

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER: 16 - 0002	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 January 1, 2016	

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*)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:
a. FFY 2016 \$0
b. FFY 2017 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 5
Attachment 4.19-B, Page 5.2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):

Attachment 4.19-B, Page 5
New Page

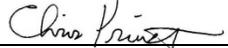
10. SUBJECT OF AMENDMENT:

Reflects language to further define the reimbursement methodology for services rendered by Maternal Infant Health Program (MIHP).

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:



13. TYPED NAME:
Chris Priest

14. TITLE:
Director, Medical Services Administration

15. DATE SUBMITTED:
February 1, 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

Policy and Methods for Establishing Payment Rates Other than Inpatient Hospital and Long-Term-Care Facilities

10. Hospice Services

Medicaid will use the Medicaid rates established annually by the Centers for Medicare and Medicaid Services and apply the appropriate local wage index for the categories of care provided. The "appropriate local wage index" is the index indicated for the recipient's county of residence.

Direct patient care provided by the hospice medical director, hospice employed physician or consulting physician must be billed by the hospice, using the appropriate Common Procedure Coding System code(s) and will be reimbursed at the applicable Medicaid fee screen.

If the beneficiary is residing in a Medicaid enrolled nursing facility, Medicaid will pay the room and board amount using the percentage established by the Omnibus Budget Reconciliation Act of 1989 (P.L. 101-239) to the hospice, and the hospice will reimburse the facility. This applies to Medicare/Medicaid recipients as well as Medicaid only recipients.

Medicaid will pay a Hospice agency serving a beneficiary in a nursing facility, to hold the beneficiary's bed for hospital and therapeutic leave when the requirements described under nursing facility reimbursement for hospital and therapeutic leave are met (Attachment 14.9-C, pages 1 and 2).

~~11. Maternal Support Services~~

~~Reimbursement for maternal support services will be on a fee-for-service basis within Medicaid established frequency limits, to agencies that have been certified by the Michigan Department of Community Health, Public Health Administration as qualified to provide these services. Payment will be the lesser of the charge or fee screens established by the department. Fee screens are established relative to similar services reimbursed by the department.~~

TN NO.: 16-0002

Approval Date: _____

Effective Date: 01/01/2016

Supersedes

TN No.: 09-15

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Policy and Methods for Establishing Payment Rates
Other than Inpatient Hospital and Long-Term-Care Facilities***

11. MATERNAL INFANT HEALTH PROGRAM

REIMBURSEMENT FOR MATERNAL AND INFANT SUPPORT SERVICES PROVIDED BY MATERNAL INFANT HEALTH PROGRAM PROVIDERS WILL BE ON A FEE-FOR-SERVICE BASIS WITHIN MEDICAID ESTABLISHED FREQUENCY LIMITS, TO AGENCIES THAT HAVE BEEN CERTIFIED BY THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES, POPULATION HEALTH AND COMMUNITY SERVICES ADMINISTRATION, AS QUALIFIED TO PROVIDE THESE SERVICES. PAYMENT WILL BE THE LESSER OF THE CHARGE OR FEE SCREENS ESTABLISHED BY THE DEPARTMENT. FEE SCREENS ARE ESTABLISHED RELATIVE TO SIMILAR SERVICES REIMBURSED BY THE DEPARTMENT.

TN NO.: 16-0002

Approval Date: _____

Effective Date: 01/01/2016

Supersedes
TN No.: NEW



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

December 3, 2015

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Maternal and Infant Support 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 this Amendment is to update existing language in the Medicaid State Plan that describes reimbursement for services provided by Maternal Infant Health Program providers certified by the MDHHS Population Health and Community Services Administration. The anticipated effective date of this State Plan Amendment is January 1, 2016. The State of Michigan expects this change to have little or no impact on tribal members.

