DSME program by MDHHS; or
- American Association of Diabetes Educators (AADE) accreditation by the Diabetes Education Accreditation Program (DEAP); or
- American Diabetes Association (ADA) recognition requirements by the Education Recognition Program (ERP).

DSME must be furnished by an enrolled outpatient hospital or LHD with the appropriate DSME program requirements on file with and approved by Provider Enrollment, provided by diabetes educators, and ordered by a physician or non-physician medical practitioner responsible for the beneficiary's diabetic care.

The anticipated effective date for the DSME SPA is October 1, 2016.

There is no anticipated cost impact to the State of Michigan for this Amendment.

There is no public meeting scheduled regarding this notice. Any interested party wishing to request a written copy of the SPA or wishing to submit comments may do so by submitting a request in writing to: MDHHS/Medical Services Administration, Program Policy Division, PO Box 30479, Lansing MI 48909-7979 or e-mail MSADraftPolicy@michigan.gov by December 21, 2016. A copy of the proposed State Plan Amendment will also be available for review at http://michigan.gov/mdhhs/0,5885,7-339-73970_5080-108153--,00.html.