

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):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

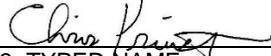
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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:

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***

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: _____ 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** ~~PAP Smears~~ (Same for categorically needy and medically needy clients) Routine annual PAP smears are covered for eligible females when performed by a licensed physician, whether furnished in the physician's office, an inpatient or outpatient setting, or elsewhere. Additional PAP smears may be covered if a physician determines that the patient's medical history or condition warrants a PAP smear before the required 12-month period has elapsed.

NOTE: Payment to a physician for the administration of a PAP smear must not duplicate payment to an inpatient or outpatient facility.

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

~~Screening mammography is covered according to the American Cancer Society guidelines~~
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

~~One preventive medicine visit per year may be covered for any recipient.~~

~~Recommended preventive immunizations are covered~~

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.

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 AND REIMBURSED WITHOUT 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.

TN NO.: 16-0017

Approval Date: _____

Effective Date: 07/01/2017

Supersedes

TN No.: 12-14

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***

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:

TN NO.: 16-0017

Approval Date: _____

Effective Date: 07/01/2017

Supersedes
TN No.: 12-14



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

September 15, 2016

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Coverage Parameters for Preventive Services

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.

The purpose of the amendment is to update State Plan language regarding the coverage parameters for adult preventive services. Specifically, language will be added that includes Medicaid coverage parameters for those preventive services assigned a grade of A or B by the United States Preventive Task Force (USPSTF) and all approved adult vaccines and their administration as recommended by the Advisory Committee on Immunization Practices (ACIP). State Plan language will also be updated to exclude beneficiary cost sharing liability for Current Procedural Terminology (CPT) codes used to report the preventive medicine evaluation and management of adults. The anticipated effective date of this State Plan Amendment is May 1, 2017. MDHHS expects the State Plan Amendment to have a positive impact on Native American beneficiaries by increasing access to preventive services.

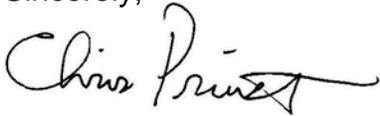
There is no public hearing scheduled for this State Plan Amendment. Input regarding this Amendment is highly encouraged, and comments regarding this Notice of Intent may be submitted to Lorna Elliott-Egan, MDHHS Liaison to the Michigan Tribes. Lorna can be reached at 517-284-4034 or via email at Elliott-EganL@michigan.gov. **Please provide all input by October 31, 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.

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 written in a cursive style with a large initial "C" and a long, sweeping underline.

Chris Priest, Director
Medical Services Administration

cc: Keri Tobak, Region V, CMS
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

Distribution List for L 16-54
September 15, 2016

Mr. Levi Carrick, Sr., Tribal Chairman, Bay Mills Indian Community
Ms. Audrey Breakie, Health Director, Bay Mills (Ellen Marshall Memorial Center)
Mr. Thurlow Samuel McClellan, Chairman, Grand Traverse Band Ottawa & Chippewa Indians
Ms. JoAnne Cook, Tribal Vice Chair, Grand Traverse Band Ottawa & Chippewa Indians
Ms. Ruth Bussey, 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
Ms. Leah Fodor, Chairperson, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)
Ms. Phyllis Davis, Health Director, Match-E-Be-Nash-She-Wish Potawatomi
Mr. Jamie Struck, 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: Keri Toback, Region V, CMS
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 0007953915

Customer

MICHIGAN DEPARTMENT OF HEALTH

Account:1000560354

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

PO BOX 30479

LANSING MI 48909 USA

(517)241-9444

FAX:

smithp2@michigan.gov

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. Joseph Puplis

Order Taker Joseph Puplis

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Special Pricing

<i>Tear Sheets</i> 1	<i>Net Amount</i>	\$882.17
<i>Proofs</i> 0	<i>Tax Amount</i>	\$0.00
<i>Affidavits</i> 0	<i>Total Amount</i>	\$882.17
<i>Blind Box</i>	<i>Payment Method</i>	Invoice
<i>Promo Type</i>	<i>Payment Amount</i>	\$0.00
<i>Materials</i>	<i>Amount Due</i>	\$882.17
<i>Invoice Text</i> PARAMETERS FOR PREVENTIVE CARE SERVICES		