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 or via email at Elliott-EganL@michigan.gov. **Please provide all input by January 20, 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,

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.
Jenny Jenkins, Acting Area Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS

**Distribution List for L 15-69
December 3, 2015**

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
Ms. Jessica Burger, Acting Health Director, Little River Band of Ottawa Indians
Mr. Fred Kiogima, Tribal Chairman, Little Traverse Bay Band of Odawa Indians
Ms. Sharon Sierzputowski, Health Director, Little Traverse Bay Band of Odawa
Mr. DK Sprague, Tribal 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
Mr. Travis Parashonts, Chief Executive Officer, 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. Steve Pego, 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.
Jenny Jenkins, Acting Area Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS



Order Confirmation

Ad Order Number 0007504485

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 Pupilis*Order Taker* Joseph Pupilis*Order Source* Phone*Special Pricing*

<i>Tear Sheets</i> 1	<i>Net Amount</i>	\$1,261.48
<i>Proofs</i> 0	<i>Tax Amount</i>	\$0.00
<i>Affidavits</i> 0	<i>Total Amount</i>	\$1,261.48
<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>	\$1,261.48
<i>Invoice Text</i> MATERNAL INFANT HEALTH PROGRAM		

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> \$602.07	<i>AdNumber</i> 0007504485-01
<i>Ad Type</i> CLS Liner	<i>Ad Size</i> 1 X 94 li
<i>Pick Up #</i> 0007497274	<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> 12/06/2015	<i>Sort Text</i> PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONST

<i>Product</i> Flint Journal	<i>Placement/Class</i> Announcements
<i># Inserts</i> 1	<i>POS/Sub-Class</i> Public Notices
<i>Cost</i> \$349.40	<i>AdNumber</i> 0007504485-01
<i>Ad Type</i> CLS Liner	<i>Ad Size</i> 1 X 94 li
<i>Pick Up #</i> 0007497274	<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> 12/06/2015	<i>Sort Text</i> PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONST

<i>Product</i> Kalamazoo Gazette	<i>Placement/Class</i> Announcements
<i># Inserts</i> 1	<i>POS/Sub-Class</i> Public Notices
<i>Cost</i> \$145.09	<i>AdNumber</i> 0007504485-01
<i>Ad Type</i> CLS Liner	<i>Ad Size</i> 1 X 94 li
<i>Pick Up #</i> 0007497274	<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> 12/06/2015	<i>Sort Text</i> PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONST

Product Saginaw News

Placement/Class Announcements

Inserts 1

POS/Sub-Class Public Notices

Cost \$157.92

AdNumber 0007504485-01

Ad Type CLS Liner

Ad Size 1 X 94 li

Pick Up # 0007497274

Ad Attributes

External Ad #

Color <NONE>

Production Method AdBooker

Production Notes

Run Dates *Sort Text* PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONST
12/06/2015

Ad Content Proof

PUBLIC NOTICE
Michigan Department
of Health and Human
Services Medical Services
Administration

**State Plan Amendment
Regarding the Maternal
Infant Health Program**

The Michigan Department of Health and Human Services provides notice of its intent to submit a State Plan Amendment to update the language describing the reimbursement methodology for services rendered by Maternal Infant Health Program (MIHP) providers within the Michigan Medicaid State Plan (the State Plan).

The updated language in the State Plan will include additional details regarding the reimbursement of maternal and infant related services to MIHP providers. The reimbursement methodology is not being revised. The anticipated effective date of this State Plan Amendment is January 1, 2016.

Consistent with federal law and the State Plan, the State's Medicaid Liaison to the Michigan Tribes provided written notice regarding the proposed State Plan amendment to the appropriate tribal contacts on November 20, 2015. In accordance with the State Plan, additional information regarding the proposed changes will be provided to the tribal contacts upon request and consultation will occur as requested or otherwise appropriate.

Comments

Any comments regarding the proposed State Plan Amendment covered by this public notice, or request for a written copy, may be submitted in writing to: Michigan Department of Health and Human Services, Program Policy Division, Bureau of Medicaid Policy and Actuarial Services, Attention: Medicaid Policy, P.O. Box 30479, Lansing, Michigan 48909-7979. Comments will be accepted until December 21, 2015. Written comments may be reviewed by the public at Capitol Commons Center, 400 South Pine Street,

ler, 400 South Pine Street,
Lansing, Michigan, 48933.
Requests for copies and
comments must include the
project name or number. A
copy of the proposed State
Plan Amendment will also be
available for review at [http://
michigan.gov/mdch/0,1607,7-
132-2946_5080-108153--
,00.html](http://michigan.gov/mdch/0,1607,7-132-2946_5080-108153--,00.html). There is no public
hearing scheduled for this
State Plan Amendment.