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State/Territory Name: Michigan

State Plan Amendment (SPA) #: 16-0014

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 15, 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

RE: MI 16-0014

Dear Mr. Priest:

Attached are pages for the State Plan Amendment submitted under transmittal number (TN) 16-0014 to be incorporated into the Michigan State Plan, effective October 1, 2016.

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 - 0014

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 440.60

7. FEDERAL BUDGET IMPACT:

a. FFY 2016 \$0

b. FFY 2017 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 3.1-A, Page 1-B-1, 1-B-2, 1-B-3

Supplement 1 to Attachment 3.1-A, Page 1-E-2

Attachment 4.19-B, Page 4

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):

Supplement 1 to Attachment 3.1-A, Page 1-B-1, 1-B-2, 1-B-3

Supplement 1 to Attachment 3.1-A, Page 1-E-2

Attachment 4.19-B, Page 4

10. SUBJECT OF AMENDMENT:

Updates case management language per companion letter dated May 9, 2016 for SPA 16-0008.

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:

October 26, 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:

October 26, 2016

18. DATE APPROVED:

January 24, 2017

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2016

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

Case Management Services

RESERVED

~~A. Target Group:~~

~~See attached targeted group B.~~

~~B. Areas of State in which services will be provided:~~

~~Entire State~~

~~Only in the following geographic areas (authority of section 1915 (g)(1) of the Act is invoked to provide services less than Statewide.~~

~~C. Comparability of Services~~

~~Services are provided in accordance with section 1902(a)(10)(B) of the Act.~~

~~Services are not comparable in amount, duration and scope. Authority of section 1915 (g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.~~

~~D. Definition of Services~~

~~Assessment; care/services plan development; linking/coordination of services; reassessment/follow-up; monitoring of services. (See Definition of Services for targeted group A.)~~

~~E. Qualification of Providers:~~

~~See attached.~~

TN NO.: 16-0014

Approval Date: 1/24/17

Effective Date: 10-01-2016

Supersedes
TN No.: 92-24

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Case Management Services

RESERVED

~~A. Target Group:~~

~~Targeted Group B: This targeted group consists of persons with functional limitations in the activities of daily living who have a documented need for personal care services. In addition, such persons must have multiple service needs and lack the capacity or support systems to independently access and effectively use the health, social, rehabilitation, education, and other services required to remain in, or return to, a community-based setting.~~

~~A person in this targeted group may reside in his own home, the household of another, or a supervised residential setting.~~

~~E. QUALIFICATION OF PROVIDERS:~~

~~Providers: Case management provider organizations must be certified by the single state agency as meeting the following criteria:~~

- ~~1. Demonstrated capacity to provide all core elements of case management services including:
 - ~~a. Comprehensive client assessment~~
 - ~~b. Comprehensive care/service plan development~~
 - ~~c. Linking/coordination of services~~
 - ~~d. Monitoring and follow-up of services~~
 - ~~e. Reassessment of the client's status and needs~~~~
- ~~2. Demonstrated case management experience in coordinating and linking such community resources as required by the target population.~~
- ~~3. Demonstrated experience with the target population.~~
- ~~4. A sufficient number of staff to meet the case management service needs of the target populations.~~
- ~~5. An administrative capacity to insure the quality of services in accordance with State and federal requirements.~~
- ~~6. A financial management capacity and system that provides documentation of services and costs.~~

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Case Management Services

RESERVED

- ~~7. Capacity to document and maintain individual case records in accordance with State and federal requirements.~~

~~**Qualifications of Case Managers:** Case managers must have, at a minimum, a bachelor's degree in a human services field and two days training in the provision of case management services.~~

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

CASE MANAGEMENT SERVICES

A. Target Group

Targeted group E:

1. Individuals under ~~26~~ **21** years of age and determined by an individualized educational program committee or a hearing officer to have a characteristic or set of characteristics pursuant to the Michigan Administrative Rules for Special Education 340.1703 to 430.1715, or
2. Individuals from birth through age two who are experiencing developmental delay or have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay as defined in the P.L. 102-119, Part H, Michigan Interagency Agreement for Eligible Infants and Toddlers and their Families.
3. Individuals not in the target group include:
 - Persons who, as shown by an assessment, require mental health case management. These persons have a primary diagnosis of either mental illness or developmental disability and a documented need for access to the continuum of mental health services offered by a Medicaid-enrolled mental health clinic services provider, or
 - Persons who are age 0-21 with a ~~Michigan Department of Public Health~~ MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES, Division of Children's Special Health Care Services medically eligible diagnosis, or
 - Persons who are SS-disabled Children's Program clients age 0-16, ~~or~~
 - ~~Persons who are age 21 and over with either cystic fibrosis or coagulation defects.~~

TN NO.: 16-0014

Approval Date: 1/24/17

Effective Date: 10/01/2016

Supersedes
TN No.: 94-22

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)

8. Mental Health Clinic Services

~~Reimbursement for mental health clinic services will be on a Fee-for-Service basis. Payment will be the lesser of charge or fee screen. When they are comparable services offered by other provider types, fee screens will be established at comparable levels. Preliminary fee screens are adjusted to final once each year. For those services delivered as part of a comprehensive program of service, providers will be paid one of two hourly rates which reflect the portion of covered services delivered in the total program.~~

9. Case Management Services

- ~~A. Reimbursement will be on a Fee-for-Service, billed on a monthly basis. Payment will be the lesser of charge or fee screen, with the single state agency assuring the reasonableness of the charges. REIMBURSEMENT FOR TARGETED GROUP A CASE MANAGEMENT SERVICES WILL BE ON A FEE-FOR- SERVICE BASIS. For mental health, preliminary fee screens are adjusted to final once each year. EXCEPT AS OTHERWISE NOTED IN THE PLAN, STATE-DEVELOPED FEE SCHEDULE RATES ARE THE SAME FOR BOTH GOVERNMENTAL AND PRIVATE PROVIDERS. THE MICHIGAN MEDICAID FEE SCHEDULE EFFECTIVE FOR DATES OF SERVICE ON OR AFTER MAY 1, 2005, MAY BE FOUND AT WWW.MICHIGAN.GOV/MEDICAIDPROVIDERS.~~
- B. REIMBURSEMENT FOR TARGETED GROUP C CASE MANAGEMENT SERVICES WILL BE ON A FEE-FOR- SERVICE BASIS. EXCEPT AS OTHERWISE NOTED IN THE PLAN, STATE-DEVELOPED FEE SCHEDULE RATES ARE THE SAME FOR BOTH GOVERNMENTAL AND PRIVATE PROVIDERS. THE MICHIGAN MEDICAID FEE SCHEDULE EFFECTIVE FOR DATES OF SERVICE ON OR AFTER MAY 1, 2005, MAY BE FOUND AT WWW.MICHIGAN.GOV/MEDICAIDPROVIDERS.
- C. REIMBURSEMENT FOR TARGETED GROUP D CASE MANAGEMENT SERVICES WILL BE ON A FEE-FOR- SERVICE BASIS. EXCEPT AS OTHERWISE NOTED IN THE PLAN, STATE-DEVELOPED FEE SCHEDULE RATES ARE THE SAME FOR BOTH GOVERNMENTAL AND PRIVATE PROVIDERS. THE MICHIGAN MEDICAID FEE SCHEDULE EFFECTIVE FOR DATES OF SERVICE ON OR AFTER APRIL 14, 2004, MAY BE FOUND AT WWW.MICHIGAN.GOV/MEDICAIDPROVIDERS.
- D. REIMBURSEMENT FOR TARGETED GROUP E CASE MANAGEMENT SERVICES WILL BE THROUGH AN ANNUAL RECONCILIATION COST BASED SETTLEMENT PROCESS AFTER THE END OF THE SCHOOL FISCAL YEAR.
- E. Reimbursement for Targeted Group F case management services will be on a Fee-for-Service basis. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Michigan Medicaid fee schedule effective for dates of service on or after May 9, 2016, may be found at www.michigan.gov/medicaidproviders.

TN NO.: 16-0014

Approval Date: 1/24/17

Effective Date: 10-01-16

Supersedes

TN No.: 16-0008