Ad Schedule

<i>Product</i> Grand Rapids Press	<i>Placement/Class</i> Announcements
<i># Inserts</i> 1	<i>POS/Sub-Class</i> Public Notices
<i>Cost</i> \$315.21	<i>AdNumber</i> 0007953915-01
<i>Ad Type</i> CLS Liner	<i>Ad Size</i> 1 X 75 li
<i>Pick Up #</i> 0007953909	<i>Ad Attributes</i>
<i>External Ad #</i>	<i>Color</i> <NONE>
<i>Production Method</i> AdBooker	<i>Production Notes</i>
<i>Run Dates</i> 12/06/2016	<i>Sort Text</i> PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONCO

<i>Product</i> Kalamazoo Gazette	<i>Placement/Class</i> Announcements
<i># Inserts</i> 1	<i>POS/Sub-Class</i> Public Notices
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<i>Ad Type</i> CLS Liner	<i>Ad Size</i> 1 X 75 li
<i>Pick Up #</i> 0007953909	<i>Ad Attributes</i>
<i>External Ad #</i>	<i>Color</i> <NONE>
<i>Production Method</i> AdBooker	<i>Production Notes</i>
<i>Run Dates</i> 12/06/2016	<i>Sort Text</i> PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONCO

<i>Product</i> Flint Journal	<i>Placement/Class</i> Announcements
<i># Inserts</i> 1	<i>POS/Sub-Class</i> Public Notices
<i>Cost</i> \$235.41	<i>AdNumber</i> 0007953915-01
<i>Ad Type</i> CLS Liner	<i>Ad Size</i> 1 X 75 li
<i>Pick Up #</i> 0007953909	<i>Ad Attributes</i>
<i>External Ad #</i>	<i>Color</i> <NONE>
<i>Production Method</i> AdBooker	<i>Production Notes</i>
<i>Run Dates</i> 12/06/2016	<i>Sort Text</i> PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONCO

Product Saginaw News *Placement/Class* Announcements
Inserts 1 *POS/Sub-Class* Public Notices
Cost \$127.68 *AdNumber* 0007953915-01
Ad Type CLS Liner *Ad Size* 1 X 75 li
Pick Up # 0007953909 *Ad Attributes*
External Ad # *Color* <NONE>
Production Method AdBooker *Production Notes*
Run Dates *Sort Text* PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONCO
12/06/2016

Product MLive.com *Placement/Class* Announcements
Inserts 1 *POS/Sub-Class* Public Notices
Cost \$79.56 *AdNumber* 0007953915-01
Ad Type CLS Liner *Ad Size* 1 X 75 li
Pick Up # 0007953909 *Ad Attributes*
External Ad # *Color* <NONE>
Production Method AdBooker *Production Notes*
Run Dates *Sort Text* PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONCO
12/06/2016

0007953915-01

Ad Content Proof

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

**Coverage Parameters for
Preventive Care Services
State Plan Amendment
Request**

The Michigan Department of Health and Human Services (MDHHS) plans to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS) to establish Medicaid program coverage parameters for preventive care services.

The anticipated effective date for the Coverage Parameters for Preventive Care Services SPA is April 1, 2017.

Proposed Medicaid covered preventive services include those assigned a grade of A or B by the United States Preventive Task Force (USPSTF), all approved adult vaccines and their administration as recommended by the Advisory Committee on Immunization Practices (ACIP), and limited preventive screening services. In addition to these services, Healthcare Common Procedure Coding System (HCPCS) Level I codes used to report the preventive medicine evaluation and management of adults will no longer be subject to beneficiary cost sharing liability.

The estimated gross cost to the State of Michigan for the State Plan Amendment is \$29,364 per year.

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 January 1, 2017.